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

Facility Number:

12348

Facility Name:

Paradise Valley Hospital

Address:

2400 East Fourth Street

City:

National City

Hospital Owner/Licensee:

Prime Healthcare Paradise Valley, LLC

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Pat Silvestri

Submission Date:

12/11/2013 12:34:15 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-02141 | Storage Building | 2400 East Fourth Street | Replace | SPC2 | 01/01/2015 | 12/01/2014 |

Report Year:

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Report Status: **Data Last Update:** 12/11/2013

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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-02141**Building Name: **Storage 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/Adol escent | 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/Postprtum | 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 unit per building per Section 130061(c)(1)(F)

Building Number: BLD-02141

Building Name: Storage Building

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

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-02132 | Main Tower | Remain |
| BLD-02133 | West Wing | Remain |
| BLD-02134 | East Wing | Remain |
| BLD-02135 | ER Expansion | Remain |
| BLD-02136 | Boiler Building | Remain |
| BLD-02137 | Pediatrics Wing | Remain |
| BLD-02138 | Chiller Building | Remain |
| BLD-02139 | Generator Building | Remain |
| BLD-02140 | Medical Office Building | Remain |
| BLD-02141 | Storage Building | Replace |

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Report Status: **Data Last Update:** 12/11/2013

Submission Date: 12/11/2013

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per [Section 130061\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-02141

Building Name:

Storage Building

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

Support Services

N/A

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

Building Number:

BLD-02141

Building Name:

Storage 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 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-02132

Building Name:

Main Tower

Configuration:

N/A

Type of Service Provided

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

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

Building Number:

BLD-02133

Building Name:

West Wing

Configuration:

N/A

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-02134

Building Name:

East Wing

Configuration:

N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-02135

Building Name:

ER Expansion

Configuration:

N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-02136

Building Name:

Boiler Building

Configuration:

N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-02137

Building Name:

Pediatrics Wing

Configuration:

N/A

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"/> Pharmaceutical | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Emergency | <input checked="" 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-02138

Building Name:

Chiller Building

Configuration:

N/A

Type of Service Provided

- | | | | |
|--------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> 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:

BLD-02139

Building Name:

Generator Building

Configuration:

N/A

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-02140

Building Name:

Medical Office Building

Configuration:

N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-02141

Building Name:

Storage Building

Configuration:

N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-02132

Building Name:

Main Tower

Type of Service Provided

| | | | | | | | | | |
|-------------------------------------|-------------------------------|----------------|----------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Nursing | Inpatient Beds | <input type="text" value="118"/> | <input checked="" type="checkbox"/> | Surgical | <input checked="" type="checkbox"/> | Obstetrical Cesarean/Deliv | <input type="checkbox"/> | Rehabilitation Therapy |
| <input checked="" type="checkbox"/> | IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | Anesthesia | | | | |
| <input type="checkbox"/> | Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | Clinical Lab | <input checked="" type="checkbox"/> | Obstetrical Recovery | <input checked="" type="checkbox"/> | Renal Dialysis |
| <input type="checkbox"/> | Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | Radiological/ Imaging | <input checked="" type="checkbox"/> | Newborn/ WellBaby | <input checked="" type="checkbox"/> | Outpatient Surgery |
| <input checked="" type="checkbox"/> | Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="23"/> | <input checked="" 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 checked="" 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="141"/> | | | | | | |

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-02133**Building Name: **West Wing****Type of Service Provided**

| | | | | | | | | | |
|-------------------------------------|-------------------------------|----------------|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Nursing | Inpatient Beds | <input type="text" value="22"/> | <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="15"/> | <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="37"/> | | | | | | |

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-02134**Building Name: **East 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 checked="" type="checkbox"/> | Psychiatric Nursing | Inpatient Beds | <input type="text" value="39"/> | <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="39"/> | | | | | | |

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-02135**Building Name: **ER Expansion****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 type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="0"/> | | | |

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

Building Number: **BLD-02136**Building Name: **Boiler Building****Type of Service Provided**

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

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

Building Number: **BLD-02137**Building Name: **Pediatrics Wing****Type of Service Provided**

| | | | | | | | | | |
|-------------------------------------|-------------------------------|----------------|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Nursing | Inpatient Beds | <input type="text" value="10"/> | <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="10"/> | | | | | | |

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-02138**Building Name: **Chiller Building****Type of Service Provided**

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

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

Building Number: **BLD-02139**

Building Name: **Generator Building**

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-02140**

Building Name: **Medical Office Building**

Type of Service Provided

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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

Building Number:

BLD-02132

Building Name:

Main Tower

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-02133

Building Name:

West 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-02134

Building Name:

East 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-02135

Building Name:

ER Expansion

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-02136

Building Name:

Boiler Building

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

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

Building Number:

BLD-02137

Building Name:

Pediatrics Wing

Medical / Surgical (Include GYN)Inpatient
Bed

10

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (Exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**Intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CareInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

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

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

Chemical DependencyInpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

10

**Total Beds this
Building Per
Service**

10

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-02138

Building Name:

Chiller Building

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

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

Building Number:

BLD-02139

Building Name:

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 / 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-02140

Building Name:

Medical Office Building

Medical / Surgical (Include GYN)

Inpatient Bed

Inpatient Days

Acute Respiratory Care

Inpatient Bed

Inpatient Days

Acute Psychiatric

Inpatient Bed

Inpatient Days

Perinatal (Exclude Newborn / GYN)

Inpatient Bed

Inpatient Days

Burn

Inpatient Bed

Inpatient Days

Skilled Nursing

Inpatient Bed

Inpatient Days

Pediatric

Inpatient Bed

Inpatient Days

Intensive Care Newborn Nursery

Inpatient Bed

Inpatient Days

Intermediate Care

Inpatient Bed

Inpatient Days

Intensive Care

Inpatient Bed

Inpatient Days

Rehabilitation Center

Inpatient Bed

Inpatient Days

Int. Care / Developmentally Disabled

Inpatient Bed

Inpatient Days

Coronary Care

Inpatient Bed

Inpatient Days

Chemical Dependency

Inpatient Bed

Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service