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

Facility Number:

11792

Facility Name:

Community Hospital of Long Beach

Address:

1720 Termino Ave.

City:

Long Beach

Hospital Owner/Licensee:

Memorial Care Health System

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Mark Shuck

Submission Date:

1/6/2014 2:34:20 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-01745	Auditorium Addition	1720 Termino Ave.	Remove	N/A	01/01/2013	01/01/2013
BLD-01746	North Addition & '64 Addn #1	1720 Termino Ave.	Remove	N/A	01/01/2020	01/01/2020
BLD-01747	Maint. & Loading Dock Canopy	1720 Termino Ave.	Remove	N/A	01/01/2020	01/01/2020
BLD-01749	Hatfield Building	1720 Termino Ave.	Remove	N/A	01/01/2020	01/01/2020
BLD-01750	1964 Addition No. 2	1720 Termino Ave.	Remove	N/A	01/01/2020	01/01/2020
BLD-01751	8/8A Elect Vault Bldg & Supply Bldg	1720 Termino Ave.	Remove	N/A	01/01/2020	01/01/2020
BLD-01752	Emergency Generator Building	1720 Termino Ave.	Remove	N/A	01/01/2020	01/01/2020
BLD-01754	HVAC Equip. Bldg & Mechanical Room	1720 Termino Ave.	Remove	N/A	01/01/2020	01/01/2020
BLD-03087	2/2A 1957 Addition & Elevator & Stair Addition	1720 Termino Ave.	Remove	N/A	01/01/2020	01/01/2020

Report Year:

2013

11792

Community Hospital of Long Beach

Long Beach

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

Building Number: **BLD-01745**Building Name: **Auditorium Addition****Type of Service Provided**

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

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

Building Number: **BLD-01746**Building Name: **North Addition & '64 Addn #1****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="14"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="15"/>	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="29"/>	<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-01747**

Building Name:

Maint. & Loading Dock Canopy**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input checked="" 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-01749**Building Name: **Hatfield Building****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="30"/>	Inpatient Days	<input type="text" value="6869"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="10"/>	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="40"/>	

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/ WellBaby
<input 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"/> Rehabilitation Therapy
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Cesarean/Deliv	

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

Building Number: **BLD-01750**

Building Name:

1964 Addition No. 2**Type of Service Provided**

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

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

Building Number: **BLD-01751**

Building Name:

8/8A Elect Vault Bldg & Supply Bldg**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input checked="" 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-01752**Building Name: **Emergency Generator Building****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input checked="" 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-01754**

Building Name:

HVAC Equip. Bldg & Mechanical Room**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input checked="" 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-03087**

Building Name:

2/2A 1957 Addition & Elevator & Stair Addition**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="43"/>	Inpatient Days	<input type="text" value="2710"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="20"/>	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 checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="28"/>	Inpatient Days	<input type="text" value="7372"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="13"/>	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 checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/ WellBaby
<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	

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

Building Number: BLD-01745

Building Name: Auditorium Addition

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate 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-01746

Building Name: North Addition & '64 Addn #1

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**

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

Building Number: BLD-01747

Building Name: Maint. & Loading Dock Canopy

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / 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-01749

Building Name: Hatfield Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / 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-01750

Building Name: 1964 Addition No. 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 / 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-01751

Building Name: 8/8A Elect Vault Bldg & Supply Bldg

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**

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

Building Number: BLD-01752

Building Name: Emergency Generator Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / 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-01754

Building Name: HVAC Equip. Bldg & Mechanical Room

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**

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

Building Number: BLD-03087

Building Name: 2/2A 1957 Addition & Elevator & Stair Addition

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / 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-01745	Auditorium Addition	Remove
BLD-01746	North Addition & '64 Addn #1	Remove
BLD-01747	Maint. & Loading Dock Canopy	Remove
BLD-01748	South Wing	Remain
BLD-01749	Hatfield Building	Remove
BLD-01750	1964 Addition No. 2	Remove
BLD-01751	8/8A Elect Vault Bldg & Supply Bldg	Remove
BLD-01752	Emergency Generator Building	Remove
BLD-01754	HVAC Equip. Bldg & Mechanical Room	Remove
BLD-01757	Ambulatory Services	Remain
BLD-02673	Heart Room Addition	Remain
BLD-03087	2/2A 1957 Addition & Elevator & Stair Addition	Remove
BLD-03141	Original Building (Loggia)	Remain
BLD-03143	Original Building (North Wing)	Remain
BLD-03144	Original Building (South Wing)	Remain
BLD-03145	Original Building (Central Wing)	Remain
BLD-03146	9/9A Laundry Building -Trash Canopy	Remain

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Report Status: **Data Last Update:** 01/06/2014

Submission Date: 01/06/2014

Print Date: 1/13/2014 11:41 AM

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Report Status: **Data Last Update:** 01/06/2014

Submission Date: 01/06/2014

Print Date: 1/13/2014 11:41 AM

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Unit Type

Information Current As Of:

Medical/Surgical (include GYN)

Inpatient Beds Patient Days

Acute Respiratory Care

Inpatient Beds Patient Days

Acute Psychiatric

Inpatient Beds Patient Days

Perinatal (exclude Neborn/GYN)

Inpatient Beds Patient Days

Burn

Inpatient Beds Patient Days

Skilled Nursing

Inpatient Beds Patient Days

Pediatric

Inpatient Beds Patient Days

Intensive Care Newborn Nursery

Inpatient Beds Patient Days

Intermediate Care

Inpatient Beds Patient Days

Intensive Care

Inpatient Beds Patient Days

Rehabilitation Center

Inpatient Beds Patient Days

Int. Care/Developmentally Disabled

Inpatient Beds Patient Days

Coronary Care

Inpatient Beds Patient Days

Chemical Dependency

Inpatient Beds Patient Days

Total Beds this Building per Unit

Total Beds this Building per Service

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01745	Building Name:	Auditorium Addition	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01745	Building Name:	Auditorium Addition	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01746	Building Name:	North Addition & '64 Addn #1	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	14	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	15
				Patient Days	0
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	0	Patient Days	0		29
				Total Beds this Building per Service	29

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01746	Building Name:	North Addition & '64 Addn #1	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01746	Building Name:	North Addition & '64 Addn #1	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	14	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	15
				Patient Days	0
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	0	Patient Days	0		29
				Total Beds this Building per Service	29

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01747	Building Name:	Maint. & Loading Dock Canopy	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01747	Building Name:	Maint. & Loading Dock Canopy	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01747	Building Name:	Maint. & Loading Dock Canopy	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01749	Building Name:	Hatfield Building	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	30	Patient Days	6869	Inpatient Beds	0
				Patient Days	0
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	10	Patient Days	0	Inpatient Beds	0
				Patient Days	0
				Total Beds this Building per Service	40

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01749	Building Name:	Hatfield Building	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01749	Building Name:	Hatfield Building	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	30	Patient Days	4660	Inpatient Beds	0
				Patient Days	0
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	10	Patient Days	0	Inpatient Beds	0
				Patient Days	0
				Total Beds this Building per Service	40

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01750	Building Name:	1964 Addition No. 2	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01750	Building Name:	1964 Addition No. 2	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01750	Building Name:	1964 Addition No. 2	Year of Information:	2012
Unit Type			Information Current As Of:		
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
	<input type="text" value="0"/>		<input type="text" value="0"/>	Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01751	Building Name:	8/8A Elect Vault Bldg & Supply Bldg	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01751

Building Name: 8/8A Elect Vault Bldg & Supply Bldg

Year of Information: 2011

Unit Type

Information Current As Of:

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

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01751	Building Name:	8/8A Elect Vault Bldg & Supply Bldg	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01752	Building Name:	Emergency Generator Building	Year of Information:	2010
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01752	Building Name:	Emergency Generator Building	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01752	Building Name:	Emergency Generator Building	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01754	Building Name:	HVAC Equip. Bldg & Mechanical Room	Year of Information:	2010
Unit Type		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01754	Building Name:	HVAC Equip. Bldg & Mechanical Room	Year of Information:	2011
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01754	Building Name:	HVAC Equip. Bldg & Mechanical Room	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-03087	Building Name:	2/2A 1957 Addition & Elevator & Stair Addition		Year of Information:	2010					
<u>Unit Type</u>					Information Current As Of:						
Medical/Surgical (include GYN)			Acute Respiratory Care			Acute Psychiatric					
Inpatient Beds	43	Patient Days	2710	Inpatient Beds	0	Patient Days	0	Inpatient Beds	28	Patient Days	7372
Perinatal (exclude Neborn/GYN)			Burn			Skilled Nursing					
Inpatient Beds	13	Patient Days	0	Inpatient Beds	0	Patient Days	0	Inpatient Beds	0	Patient Days	0
Pediatric			Intensive Care Newborn Nursery			Intermediate Care					
Inpatient Beds	0	Patient Days	0	Inpatient Beds	20	Patient Days	0	Inpatient Beds	0	Patient Days	0
Intensive Care			Rehabilitation Center			Int. Care/Developmentally Disabled					
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0	Patient Days	0	Inpatient Beds	0	Patient Days	0
Coronary Care			Chemical Dependency			Total Beds this Building per Unit					
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0	Patient Days	0		104		
						Total Beds this Building per Service			104		

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-03087	Building Name:	2/2A 1957 Addition & Elevator & Stair Addition	Year of Information:	2011
<u>Unit Type</u>				Information Current As Of:	
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	Inpatient Beds	<input type="text" value="0"/>
				Patient Days	<input type="text" value="0"/>
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>		<input type="text" value="0"/>
				Total Beds this Building per Service	<input type="text" value="0"/>

Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-03087	Building Name:	2/2A 1957 Addition & Elevator & Stair Addition	Year of Information:	2012
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Beds	43	Patient Days	1513	Inpatient Beds	0
				Patient Days	0
				Inpatient Beds	28
				Patient Days	5388
Perinatal (exclude Neborn/GYN)		Burn		Skilled Nursing	
Inpatient Beds	13	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Intensive Care		Rehabilitation Center		Int. Care/Developmentally Disabled	
Inpatient Beds	0	Patient Days	0	Inpatient Beds	0
				Patient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building per Unit	
Inpatient Beds	0	Patient Days	0		104
				Total Beds this Building per Service	104

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:	BLD-01745	Building Name:	Auditorium Addition		Year of Information:	2010	
					Information Current As Of:		
<u>Type of Services Provided</u>							
<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building per service				<input type="text" value="0"/>			

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="14"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="15"/>	Patient Days	<input type="text" value="0"/>

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/Imaging
- Pharmaceutical
- Dietetic
- Administration
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/WellBaby
- Emergency
- Nuclear Medicine
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant
- Support Services

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01746

Building Name:

North Addition & '64 Addn #1

Year of Information: 2011

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="14"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="15"/>	Patient Days	<input type="text" value="0"/>

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/ Imaging
- Pharmaceutical
- Dietetic
- Administration
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/ WellBaby
- Emergency
- Nuclear Medicine
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant
- Support Services

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="30"/>	Patient Days	<input type="text" value="6869"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="10"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01749

Building Name:

Hatfield Building

Year of Information: 2012

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="30"/>	Patient Days	<input type="text" value="4660"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="10"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service

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

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01750

Building Name:

1964 Addition No. 2

Year of Information: 2011

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01750

Building Name:

1964 Addition No. 2

Year of Information: 2012

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01751

Building Name:

8/8A Elect Vault Bldg & Supply Bldg

Year of Information: 2012

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01752

Building Name:

Emergency Generator Building

Year of Information: 2012

Information Current As Of:

Type of Services Provided

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

Total Beds this Building per service

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

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01754

Building Name:

HVAC Equip. Bldg & Mechanical Room

Year of Information: 2010

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-01754

Building Name:

HVAC Equip. Bldg & Mechanical Room

Year of Information: 2011

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-03087

Building Name:

2/2A 1957 Addition & Elevator & Stair Addition

Year of Information: 2010

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="43"/>	Patient Days	<input type="text" value="2710"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="20"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="28"/>	Patient Days	<input type="text" value="7372"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="13"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service

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

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

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

- 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

Total Beds this Building per service

Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: Building Name: Year of Information:

Information Current As Of:

Type of Services Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="43"/>	Patient Days	<input type="text" value="1513"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="20"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="28"/>	Patient Days	<input type="text" value="5388"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="13"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Patient Days	<input type="text" value="0"/>

Total Beds this Building per service

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

Error: Subreport could not be shown.

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-01745

Building Name:

Auditorium Addition

Type of Service Provided

- Nursing
- IntensiveCare
- Pediatric/Adol
escent
- Psychiatric
Nursing
- Obstetrical
Ante/Postprtum
- Intermediate
Care
- Skilled Nursing

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/
Imaging
- Pharmaceutical
- Dietetic
- Administration
- Obstetrical
Cesarean/Deliv
- Obstetrical
Recovery
- Newborn/
WellBaby
- Emergency
- Nuclear
Medicine
- Rehabilitation
Therapy
- Renal Dialysis
- Outpatient
Surgery
- Central Plant
- Support
Services

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

Building Number:

BLD-01746

Building Name:

North Addition & '64 Addn #1

Type of Service Provided

- | | | | |
|--|--|--|---|
| <input checked="" 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 checked="" 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-01747

Building Name:

Maint. & Loading Dock Canopy

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 checked="" 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 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-01749

Building Name:

Hatfield Building

Type of Service Provided

<input checked="" 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 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 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-01750

Building Name:

1964 Addition No. 2

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 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-01751

Building Name:

8/8A Elect Vault Bldg & Supply Bldg

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 checked="" 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 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-01752

Building Name:

Emergency Generator 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 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 checked="" 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 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-01754

Building Name:

HVAC Equip. Bldg & Mechanical Room

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 checked="" 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 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-03087

Building Name:

2/2A 1957 Addition & Elevator & Stair Addition

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 type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Psychiatric Nursing	<input checked="" 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 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 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: 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-01746

Building Name:

North Addition & '64 Addn #1

Configuration:

Remove from GAC service by 1/1/2020

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 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 checked="" 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:

BLD-01748

Building Name:

South Wing

Configuration:

Remove from GAC service by 1/1/2020

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 checked="" 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 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-01749

Building Name:

Hatfield Building

Configuration:

Remove from GAC service by 1/1/2020

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adolescent

Psychiatric Nursing

Obstetrical Ante/Postpartum

Intermediate 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 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 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: 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 checked="" 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 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 checked="" 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:

BLD-01754

Building Name:

HVAC Equip. Bldg & Mechanical Room

Configuration:

Remove from GAC service by 1/1/2020

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 checked="" 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: 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 checked="" 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-02673

Building Name:

Heart Room Addition

Configuration:

Remove from GAC service by 1/1/2020

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-03087

Building Name:

2/2A 1957 Addition & Elevator & Stair Addition

Configuration:

Remove from GAC service by 1/1/2020

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-03141

Building Name:

Original Building (Loggia)

Configuration:

Remove from GAC service by 1/1/2020

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 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-03143

Building Name:

Original Building (North Wing)

Configuration:

Remove from GAC service by 1/1/2020

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 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 type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input type="checkbox"/> Dietetic | <input checked="" type="checkbox"/> Emergency | <input type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input type="checkbox"/> Administration | <input type="checkbox"/> Nuclear Medicine | |
| <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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-03145

Building Name:

Original Building (Central Wing)

Configuration:

Remove from GAC service by 1/1/2020

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
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-03146

Building Name:

9/9A Laundry Building -Trash Canopy

Configuration:

Remove from GAC service by 1/1/2020

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"/> Pharmaceutical | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate
Care | <input type="checkbox"/> Administration | <input checked="" type="checkbox"/> Support
Services | |
| <input type="checkbox"/> 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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01748**Building Name: **South Wing****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 checked="" 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="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-01757**

Building Name: **Ambulatory Services**

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

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/ Imaging
- Pharmaceutical
- Dietetic
- Administration
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/ WellBaby
- Nuclear Medicine
- Emergency
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant
- Support Services

Total Beds this Building

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-02673**

Building Name: **Heart Room Addition**

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-03141**Building Name: **Original Building (Loggia)****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 checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

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

Building Number:

BLD-03143

Building Name:

Original Building (North Wing)

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 checked="" type="checkbox"/>	Rehabilitation Therapy
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="9"/>	<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 checked="" type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="2"/>	<input checked="" type="checkbox"/>	Administration				
Total Beds this Building			<input type="text" value="11"/>						

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-03144**Building Name: **Original Building (South Wing)****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="13"/>	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/>	Rehabilitation Therapy
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="11"/>	<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 checked="" type="checkbox"/>	Administration				
	Total Beds this Building		<input type="text" value="24"/>						

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-03145

Building Name:

Original Building (Central Wing)

Type of Service Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

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

Building Number: **BLD-03146**Building Name: **9/9A Laundry Building -Trash Canopy****Type of Service Provided**

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

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

Building Number:

BLD-01748

Building Name:

South Wing

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-01757

Building Name:

Ambulatory Services

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-02673

Building Name:

Heart Room Addition

Medical / Surgical (Include GYN)

Inpatient Bed

Inpatient Days

Acute Respiratory Care

Inpatient Bed

Inpatient Days

Acute Psychiatric

Inpatient Bed

Inpatient Days

Perinatal (Exclude Newborn / GYN)

Inpatient Bed

Inpatient Days

Burn

Inpatient Bed

Inpatient Days

Skilled Nursing

Inpatient Bed

Inpatient Days

Pediatric

Inpatient Bed

Inpatient Days

Intensive Care Newborn Nursery

Inpatient Bed

Inpatient Days

Intermediate Care

Inpatient Bed

Inpatient Days

Intensive Care

Inpatient Bed

Inpatient Days

Rehabilitation Center

Inpatient Bed

Inpatient Days

Int. Care / Developmentally Disabled

Inpatient Bed

Inpatient Days

Coronary Care

Inpatient Bed

Inpatient Days

Chemical Dependency

Inpatient Bed

Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

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

Building Number:

BLD-03141

Building Name:

Original Building (Loggia)

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-03143

Building Name:

Original Building (North Wing)

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-03144

Building Name:

Original Building (South Wing)

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-03145

Building Name:

Original Building (Central Wing)

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-03146

Building Name:

9/9A Laundry Building -Trash Canopy

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