
Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

10843

Facility Name:

Santa Barbara Cottage Hospital

Address:

400 West Pueblo Street

City:

Santa Barbara

Hospital Owner/Licensee:

Cottage Health System; Sole Corporate Member

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Brooks Larson

Submission Date:

10/28/2013 6:25:10 PM

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 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-00899	Central Wing (Building B)	400 West Pueblo Street	Rebuild	SPC5	01/01/2015	09/23/2014
BLD-00900	Reeves Wing (Building C)	400 West Pueblo Street	Rebuild	SPC5	01/01/2015	09/23/2014

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-00899		Central Wing (Building B)		Retrofit/Replacement Project:		Yes-Submitted	
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	11/5/2004 12:00:00 AM	10/17/2007 12:00:00 AM	11/09/2007	09/29/2011	FIEL	No
10843	P-2012-02429	0	RRU-SAC-New 1 East Office Spaces	11/13/2012 12:00:00 AM	7/12/2013 12:00:00 AM	08/22/2013	07/14/2014	PEND	No
10843	SS100329-0	0	REMODEL CLINICAL LABORATORY ON 3RD FLOOR, BUILDING E	2/25/2010 12:00:00 AM	1/10/2011 12:00:00 AM	01/10/2011	11/01/2013	PEND	No
10843	SS102475-0	0	REMODEL EXISTING 3400 SQ. FT. INTO PHYSICAL THERAPY	12/16/2010 12:00:00 AM	2/1/2012 12:00:00 AM	02/15/2013	09/01/2014	PEND	No
10843	SS111491-0	0	VOLUNTARY SEISMIC IMPROVEMENTS	7/26/2011 12:00:00 AM	5/15/2012 12:00:00 AM	05/24/2012	01/31/2013	PEND	No

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Building No:

BLD-00900

Reeves Wing (Building C)

Retrofit/Replacement
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	11/5/2004 12:00:00 AM	10/17/2007 12:00:00 AM	11/09/2007	09/29/2011	FIEL	No
10843	P-2012-00198	0	CATH LAB PROJECT	1/31/2012 12:00:00 AM	3/23/2012 12:00:00 AM	04/30/2012	06/06/2014	PEND	No
10843	P-2012-02429	0	RRU-SAC-New 1 East Office Spaces	11/13/2012 12:00:00 AM	7/12/2013 12:00:00 AM	08/22/2013	07/14/2014	PEND	No
10843	SS100329-0	0	REMODEL CLINICAL LABORATORY ON 3RD FLOOR, BUILDING E	2/25/2010 12:00:00 AM	1/10/2011 12:00:00 AM	01/10/2011	11/01/2013	PEND	No

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

Building Number: **BLD-00899**Building Name: **Central Wing (Building B)****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="90"/>	Inpatient Days	<input type="text" value="21322"/>	<input type="checkbox"/>	Surgical	<input checked="" 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 checked="" type="checkbox"/>	Newborn/WellBaby
<input type="checkbox"/>	Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" 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 checked="" type="checkbox"/>	Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="27"/>	Inpatient Days	<input type="text" value="6743"/>	<input type="checkbox"/>	Pharmaceutical	<input checked="" 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 checked="" type="checkbox"/>	Support Services	<input type="checkbox"/>	Outpatient Surgery
			Total Beds this Building		<input type="text" value="117"/>	<input type="checkbox"/>	Obstetrical Cesarean/Deliv	<input type="checkbox"/>	Central Plant

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

Building Number: **BLD-00900**

Building Name: **Reeves Wing (Building C)**

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

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

Building Number: BLD-00899

Building Name: Central Wing (Building B)

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)

Building Number: BLD-00900

Building Name: Reeves Wing (Building C)

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 / 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.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00898	West Wing (Building A)	Remain
BLD-00899	Central Wing (Building B)	Rebuild
BLD-00900	Reeves Wing (Building C)	Rebuild
BLD-00901	South Wing (Building D)	Remain
BLD-00902	East Wing (Building E)	Remain
BLD-00904	Surgery Wing (Building G)	Remain
BLD-00906	Centennial Wing (Building I)	Remain
BLD-00907	Cancer Center (Building K)	Remain
BLD-05289	New Central Plant	Remain

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

Building Number	Building Name	New Site
N_1	Diagnostic and Treatment (D&T A1-A4; B1-B4)	<input type="checkbox"/>
N_2	Patient Pavilion (E1-E3)	<input type="checkbox"/>
N_3	Patient Pavilion (F1-F3)	<input type="checkbox"/>
N_4	Patient Pavilion (D1-D3)	<input type="checkbox"/>
N_5	Infill Building (C1-C3)	<input type="checkbox"/>
N_6	Link Building (C4)	<input type="checkbox"/>
N_7	Energy Center	<input type="checkbox"/>

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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-00899	Building Name:	Central Wing (Building B)					
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Nursing	Relocated to new building							
New Building		RetroFitted Building						
Other SPC2-SPC5 Building								
N_2-Patient Pavilion (E1-E3)		BLD-00901-South Wing (Building D)						
N_3-Patient Pavilion (F1-F3)								
Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL
10843	SS111491-0	0	VOLUNTARY SEISMIC IMPROVEMENTS	2011-07-26	2012-05-15	05/24/2012	01/31/2013	PEND

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Building Number: Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Diagnostic and Treatment (D&T A1-A4;
B1-B4)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL

Building Number: Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

BLD-00902-East Wing (Building E)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	SS100329-0	0	REMODEL CLINICAL LABORATORY ON 3RD FLOOR, BUILDING E	2010-02-25	2011-01-10	01/10/2011	11/01/2013	PEND

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Building
Number:

BLD-00899

Building Name: Central Wing (Building B)

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

Dietetic

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)N_1-Diagnostic and Treatment (D&T A1-A4;
B1-B4)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL

Building
Number:

BLD-00899

Building Name: Central Wing (Building B)

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

Administration

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)N_1-Diagnostic and Treatment (D&T A1-A4;
B1-B4)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL

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Building Number: Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Diagnostic and Treatment (D&T A1-A4;
B1-B4)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL

Building Number: Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Diagnostic and Treatment (D&T A1-A4;
B1-B4)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL

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Building Number: Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Diagnostic and Treatment (D&T A1-A4; B1-B4)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL

Building Number: Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

BLD-00902-East Wing (Building E)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	SS102475-0	0	REMODEL EXISTING 3400 SQ. FT. INTO PHYSICAL THERAPY	2010-12-16	2012-02-01	02/15/2013	09/01/2014	PEND

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Building Number:

BLD-00899

Building Name:

Central Wing (Building B)

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

Medical/Surgical (Include GYN)

Relocated to new & other Building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_2-Patient Pavilion (E1-E3)

BLD-00901-South Wing (Building D)

N_3-Patient Pavilion (F1-F3)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL
10843	SS111491-0	0	VOLUNTARY SEISMIC IMPROVEMENTS	2011-07-26	2012-05-15	05/24/2012	01/31/2013	PEND

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Building
Number:

BLD-00899

Building Name: Central Wing (Building B)

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

Perinatal (exclude
Newborn / GYN))

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 BuildingN_1-Diagnostic and Treatment (D&T A1-A4;
B1-B4)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	11/29/2011	FIEL
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL

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Building Number: Building Name:

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

New Building

RetroFitted Building

Other SPC2-SPC5 Building

BLD-00902-East Wing (Building E)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	SS100329-0	0	REMODEL CLINICAL LABORATORY ON 3RD FLOOR, BUILDING E	2010-02-25	2011-01-10	01/10/2011	11/01/2013	PEND

Building Number: Building Name:

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

New Building

RetroFitted Building

Other SPC2-SPC5 Building

BLD-00906-Centennial Wing (Building I)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	P-2012-00198	0	CATH LAB PROJECT	2012-01-31	2012-03-23	04/30/2012	06/06/2014	PEND

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Building Number: Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

BLD-00902-East Wing (Building E)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	P-2012-02429	0	RRU-SAC-New 1 East Office Spaces	2012-11-13	2013-07-12	08/22/2013	07/14/2014	PEND

Building Number: Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Diagnostic and Treatment (D&T A1-A4; B1-B4)

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
10843	IS042307-2	0	THREE NEW NURSING PAVILIONS, D&T BLDG., ETC	2004-11-05	2007-10-17	11/09/2007	09/29/2011	FIEL

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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-00899

Building Name:

Central Wing (Building B)

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" 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 checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input 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-00900

Building Name:

Reeves Wing (Building C)

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 checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" 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 checked="" 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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00898

Building Name:

West Wing (Building A)

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

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: Building Name:

Configuration:

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" 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 checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input 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 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-00900

Building Name:

Reeves Wing (Building C)

Configuration:

Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

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 checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/
WellBaby | <input type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Psychiatric
Nursing | <input checked="" 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 checked="" type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input type="checkbox"/> Dietetic | <input checked="" type="checkbox"/> Administration | |
| <input type="checkbox"/> 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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00901

Building Name:

South Wing (Building D)

Configuration:

Remove from GAC service by 1/1/2030

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-00902

Building Name:

East Wing (Building E)

Configuration:

Remove from GAC service by 1/1/2030

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
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: Building Name:

Configuration:

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"/> 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 checked="" type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
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: Building Name:

Configuration:

Type of Service Provided

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical
Cesarean/Deliv | <input type="checkbox"/> Rehabilitation
Therapy |
| <input checked="" 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 checked="" type="checkbox"/> Radiological/
Imaging | <input checked="" type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input 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 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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: Building Name:

Configuration:

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"/> 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 checked="" type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-05289

Building Name:

New Central Plant

Configuration:

N/A

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

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-00898**Building Name: **West Wing (Building A)****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="20"/>	<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 checked="" 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="20"/>						

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-00901**Building Name: **South Wing (Building D)****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="60"/>	<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="22"/>	<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 checked="" 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 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="82"/>						

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-00902**Building Name: **East Wing (Building E)****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="50"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" 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="17"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="20"/>	<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="87"/>			

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-00904**Building Name: **Surgery Wing (Building G)****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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00906**Building Name: **Centennial Wing (Building I)****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="18"/>	<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 checked="" 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 checked="" 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 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="18"/>						

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-00907**

Building Name: **Cancer Center (Building K)**

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-05289**Building Name: **New Central Plant****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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00898

Building Name:

West Wing (Building 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 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-00901

Building Name:

South Wing (Building D)

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-00902

Building Name:

East Wing (Building E)

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-00904

Building Name:

Surgery Wing (Building G)

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-00906

Building Name:

Centennial Wing (Building 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-00907

Building Name:

Cancer Center (Building K)

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-05289

Building Name:

New Central 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**