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

Facility Number:	10468		
Facility Name:	South Co	ast Medical Center	
Address:	31872 Cd	past Highway	
City:	Laguna B	each	
Hospital Owner/Lice	ensee:	Mission Hospital Regional Medical Center / St. Joseph Health System	
Year of Rep	orting:	2010	
Contact 1 e-mail Ac	ldress:		
Contact 2 e-mail Ac	ldress:		
Contact 3 e-mail Ad	dress::		
Name of Sub	mitter:	Bill Eveloff	
Submission	n Date:	1/19/2011 12:16:09 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding 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
02	Nursing Tower	31872 Coast Highway	Retrofit	SPC2	01/01/2013	01/01/2015
05	Radiographic - South	31872 Coast Highway	Retrofit	SPC2	01/01/2013	01/01/2015

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

Building No: 02	Nursing Tower	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Comp in Date Date Date	
10468 IL080650	0 SPC-2 SEISMIC UPGRADE OF SCMC CAMPUS	12/31/2008 12/31/20	014 OPEN No
Building No: 05	Radiographic - South Addition	Retrofit/Replacement Project:	Yes-Submitted
Building No: 05  Facility Project Sub Number Number Num	Radiographic - South Addition Scope		ll  bleted Status CEQA

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

Build	ding Number: 02	Buildi	ng Name: Nursing Tower		
Тур	e of Service Prov	<u>rided</u>			
X	Nursing	Inpatient Beds	85 Inpatient 11902 Days	Surgical	Obstetrical Recovery
X	IntensiveCare	Inpatient Beds	10 Inpatient Days 1033	Anesthesia	Newborn/ WellBaby
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
X	Psychiatric Nursing	Inpatient Beds	36 Inpatient Days 4878	Radiological/ Imaging	Nuclear Medicine
X	Obstetrical Ante/Postprtum	Inpatient Beds	19 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	X Renal Dialysis
X	Skilled Nursing	Inpatient Beds	29 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
			Total Beds this Building	Cesarean/Deliv	Central Plant

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

Building Number: 05	Buildi	ng Name: Radiographic - South Addi	tion	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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

Building Number:	02	Building Name: Nurs	sing Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 75 Bed	Inpatient 6990 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 36 Bed	Inpatient 4878 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 19 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 29 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 10 Bed	Inpatient 1033 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 10 Bed	Inpatient 4912 Days	179	179

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

Building Number:	05	Building Name:	Radiographic - South Addition		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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

Building Number	Building Name	Building to be Removed
01	Original Building	
02	Nursing Tower	
03	Elevator Tower	
04	Radiographic	
05	Radiographic - South Addition	
06	Administration Building	
07	Mechanical / Central Plant	
08	Linear Accelerator Suite (Treatment	

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

Building Number:	02	Building Name:	Nursing Tower			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	l	Anesthesia			
X	IntensiveCare			Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol	,   [	Clinical Lab	_		Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
X	Psychiatric Nursing		Imaging			
			Pharmaceutical	Emergency		Central Plant
X	Obstetrical Ante/Postprtu	m	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate					
	Care		Administration			
X	Skilled Nursin	g				

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

Building Number:	05	Building Name:	Radiographic - South	n Addition	
Type of Servic	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	,		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	,   L	Clinical Lab	Newborn/	Outpatient Surgery
	Psychiatric		X Radiological/ Imaging	WellBaby	
	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [	Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
	Skilled Nursin	lg			

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Building Numbe	r: 01	Building Na	me: Original Building	)			
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng			
Type of Serv	ice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
1 1	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic		Lineigency		Central Flant
	Care		Administration		Nuclear Medicine	X	Support Services
	Skilled Nursing						

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Building Number: 02	Building Na	ame: Nursing Towe	r			
Configuration Replace with new	SPC 5 and	NPC 4 or NPC 5 build	ding			
Type of Service Provided						
X Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
X Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
X Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
Intermediate		Dietetic		Emergency	Ш	Central Flant
Care  X Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Numbe	er: 03	Building Na	me: Elevator Tower				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	l			
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Emergency	Ш	Community Tank
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number	: 04	Building Na	me: Radiographic				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ng			
Type of Servi	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	_	Recovery	_	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number	er: 05	Building Na	me: Radiographic - S	South Addi	tion	
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng		
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Numbe	er: 06	Building Na	me: Administration B	uilding			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ıg			
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	_	Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number	: 07	Building Na	me: Mechanical / Cent	ral Plant			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	l			
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic		Emorgency		Commun Tant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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

Building Numbe	r: 08	Building Na	me: Linear Accelerator	Suite (1	reatment		
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building				
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_	Lineigency	_	Contract land
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number: 01												
Type of Service Provided												
X Nursing	Inpatient Beds	28	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0	X	Anesthesia								
Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis						
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services						
Skilled Nursing	Inpatient Beds	0		Administration								
Total Beds this Building		28										

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Building Number: 03												
Type of Service Provided												
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Inpatient Beds	0	Anesthesia									
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis							
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant							
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services							
Skilled Nursing	Inpatient Beds	0	Administration									
Total Beds this Building		0										

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Building Number: 04	Buildir	ng Name: Ra	diographic									
Type of Service Provided												
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0		Anesthesia								
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis						
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services						
Skilled Nursing	Inpatient Beds	0		Administration								
Total Beds this Building		0										

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Building Numbe	er: <mark>06</mark> Buildin	g Name: Ad	ministration	n Building								
Type of Service Provided												
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Intensive	Care Inpatient Beds	0		Anesthesia								
Pediatric/ escent	'Adol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis				
Psychiatr Nursing	ic Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
Obstetric Ante/Pos		0		Pharmaceutical		Emergency		Central Plant				
Intermedi Care	iate Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services				
Skilled N	ursing Inpatient Beds	0	X	Administration								
Total Bed Building	ds this	0										

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Buildir	ng Number: 07	Building	Name: Me	echanical / C	Central Plant								
Type	Type of Service Provided												
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
	IntensiveCare	Inpatient Beds	0		Anesthesia								
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis						
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant						
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services						
	Skilled Nursing	Inpatient Beds	0		Administration								
	Total Beds this Building		0										

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Building Number:	08 Buildin	g Name: Lir	near Accelerator Suite (Treatme	ent			
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCa	are Inpatient Beds	0	Anesthesia				
Pediatric/A	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postp	Inpatient rtum Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediat Care	te Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nur	sing Inpatient Beds	0	Administration				
Total Beds Building	this	0					

Report Status: Data Last Update: 01/03/2011 Submission Date: 01/19/2011 Print Date: 1/20/2011 8:38 AM

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Building Number: 01	Build	ing Name: Origi	nal Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 28 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse New	/born / GYN)	Burn	Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	28	28

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Building Number:	03 Build	ling Name:	ator Tower		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04	Building Name: Radio	ographic	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	0 0

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Building Number:	06 Bu	Iding Name: Adm	ninistration Building		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Total Beds to Building Per Building Per Unit Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	7 Build	ing Name: Med	hanical / Central Plant		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Acute Respiratory Care Acute Psychia		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	08 Build	ding Name: Line	ar Accelerator Suite (Trea	atment	
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn	urn Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0