



**Office of Statewide Health  
Planning and Development  
Facilities Development  
Division**

1

**Senate Bill 499 (SB 499) Hospital Report**

2

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

3

Provide the Hospital Owner and Year of Report per [Section 130061\(e\)](#)

4

Facility Number:

11966

Facility Name:

Pomona Valley Hospital Medical Center

Address:

1798 N. Garey Ave.

City:

Pomona

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Hospital Owner/Licensee:

Pomona Valley Hospital Medical Center

Year of Reporting:

2018

Contact 1 e-mail Address:

[Confidential data left blank intentionally.]

Contact 2 e-mail Address:

[Confidential data left blank intentionally.]

Contact 3 e-mail Address::

[Confidential data left blank intentionally.]

Name of Submitter:

Richard Kuyper

Submission Date:

10/19/2018 11:18:56 AM

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-00414	1913 Building	1798 N. Garey Ave.	Remove	N/A	01/01/2020	07/01/2019
BLD-00415	1928 Building	1798 N. Garey Ave.	Remove	N/A	01/01/2020	07/01/2019
BLD-05176	1958 Lobby Addition	1798 N. Garey Ave.	Remove	N/A	01/01/2020	07/01/2019
BLD-05202	1958 Building (Emergency Wing)	1798 N. Garey Ave.	Remove	N/A	01/01/2020	07/01/2019

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No data reported for Section 130061(c)(1)(C).

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) <sup>1</sup>

Building Number: BLD-00414 Building Name: 1913 Building <sup>2</sup>

**Type of Service Provided** <sup>3</sup>

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
		Total Beds this Building	<input type="text" value="0"/>			

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) 2

Building Number: BLD-00415 Building Name: 1928 Building

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
Total Beds this Building				<input type="text" value="0"/>		

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) 2

Building Number: BLD-05176 Building Name: 1958 Lobby Addition

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
Total Beds this Building				<input type="text" value="0"/>		

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) 2

Building Number: BLD-05202 Building Name: 1958 Building (Emergency Wing)

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
Total Beds this Building				<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) <sup>1</sup>

2

Building Number: BLD-00414

Building Name: 1913 Building

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**



Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#) <sup>1</sup>

Building Number: BLD-00415

Building Name: 1928 Building

2

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#) <sup>1</sup>

Building Number: BLD-05176

Building Name: 1958 Lobby Addition

2

### Medical / Surgical (Include GYN)

Inpatient Bed  Inpatient Days

### Acute Respiratory Care

Inpatient Bed  Inpatient Days

### Acute Psychiatric

Inpatient Bed  Inpatient Days

### Perinatal (exclude Newborn / GYN)

Inpatient Bed  Inpatient Days

### Burn

Inpatient Bed  Inpatient Days

### Skilled Nursing

Inpatient Bed  Inpatient Days

### Pediatric

Inpatient Bed  Inpatient Days

### intensive Care Newborn Nursery

Inpatient Bed  Inpatient Days

### Intermediate Card

Inpatient Bed  Inpatient Days

### Intensive Care

Inpatient Bed  Inpatient Days

### Rehabilitation Center

Inpatient Bed  Inpatient Days

### Int. Care / development Disabled

Inpatient Bed  Inpatient Days

### Coronary Care

Inpatient Bed  Inpatient Days

### Chemical Dependency

Inpatient Bed  Inpatient Days

### Total Beds this Building Per Unit

### Total Beds this Building Per Service

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#) <sup>1</sup>

Building Number: BLD-05202

Building Name: 1958 Building (Emergency Wing)

2

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

For all buildings at the facility, indicate which ones are scheduled for general acute service removal. 2

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00411	1972 Building - ICU/Emergency	Remain
BLD-00412	D&T Addition	Remain
BLD-00413	Women's Center	Remain
BLD-00414	1913 Building	Remove
BLD-00415	1928 Building	Remove
BLD-00416	1953 Building	Remain
BLD-00417	1961 Building	Remain
BLD-00418	1963 Building - Cafeteria	Remain
BLD-02838	Building 01A	Remain
BLD-02839	Building 01B Canopy	Remain
BLD-03850	Boiler Building	Remain
BLD-03877	1961 Dining Building	Remain
BLD-05176	1958 Lobby Addition	Remove
BLD-05202	1958 Building (Emergency Wing)	Remove
BLD-05669	2013 Vestibule	Remain
BLD-05670	2013 Low Canopy	Remain
BLD-05671	2013 High Canopy	Remain

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No proposed new buildings to be constructed at this or another site.

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: 1  
 The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.  
 The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.  
 The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number: **BLD-00414** **1913 Building** Removal Date: **07/01/2019** 2

Planned Uses for the building to be removed from acute care service: 3

Planned use for building: **N/A**

Jurisdiction:

[Inpatient services currently delivered in the building:](#) 4

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy        |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               |  |   |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                   |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby          | <input checked="" type="checkbox"/> Outpatient<br>Surgery |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                    |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services              |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |   |
- 5

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: 1  
 The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.  
 The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.  
 The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#) 2

Building Number: **BLD-00415** **1928 Building** Removal Date: **07/01/2019**

Planned Uses for the building to be removed from acute care service:

Planned use for building: **N/A** Jurisdiction:

Inpatient services currently delivered in the building:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Nursing                       | <input checked="" type="checkbox"/> Surgical      | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy        |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               |  |   |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                   |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby          | <input checked="" type="checkbox"/> Outpatient<br>Surgery |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                    |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services              |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |   |

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: 1  
 The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.  
 The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.  
 The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number: **BLD-05176** **1958 Lobby Addition** Removal Date: **07/01/2019** 2

Planned Uses for the building to be removed from acute care service:

Planned use for building: **N/A** Jurisdiction:

Inpatient services currently delivered in the building:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               |  |   |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                 |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery          |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |   |



For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: 1  
 The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.  
 The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.  
 The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#) 2

Building Number: **BLD-05202** **1958 Building (Emergency Wing)** Removal Date: **07/01/2019**

Planned Uses for the building to be removed from acute care service:

Planned use for building: **N/A** Jurisdiction:

Inpatient services currently delivered in the building:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                |  |  |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                  | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Skilled Nursing               | <input checked="" type="checkbox"/> Administration |  |  |

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). <sup>1</sup><sub>2</sub>

Building Nbr: BLD-00414		Building Name: 1913 Building		Year of Information: 2015	
Unit Type		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	0	Patient Days	0	0	
				<b>Total Beds this Building per Service</b>	
				0	

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-00414

Building Name: 1913 Building

Year of Information: 2016

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**Inpatient Beds  Patient Days **Acute Respiratory Care**Inpatient Beds  Patient Days **Acute Psychiatric**Inpatient Beds  Patient Days **Perinatal (exclude Neon/GYN)**Inpatient Beds  Patient Days **Burn**Inpatient Beds  Patient Days **Skilled Nursing**Inpatient Beds  Patient Days **Pediatric**Inpatient Beds  Patient Days **Intensive Care Newborn Nursery**Inpatient Beds  Patient Days **Intermediate Care**Inpatient Beds  Patient Days **Intensive Care**Inpatient Beds  Patient Days **Rehabilitation Center**Inpatient Beds  Patient Days **Int. Care/Developmentally Disabled**Inpatient Beds  Patient Days **Coronary Care**Inpatient Beds  Patient Days **Chemical Dependency**Inpatient Beds  Patient Days **Total Beds this Building per Unit****Total Beds this Building per Service**

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-00414		Building Name: 1913 Building		Year of Information: 2017	
Unit Type		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	0	Patient Days	0	0	
				<b>Total Beds this Building per Service</b>	
				0	

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-00415 Building Name: 1928 Building Year of Information: 2015

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**

Inpatient Beds  Patient Days

**Acute Respiratory Care**

Inpatient Beds  Patient Days

**Acute Psychiatric**

Inpatient Beds  Patient Days

**Perinatal (exclude Neon/GYN)**

Inpatient Beds  Patient Days

**Burn**

Inpatient Beds  Patient Days

**Skilled Nursing**

Inpatient Beds  Patient Days

**Pediatric**

Inpatient Beds  Patient Days

**Intensive Care Newborn Nursery**

Inpatient Beds  Patient Days

**Intermediate Care**

Inpatient Beds  Patient Days

**Intensive Care**

Inpatient Beds  Patient Days

**Rehabilitation Center**

Inpatient Beds  Patient Days

**Int. Care/Developmentally Disabled**

Inpatient Beds  Patient Days

**Coronary Care**

Inpatient Beds  Patient Days

**Chemical Dependency**

Inpatient Beds  Patient Days

**Total Beds this Building per Unit**

**Total Beds this Building per Service**

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-00415

Building Name: 1928 Building

Year of Information: 2016

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**Inpatient Beds  Patient Days **Acute Respiratory Care**Inpatient Beds  Patient Days **Acute Psychiatric**Inpatient Beds  Patient Days **Perinatal (exclude Neon/GYN)**Inpatient Beds  Patient Days **Burn**Inpatient Beds  Patient Days **Skilled Nursing**Inpatient Beds  Patient Days **Pediatric**Inpatient Beds  Patient Days **Intensive Care Newborn Nursery**Inpatient Beds  Patient Days **Intermediate Care**Inpatient Beds  Patient Days **Intensive Care**Inpatient Beds  Patient Days **Rehabilitation Center**Inpatient Beds  Patient Days **Int. Care/Developmentally Disabled**Inpatient Beds  Patient Days **Coronary Care**Inpatient Beds  Patient Days **Chemical Dependency**Inpatient Beds  Patient Days **Total Beds this Building per Unit****Total Beds this Building per Service**

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-00415		Building Name: 1928 Building		Year of Information: 2017	
Unit Type		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	0	Patient Days	0	0	
				<b>Total Beds this Building per Service</b>	
				0	

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-05176		Building Name: 1958 Lobby Addition		Year of Information: 2015	
Unit Type		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	0	Patient Days	0	0	
				<b>Total Beds this Building per Service</b>	
				0	



Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-05176		Building Name: 1958 Lobby Addition		Year of Information: 2016	
Unit Type		Information Current As Of:			
<b>Medical/Surgical (include GYN)</b>		<b>Acute Respiratory Care</b>		<b>Acute Psychiatric</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Perinatal (exclude Neborn/GYN)</b>		<b>Burn</b>		<b>Skilled Nursing</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>		<b>Intermediate Care</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Intensive Care</b>		<b>Rehabilitation Center</b>		<b>Int. Care/Developmentally Disabled</b>	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
<b>Coronary Care</b>		<b>Chemical Dependency</b>		<b>Total Beds this Building per Unit</b>	
Inpatient Beds	0	Patient Days	0	0	
				<b>Total Beds this Building per Service</b>	
				0	

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-05176 Building Name: 1958 Lobby Addition Year of Information: 2017

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**

Inpatient Beds 0 Patient Days 0

**Acute Respiratory Care**

Inpatient Beds 0 Patient Days 0

**Acute Psychiatric**

Inpatient Beds 0 Patient Days 0

**Perinatal (exclude Neborn/GYN)**

Inpatient Beds 0 Patient Days 0

**Burn**

Inpatient Beds 0 Patient Days 0

**Skilled Nursing**

Inpatient Beds 0 Patient Days 0

**Pediatric**

Inpatient Beds 0 Patient Days 0

**Intensive Care Newborn Nursery**

Inpatient Beds 0 Patient Days 0

**Intermediate Care**

Inpatient Beds 0 Patient Days 0

**Intensive Care**

Inpatient Beds 0 Patient Days 0

**Rehabilitation Center**

Inpatient Beds 0 Patient Days 0

**Int. Care/Developmentally Disabled**

Inpatient Beds 0 Patient Days 0

**Coronary Care**

Inpatient Beds 0 Patient Days 0

**Chemical Dependency**

Inpatient Beds 0 Patient Days 0

**Total Beds this Building per Unit**

0

**Total Beds this Building per Service**

0

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-05202 Building Name: 1958 Building (Emergency Wing) Year of Information: 2015

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**

Inpatient Beds  Patient Days

**Acute Respiratory Care**

Inpatient Beds  Patient Days

**Acute Psychiatric**

Inpatient Beds  Patient Days

**Perinatal (exclude Neon/GYN)**

Inpatient Beds  Patient Days

**Burn**

Inpatient Beds  Patient Days

**Skilled Nursing**

Inpatient Beds  Patient Days

**Pediatric**

Inpatient Beds  Patient Days

**Intensive Care Newborn Nursery**

Inpatient Beds  Patient Days

**Intermediate Care**

Inpatient Beds  Patient Days

**Intensive Care**

Inpatient Beds  Patient Days

**Rehabilitation Center**

Inpatient Beds  Patient Days

**Int. Care/Developmentally Disabled**

Inpatient Beds  Patient Days

**Coronary Care**

Inpatient Beds  Patient Days

**Chemical Dependency**

Inpatient Beds  Patient Days

**Total Beds this Building per Unit**

**Total Beds this Building per Service**

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-05202 Building Name: 1958 Building (Emergency Wing) Year of Information: 2016

Unit Type Information Current As Of:

**Medical/Surgical (include GYN)**

Inpatient Beds 0 Patient Days 0

**Acute Respiratory Care**

Inpatient Beds 0 Patient Days 0

**Acute Psychiatric**

Inpatient Beds 0 Patient Days 0

**Perinatal (exclude Neborn/GYN)**

Inpatient Beds 0 Patient Days 0

**Burn**

Inpatient Beds 0 Patient Days 0

**Skilled Nursing**

Inpatient Beds 0 Patient Days 0

**Pediatric**

Inpatient Beds 0 Patient Days 0

**Intensive Care Newborn Nursery**

Inpatient Beds 0 Patient Days 0

**Intermediate Care**

Inpatient Beds 0 Patient Days 0

**Intensive Care**

Inpatient Beds 0 Patient Days 0

**Rehabilitation Center**

Inpatient Beds 0 Patient Days 0

**Int. Care/Developmentally Disabled**

Inpatient Beds 0 Patient Days 0

**Coronary Care**

Inpatient Beds 0 Patient Days 0

**Chemical Dependency**

Inpatient Beds 0 Patient Days 0

**Total Beds this Building per Unit** 0

**Total Beds this Building per Service** 0

Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-05202 Building Name: 1958 Building (Emergency Wing) Year of Information: 2017

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**

Inpatient Beds  Patient Days

**Acute Respiratory Care**

Inpatient Beds  Patient Days

**Acute Psychiatric**

Inpatient Beds  Patient Days

**Perinatal (exclude Neon/GYN)**

Inpatient Beds  Patient Days

**Burn**

Inpatient Beds  Patient Days

**Skilled Nursing**

Inpatient Beds  Patient Days

**Pediatric**

Inpatient Beds  Patient Days

**Intensive Care Newborn Nursery**

Inpatient Beds  Patient Days

**Intermediate Care**

Inpatient Beds  Patient Days

**Intensive Care**

Inpatient Beds  Patient Days

**Rehabilitation Center**

Inpatient Beds  Patient Days

**Int. Care/Developmentally Disabled**

Inpatient Beds  Patient Days

**Coronary Care**

Inpatient Beds  Patient Days

**Chemical Dependency**

Inpatient Beds  Patient Days

**Total Beds this Building per Unit**

**Total Beds this Building per Service**

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr:	BLD-00414	Building Name:	1913 Building	Year of Information:	2015
				Information Current As Of:	
<u>Type of Services Provided</u>					
<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
Total Beds this Building per service			<input type="text" value="0"/>		

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Emergency	<input type="checkbox"/> Support Services
<input type="checkbox"/> Administration	<input type="checkbox"/> Nuclear Medicine	

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-00414		Building Name: 1913 Building		Year of Information: 2016	
				Information Current As Of:	
<u>Type of Services Provided</u>					
<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
Total Beds this Building per service			<input type="text" value="0"/>		

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Emergency	<input type="checkbox"/> Support Services
<input type="checkbox"/> Administration	<input type="checkbox"/> Nuclear Medicine	

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: <b>BLD-00414</b>		Building Name: <b>1913 Building</b>		Year of Information: <b>2017</b>	
				Information Current As Of:	<input type="text"/>
<u>Type of Services Provided</u>					
<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	
Total Beds this Building per service			<input type="text" value="0"/>		

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		



Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-00415

Building Name:

1928 Building

Year of Information: 2015

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service 

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: **BLD-00415** Building Name: **1928 Building** Year of Information: **2016**

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr:

BLD-00415

Building Name:

1928 Building

Year of Information:

2017

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr:

BLD-05176

Building Name:

1958 Lobby Addition

Year of Information:

2015

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: **BLD-05176** Building Name: **1958 Lobby Addition** Year of Information: **2016**

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-05176

Building Name:

1958 Lobby Addition

Year of Information: 2017

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service 

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: **BLD-05202** Building Name: **1958 Building (Emergency Wing)** Year of Information: **2015**

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: **BLD-05202** Building Name: **1958 Building (Emergency Wing)** Year of Information: **2016**

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		



Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-05202

Building Name:

1958 Building (Emergency Wing)

Year of Information: 2017

Information Current As Of:

Type of Services Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service 

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		

No data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).<sup>1</sup>

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Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per [Section 130061\(c\)\(3\)](#)

Building  
Number:

BLD-00414

Building Name:

1913 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

OutpatientSurgery

N/A

Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per [Section 130061\(c\)\(3\)](#)

Building  
Number:

BLD-00415

Building Name:

1928 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Surgical

N/A

Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per [Section 130061\(c\)\(3\)](#)

Building  
Number:

BLD-00415

Building Name:

1928 Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

OutpatientSurgery

N/A

Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per [Section 130061\(c\)\(3\)](#)

Building  
Number:

BLD-05176

Building Name:

1958 Lobby Addition

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Support Services

N/A

Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per [Section 130061\(c\)\(3\)](#)

Building  
Number:

BLD-05202

Building Name:

1958 Building (Emergency Wing)

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-00414

Building Name:

1913 Building

**Type of Service Provided**☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☒Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-00415

Building Name:

1928 Building

### Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-05176

Building Name:

1958 Lobby Addition

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☒Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-12 per Section 130061(c)(4)

Building Number: BLD-05202 Building Name: 1958 Building (Emergency Wing)

Type of Service Provided 3

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)

Building Number: BLD-00411 Building Name: 1972 Building - ICU/Emergency

Configuration: Remove from GAC service by 1/1/2030

#### Type of Service Provided

☒

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☒Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Pharmaceutical

☒

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00412

Building Name:

D&amp;T Addition

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Psychiatric  
Nursing☒Radiological/  
Imaging☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Obstetrical  
Ante/Postprtum☒

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)

Building Number: BLD-00413 Building Name: Women's Center

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input checked="" type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input checked="" type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input checked="" type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                 |
| <input checked="" type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input checked="" type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery          |
| <input type="checkbox"/> Psychiatric<br>Nursing                   | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                                | <input checked="" type="checkbox"/> Central Plant       |
| <input checked="" type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine                         | <input checked="" type="checkbox"/> Support<br>Services |
| <input type="checkbox"/> Intermediate<br>Care                     | <input type="checkbox"/> Dietetic                 |   |   |
| <input type="checkbox"/> Skilled Nursing                          | <input type="checkbox"/> Administration           |   |   |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00414

Building Name: 1913 Building

Configuration: Remove from GAC service by 1/1/2020

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

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Building Number:

BLD-00415

Building Name:

1928 Building

Configuration:

Remove from GAC service by 1/1/2020

**Type of Service Provided**☐

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00416

Building Name:

1953 Building

Configuration:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☒

Clinical Lab

☐Psychiatric  
Nursing☐Radiological/  
Imaging☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☒

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)

Building Number: BLD-00417 Building Name: 1961 Building

Configuration: Remove from GAC service by 1/1/2030

**Type of Service Provided**

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> Nursing                       | <input checked="" type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv      | <input type="checkbox"/> Rehabilitation<br>Therapy        |
| <input checked="" type="checkbox"/> IntensiveCare                 | <input checked="" type="checkbox"/> Anesthesia               | <input checked="" type="checkbox"/> Obstetrical<br>Recovery | <input type="checkbox"/> Renal Dialysis                   |
| <input type="checkbox"/> Pediatric/Adol<br>escent                 | <input type="checkbox"/> Clinical Lab                        |   |   |
| <input type="checkbox"/> Psychiatric<br>Nursing                   | <input checked="" type="checkbox"/> Radiological/<br>Imaging | <input checked="" type="checkbox"/> Newborn/<br>WellBaby    | <input checked="" type="checkbox"/> Outpatient<br>Surgery |
| <input checked="" type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical                      |   |   |
| <input type="checkbox"/> Intermediate<br>Care                     | <input type="checkbox"/> Dietetic                            | <input type="checkbox"/> Emergency                          | <input type="checkbox"/> Central Plant                    |
| <input checked="" type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration                      | <input type="checkbox"/> Nuclear Medicine                   | <input checked="" type="checkbox"/> Support<br>Services   |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00418

Building Name: 1963 Building - Cafeteria

Configuration: [Remove from GAC service by 1/1/2030](#)**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☐

Clinical Lab

☐Psychiatric  
Nursing☐Radiological/  
Imaging☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate  
Care☒

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☐

Administration



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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-02838

Building Name:

Building 01A

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

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Building Number:

BLD-02839

Building Name:

Building 01B Canopy

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-03850

Building Name: Boiler Building

Configuration: Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-03877

Building Name:

1961 Dining Building

Configuration:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-05176

Building Name:

1958 Lobby Addition

Configuration:

Remove from GAC service by 1/1/2020

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-05202

Building Name:

1958 Building (Emergency Wing)

Configuration:

Remove from GAC service by 1/1/2020

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☒

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-05669

Building Name:

2013 Vestibule

Configuration:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-05670

Building Name:

2013 Low Canopy

Configuration:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☐

Administration



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-05671

Building Name: 2013 High Canopy

Configuration: Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-00411

Building Name: 1972 Building - ICU/Emergency

## Type of Service Provided

☒ Nursing Inpatient Beds 85

☒ IntensiveCare Inpatient Beds 50

☒ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient Beds 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0

☐ Intermediate Care Inpatient Beds 0

☐ Skilled Nursing Inpatient Beds 0

Total Beds this Building 135

☐ Surgical

☐ Anesthesia

☒ Clinical Lab

☒ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☒ Emergency

☐ Nuclear  
Medicine

☒ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-00412

Building Name: D&amp;T Addition

## Type of Service Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol escent Inpatient Beds 0

☐ Psychiatric Nursing Inpatient Beds 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0

☐ Intermediate Care Inpatient Beds 0

☐ Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☒ Radiological/ Imaging

☒ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/ WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Central Plant

☒ Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-00413 Building Name: Women's Center

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="47"/>	<input type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="66"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="113"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-00416 Building Name: 1953 Building

Type of Service Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-00417 Building Name: 1961 Building

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	82	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	6	<input checked="" type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	0	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	0	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	18	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	0	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	38	<input type="checkbox"/> Administration		
Total Beds this Building		144			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-00418 Building Name: 1963 Building - Cafeteria

Type of Service Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="34"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="34"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-02838 Building Name: Building 01A

Type of Service Provided

<input type="checkbox"/> Nursing Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building	<input type="text" value="0"/>			



Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-02839 Building Name: Building 01B Canopy

Type of Service Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-03850 Building Name: Boiler Building

Type of Service Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-03877

Building Name: 1961 Dining Building

2

**Type of Service Provided** 3
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol escent Inpatient Beds 0

☐ Psychiatric Nursing Inpatient Beds 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0

☐ Intermediate Care Inpatient Beds 0

☐ Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/ Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/ WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Central Plant

☒ Support Services

4

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-05669 Building Name: 2013 Vestibule

Type of Service Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-05670

Building Name: 2013 Low Canopy

## Type of Service Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol escent Inpatient Beds 0

☐ Psychiatric Nursing Inpatient Beds 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0

☐ Intermediate Care Inpatient Beds 0

☐ Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/ Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/ WellBaby

☐ Emergency

☐ Nuclear Medicine

☐ Rehabilitation Therapy

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Central Plant

☒ Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-05671 Building Name: 2013 High Canopy 2

Type of Service Provided 3

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

<b>Building Number:</b> BLD-00411		<b>Building Name:</b> 1972 Building - ICU/Emergency	
<b>Medical / Surgical (Include GYN)</b>		<b>Acute Respiratory Care</b>	
Inpatient Bed 85	Inpatient Days 27503	Inpatient Bed 0	Inpatient Days 0
<b>Acute Psychiatric</b>		<b>Skilled Nursing</b>	
Inpatient Bed 0	Inpatient Days 0	Inpatient Bed 0	Inpatient Days 0
<b>Perinatal (Exclude Newborn / GYN)</b>		<b>Burn</b>	
Inpatient Bed 0	Inpatient Days 0	Inpatient Bed 0	Inpatient Days 0
<b>Pediatric</b>		<b>Intensive Care Newborn Nursery</b>	
Inpatient Bed 0	Inpatient Days 0	Inpatient Bed 0	Inpatient Days 0
<b>Intensive Care</b>		<b>Rehabilitation Center</b>	
Inpatient Bed 38	Inpatient Days 10151	Inpatient Bed 0	Inpatient Days 0
<b>Coronary Care</b>		<b>Chemical Dependency</b>	
Inpatient Bed 12	Inpatient Days 2746	Inpatient Bed 0	Inpatient Days 0
<b>Total Beds this Building Per Unit</b>		<b>Total Beds this Building Per Service</b>	
135		135	

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-00412

Building Name: D&amp;T Addition

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**



Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) 1

Building Number: BLD-00413 Building Name: Women's Center

**Medical / Surgical (Include GYN)**

Inpatient Bed 0 Inpatient Days 0

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed 66 Inpatient Days 13939

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care Newborn Nursery**

Inpatient Bed 47 Inpatient Days 10896

**Intermediate Care**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 0 Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / Developmentally Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

113

**Total Beds this Building Per Service**

113

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-00416

Building Name: 1953 Building

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-00417

Building Name: 1961 Building

**Medical / Surgical (Include GYN)**

Inpatient Bed 82

Inpatient Days 16501

**Acute Respiratory Care**

Inpatient Bed 0

Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0

Inpatient Days 0

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed 18

Inpatient Days 3801

**Burn**

Inpatient Bed 0

Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 38

Inpatient Days 0

**Pediatric**

Inpatient Bed 0

Inpatient Days 0

**Intensive Care Newborn Nursery**

Inpatient Bed 6

Inpatient Days 1391

**Intermediate Care**

Inpatient Bed 0

Inpatient Days 0

**Intensive Care**

Inpatient Bed 0

Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 0

Inpatient Days 0

**Int. Care / Developmentally Disabled**

Inpatient Bed 0

Inpatient Days 0

**Coronary Care**

Inpatient Bed 0

Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0

Inpatient Days 0

**Total Beds this Building Per Unit**

144

**Total Beds this Building Per Service**

144

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#) <sup>1</sup><sub>2</sub>

**Building Number:** **BLD-00418** **Building Name:** **1963 Building - Cafeteria**

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-1 4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-02838

Building Name: Building 01A

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-02839 Building Name: Building 01B Canopy

**Medical / Surgical (Include GYN)**

Inpatient Bed 0 Inpatient Days 0

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Care**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 0 Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / Developmentally Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

0

**Total Beds this Building Per Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-1 4D and SPC-5 per [Section 130061\(e\)](#)

**Building Number:** **BLD-03850** **Building Name:** **Boiler Building**

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per [Section 130061\(e\)](#) <sup>1</sup>

**Building Number:** **BLD-03877** **Building Name:** **1961 Dining Building**

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**Intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Care**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / Developmentally Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**



Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-1 4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-05669

Building Name: 2013 Vestibule

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-1 4D and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-05670

Building Name: 2013 Low Canopy

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Building Number: BLD-05671 Building Name: 2013 High Canopy

**Medical / Surgical (Include GYN)**

Inpatient Bed 0 Inpatient Days 0

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (Exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Care**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 0 Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / Developmentally Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

0

**Total Beds this Building Per Service**

0