



**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:

10677

Facility Name:

Loma Linda University Medical Center

Address:

11234 Anderson St.

City:

Loma Linda

5

Hospital Owner/Licensee:

Loma Linda University Medical Center

Year of Reporting:

2015

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:

Loma Linda University Medical Center

Submission Date:

12/16/2015 4:47:48 PM

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 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-01479	Main Hospital Tower - Area C	11234 Anderson St.	Rebuild	SPC5	01/01/2020	01/01/2020
BLD-03023	Main Hospital Tower - Area A	11234 Anderson St.	Rebuild	SPC5	01/01/2020	01/01/2020
BLD-03025	Original Plant	11234 Anderson St.	Retrofit	SPC5	01/01/2020	01/01/2020

Report Year:

2015

10677

Loma Linda University Medical Center

Loma Linda

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:

BLD-01479

Main Hospital Tower - Area C

Retrofit/Replacement
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10677	I150010-36-00	0	PPR - Campus Transformation Project	5/12/2015		03/23/2016		ACTI	No
10677	S142915-36-00	0	CTP Make Ready-FDC Relocation	12/17/2014	2/25/2015 12:00:00 AM	09/24/2015		PEND	No
10677	S150833-36-00	0	CTP - Site Make Ready	4/2/2015	8/13/2015 12:00:00 AM	09/24/2015		FIEL	No
10677	S152206-36-00	0	CTP Site Make Ready 02	8/20/2015	10/27/2015 12:00:00 AM	02/15/2016		ACTI	No

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		BLD-03023	Main Hospital Tower - Area A	Retrofit/Replacement Project:		Yes-Submitted			
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10677	I150010-36-00	0	PPR - Campus Transformation Project	5/12/2015		03/23/2016		ACTI	No
10677	S142915-36-00	0	CTP Make Ready-FDC Relocation	12/17/2014	2/25/2015 12:00:00 AM	09/24/2015		PEND	No
10677	S150833-36-00	0	CTP - Site Make Ready	4/2/2015	8/13/2015 12:00:00 AM	09/24/2015		FIEL	No
10677	S152206-36-00	0	CTP Site Make Ready 02	8/20/2015	10/27/2015 12:00:00 AM	02/15/2016		ACTI	No

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		BLD-03025	Original Plant	Retrofit/Replacement Project:		Yes-Submitted			
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10677	I140008-36-00	0	Loma Linda University Steam Plant Building, SPC 5 Seismic Improvements	11/4/2014		06/01/2016	04/01/2018	OPEN	No

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

Building Number: BLD-01479

Building Name: Main Hospital Tower - Area C ²

Type of Service Provided ³

⁴

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	302	Inpatient Days	67564	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	73	Inpatient Days	24775	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/WellBaby
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	73	Inpatient Days	16741	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0	<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	35	Inpatient Days	5461	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	0	Inpatient Days	0	<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	0	Inpatient Days	0	<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
					<input checked="" type="checkbox"/> Support Services	
					<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
Total Beds this Building				483		

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

Building Number: **BLD-03023**

Building Name:

Main Hospital Tower - Area A

Type of Service Provided

☐ Nursing Inpatient Beds Inpatient Days

☐ IntensiveCare Inpatient Beds Inpatient Days

☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days

☐ Psychiatric Nursing Inpatient Beds Inpatient Days

☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

☐ Intermediate Care Inpatient Beds Inpatient Days

☐ Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

☐ Surgical ☐ Obstetrical Recovery

☒ Anesthesia ☐ Newborn/WellBaby

☐ Clinical Lab ☐ Emergency

☐ Radiological/Imaging ☒ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic ☒ Rehabilitation Therapy

☐ Administration ☐ Renal Dialysis

☒ Support Services ☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv ☐ Central Plant

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

Building Number: BLD-03025

Building Name: Original Plant

Type of Service Provided

☐ Nursing Inpatient Beds Inpatient Days

☐ IntensiveCare Inpatient Beds Inpatient Days

☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days

☐ Psychiatric Nursing Inpatient Beds Inpatient Days

☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

☐ Intermediate Care Inpatient Beds Inpatient Days

☐ Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

☐ Surgical ☐ Obstetrical Recovery

☐ Anesthesia ☐ Newborn/WellBaby

☐ Clinical Lab ☐ Emergency

☐ Radiological/Imaging ☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic ☐ Rehabilitation Therapy

☐ Administration ☐ Renal Dialysis

☐ Support Services ☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv ☒ Central Plant

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

2

Building Number: BLD-01479

Building Name: Main Hospital Tower - Area C

Medical / Surgical (Include GYN)

Inpatient Bed 302 Inpatient Days 6756
4

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 35 Inpatient Days 5461

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 73 Inpatient Days 1674
1

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 73 Inpatient Days 2477
5

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development 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

483

Total Beds this Building Per Service

483

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

²

Building Number: BLD-03023

Building Name: Main Hospital Tower - Area A

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\(c\)\(1\)\(F\)](#) ¹

Building Number:

BLD-03025

Building Name:

Original Plant

2

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
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

For all buildings at the facility, indicate which ones are scheduled for general acute service removal. ¹

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01479	Main Hospital Tower - Area C	Rebuild
BLD-01480	Main Hospital Tower - Area B	Rebuild
BLD-01481	Emergency Room Expansion - 1976	Rebuild
BLD-01482	Northeast Wing - Schuman Pavilion	Remain
BLD-01483	South Wing Phase 2	Remain
BLD-01485	South Wing Phase I	Remain
BLD-01486	Co-Generation Plant	Remain
BLD-02961	Chiller Facility	Remain
BLD-03021	South Wing Phase I	Remain
BLD-03022	South Wing Phase I	Remain
BLD-03023	Main Hospital Tower - Area A	Rebuild
BLD-03024	South Wing Phase 2	Remain
BLD-03025	Original Plant	Retrofit
BLD-05490	Emergency Generator	Remain

²

List ALL proposed new buildings to be constructed at this or another site. 2

Building
Number

Building Name

New
Site

3

N_1

New LLUMC Hospital Building

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-01479

Main Hospital Tower - Area C ²

Removal ³
Date:

01/01/2020 ⁴

Planned Uses for the building to be removed from acute care service: ⁵

Planned use for building:

[Inpatient services currently delivered in the building:](#) ⁶

☒

Nursing

☒

Surgical ¹³

☒

Obstetrical
Cesarean/Deliv ⁷

☐

Rehabilitation
Therapy ^{8 9}

☒

IntensiveCare

☒

Anesthesia

☒

Obstetrical
Recovery ¹⁰

☒

Renal Dialysis ^{11 12}

☒

Pediatric/Adol
escent

☒

Clinical Lab

☒

Newborn/
WellBaby ^{14 15}

☒

Outpatient
Surgery ^{16 17}

☐

Psychiatric
Nursing

☒

Radiological/
Imaging

☒

Emergency ¹⁸

☒

Central Plant ^{19 20}

☒

Obstetrical
Ante/Postprtum

☒

Pharmaceutical

☒

Nuclear
Medicine ²¹

☒

Support
Services ^{22 23}

☐

Intermediate
Care

☒

Dietetic

☐

Skilled Nursing

☒

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-03023

Main Hospital Tower - Area A 2

Removal ³
Date:01/01/2020 ⁴Planned Uses for the building to be removed from acute care service: ⁵

Planned use for building:

[Inpatient services currently delivered in the building:](#) ⁶

- | | |
|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> IntensiveCare | <input checked="" type="checkbox"/> Anesthesia |
| <input type="checkbox"/> Pediatric/Adol
escent | <input type="checkbox"/> Clinical Lab |
| <input type="checkbox"/> Psychiatric
Nursing | <input type="checkbox"/> Radiological/
Imaging |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Intermediate
Care | <input type="checkbox"/> Dietetic |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration |

- | | |
|---|---|
| <input type="checkbox"/> Obstetrical
Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation
Therapy |
| <input type="checkbox"/> Obstetrical
Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Newborn/
WellBaby | <input type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input checked="" type="checkbox"/> Nuclear
Medicine | <input checked="" type="checkbox"/> Support
Services |

Report Year:

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No data reported for Section 130061(c)(2)(D).

Report Year:

2015

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No data reported for Section 130061(c)(2)(D).

Report Year:

2015

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Loma Linda University Medical Center

Loma Linda

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Report 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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01480

Building Name: Main Hospital Tower - Area B

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

CentralPlant

N/A

Report 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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01481

Building Name: Emergency Room Expansion - 1976

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

Emergency

N/A

Report 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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01479

Building Name: Main Hospital Tower - Area C

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

Nursing

N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Intensive Care N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Pediatric Adolescent N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Obstetrical Ante Postprtum N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Surgical N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Anesthesia N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

ClinicalLab N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Radiological/Imaging N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Pharmaceutical N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Dietetic N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Administration N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Support Services N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Obstetrical
Cesarean/Deliv N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: Building Name:

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

Report 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\(c\)\(2\)\(E\)](#)

Building Number: Building Name:

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

Report 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\(c\)\(2\)\(E\)](#)

Building Number: Building Name:

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

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Nuclear Medicine N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Renal Dialysis N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

OutpatientSurgery N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: **BLD-01479** Building Name: **Main Hospital Tower - Area C**

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

Medical/Surgical
(Include GYN)

N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: **BLD-01479** Building Name: **Main Hospital Tower - Area C**

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

Perinatal (exclude
Newborn / GYN))

N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: **BLD-01479** Building Name: **Main Hospital Tower - Area C**

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

Pediatric

N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C

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

Intensive Care N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-03023 Building Name: Main Hospital Tower - Area A

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

Anesthesia N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-03023 Building Name: Main Hospital Tower - Area A

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

Support Services N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-03023 Building Name: Main Hospital Tower - Area A

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

Nuclear Medicine N/A

Report 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\(c\)\(2\)\(E\)](#)

Building Number: BLD-03023 Building Name: Main Hospital Tower - Area A

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

Rehabilitation Therapy N/A

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No data reported for Section 130061(c)(3).

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-01479

Building Name: Main Hospital Tower - Area C

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" 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-03023

Building Name:

Main Hospital Tower - Area A

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" 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 checked="" type="checkbox"/> Nuclear Medicine	<input checked="" 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-03025

Building Name:

Original Plant

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 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-01479 Building Name: Main Hospital Tower - Area C

Configuration: N/A

Type of Service Provided

- | | | | |
|--|---|--|--|
| <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"/> Psychiatric
Nursing | <input type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Newborn/
WellBaby | <input type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate
Care | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support
Services |
| <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-01480

Building Name: Main Hospital Tower - Area B

Configuration: N/A

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-01481

Building Name: Emergency Room Expansion - 1976

Configuration: N/A

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-01482

Building Name: Northeast Wing - Schuman Pavilion

Configuration: N/A

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-01483

Building Name: South Wing Phase 2

Configuration: N/A

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-01485

Building Name: South Wing Phase I

Configuration: N/A

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-01486

Building Name: Co-Generation Plant

Configuration: N/A

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-02961

Building Name: Chiller Facility

Configuration: N/A

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-03021

Building Name: South Wing Phase I

Configuration: N/A

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-03022

Building Name: South Wing Phase I

Configuration: N/A

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-03023

Building Name: Main Hospital Tower - Area A

Configuration: N/A

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-03024

Building Name: South Wing Phase 2

Configuration: N/A

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-03025

Building Name: Original Plant

Configuration: N/A

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-05490

Building Name: Emergency Generator

Configuration: N/A

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, ¹ and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01480** Building Name: **Main Hospital Tower - Area B** 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 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, 1
and SPC-5 per Section 130061(e)

Building Number: BLD-01481

Building Name: Emergency Room Expansion - 1976

Type of Service Provided 2

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 checked="" 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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-01482

Building Name: Northeast Wing - Schuman Pavilion

Type of Service Provided
☐ Nursing Inpatient Beds
☐ IntensiveCare Inpatient Beds
☐ Pediatric/Adolescent Inpatient Beds
☐ Psychiatric Nursing Inpatient Beds
☐ Obstetrical Ante/Postpartum Inpatient Beds
☐ Intermediate Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this Building
☐ 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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-01483

Building Name: South Wing Phase 2

Type of Service Provided
☐ Nursing Inpatient Beds
☒ IntensiveCare Inpatient Beds
☐ Pediatric/Adol escent Inpatient Beds
☐ Psychiatric Nursing Inpatient Beds
☒ Obstetrical Ante/Postprtum Inpatient Beds
☐ Intermediate Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this Building
☒ Surgical

☐ Obstetrical Cesarean/Deliv

☐ Rehabilitation Therapy

☒ Anesthesia

☒ Obstetrical Recovery

☐ Renal Dialysis

☒ Clinical Lab

☒ Radiological/ Imaging

☒ Newborn/ WellBaby

☐ Outpatient Surgery

☒ Pharmaceutical

☐ Emergency

☐ Central Plant

☒ Dietetic

☐ Nuclear Medicine

☒ Support Services

☒ Administration

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-01485

Building Name: South Wing Phase I

Type of Service Provided
☐ Nursing Inpatient Beds
☒ IntensiveCare Inpatient Beds
☐ Pediatric/Adol escent Inpatient Beds
☐ Psychiatric Nursing Inpatient Beds
☐ Obstetrical Ante/Postprtum Inpatient Beds
☐ Intermediate Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this Building
☒ Surgical

☐ Obstetrical Cesarean/Deliv

☐ Rehabilitation Therapy

☒ Anesthesia

☒ Obstetrical Recovery

☐ Renal Dialysis

☒ Clinical Lab

☒ Radiological/ Imaging

☒ Newborn/ WellBaby

☒ Outpatient Surgery

☒ Pharmaceutical

☐ Emergency

☐ Central Plant

☒ Dietetic

☐ Nuclear Medicine

☒ Support Services

☒ Administration

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-01486

Building Name: Co-Generation Plant

Type of Service Provided
☐ Nursing Inpatient Beds
☐ IntensiveCare Inpatient Beds
☐ Pediatric/Adol
escent Inpatient Beds
☐ Psychiatric
Nursing Inpatient Beds
☐ Obstetrical
Ante/Postprtum Inpatient Beds
☐ Intermediate
Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this Building
☐ 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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-02961

Building Name: Chiller Facility

Type of Service Provided
☐ Nursing Inpatient Beds
☐ IntensiveCare Inpatient Beds
☐ Pediatric/Adol
escent Inpatient Beds
☐ Psychiatric
Nursing Inpatient Beds
☐ Obstetrical
Ante/Postprtum Inpatient Beds
☐ Intermediate
Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this Building
☐ 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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-03021

Building Name: South Wing Phase I

Type of Service Provided
☐ Nursing Inpatient Beds
☐ IntensiveCare Inpatient Beds
☐ Pediatric/Adol escent Inpatient Beds
☐ Psychiatric Nursing Inpatient Beds
☐ Obstetrical Ante/Postprtum Inpatient Beds
☐ Intermediate Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this Building
☒ Surgical

☐ Obstetrical Cesarean/Deliv

☐ Rehabilitation Therapy

☒ Anesthesia

☐ Obstetrical Recovery

☐ Renal Dialysis

☒ Clinical Lab

☐ Radiological/ Imaging

☐ Newborn/ WellBaby

☐ Outpatient Surgery

☐ Pharmaceutical

☐ Emergency

☐ Central Plant

☐ Dietetic

☐ Nuclear Medicine

☒ Support Services

☐ Administration

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-03022

Building Name: South Wing Phase I

Type of Service Provided
☐ Nursing Inpatient Beds
☐ IntensiveCare Inpatient Beds
☐ Pediatric/Adolescent Inpatient Beds
☐ Psychiatric Nursing Inpatient Beds
☐ Obstetrical Ante/Postpartum Inpatient Beds
☐ Intermediate Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this Building
☒ 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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-03024

Building Name: South Wing Phase 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 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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-05490

Building Name: Emergency Generator

Type of Service Provided
☐ Nursing Inpatient Beds
☐ IntensiveCare Inpatient Beds
☐ Pediatric/Adol escent Inpatient Beds
☐ Psychiatric Nursing Inpatient Beds
☐ Obstetrical Ante/Postprtum Inpatient Beds
☐ Intermediate Care Inpatient Beds
☐ Skilled Nursing Inpatient Beds

 Total Beds this Building
☐ 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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-01480		Building Name: Main Hospital Tower - Area B	
Medical / Surgical (Include GYN)		Acute Respiratory Care	
Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>	Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>
Acute Psychiatric		Perinatal (Exclude Newborn / GYN)	
Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>	Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>
Burn		Skilled Nursing	
Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>	Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery	
Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>	Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>
Intermediate Care		Intensive Care	
Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>	Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>
Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>	Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>
Coronary Care		Chemical Dependency	
Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>	Inpatient Bed <input type="text" value="0"/>	Inpatient Days <input type="text" value="0"/>
Total Beds this Building Per Unit		Total Beds this Building Per Service	
<input type="text" value="0"/>		<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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-01481

Building Name: Emergency Room Expansion - 1976

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, and SPC-5 per Section 130061(e) ^{1 2}

Building Number: BLD-01482

Building Name: Northeast Wing - Schuman Pavilion

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, and SPC-5 per Section 130061(e)

Building Number: BLD-01483 Building Name: South Wing Phase 2

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 36 Inpatient Days 5403

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 12 Inpatient Days 3927

Intermediate Care

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 66 Inpatient Days 19008

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

114

Total Beds this Building Per Service

114

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-01485

Building Name: South Wing Phase I

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 72

Inpatient Days 23956

Intermediate Care

Inpatient Bed 0

Inpatient Days 0

Intensive Care

Inpatient Bed 50

Inpatient Days 15399

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

122

Total Beds this Building Per Service

122

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, and SPC-5 per [Section 130061\(e\)](#)

1

Building Number: BLD-01486

Building Name: Co-Generation Plant

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, and SPC-5 per [Section 130061\(e\)](#)

1

Building Number: BLD-02961

Building Name: Chiller Facility

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-03021

Building Name: South Wing Phase I

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-03022

Building Name: South Wing Phase I

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-03024

Building Name: South Wing Phase 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 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, and SPC-5 per [Section 130061\(e\)](#)

1

Building Number: BLD-05490

Building Name: Emergency Generator

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**