## Office of Statewide Health Planning and Development Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital	Owner and	Year of Report per Section 130061(e)					
Facility Number:	Facility Number: 10556						
Facility Name:	Riverside	e Community Hospital					
Address:	4445 Ma	gnolia Ave					
City:	Riverside	9					
			μ				
Hospital Owner/Lice	ensee:	Riverside Healthcare System dba Riverside Community Hospital					
Year of Rep	porting:	2018					
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]					
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]					
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]					
Name of Sub	omitter:	Ricky Parker					
Submission	n Date:	10/18/2018 3:53:07 PM					

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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, SPC4D 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- 01384	Building A (Main)	4445 Magnolia Ave	Rebuild	SPC5	01/01/2018	12/31/2017
BLD- 01385	Building B	4445 Magnolia Ave	Retrofit	SPC2	01/01/2019	12/31/2018

Report Year: 10556 Riverside Community Hospital Page:3 of 30 2018 Riverside For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). Building A (Main) Yes-Submitted Building No: BLD-01384 Retrofit/Replacement Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 10556 1130010-33-0 Bed Tower Expansion 6/11/2013 10/01/2014 ACTI No 00 For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). Yes-Submitted BLD-01385 Building B Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 10556 HL101530-0 0 SB 499: VSI OF BUILDING B 6/30/2010 12/28/2011 06/01/2012 01/01/2015 PEND No 12:00:00 AM

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Provide the number of	inpatient bed	ds and patient days per type of service	per building per Section 13006	1(c)(1)(F)
Building Number: BLI	D-01384	Building Name:	Building A (Main)	
Type of Service Provi	<u>ided</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	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical  X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Prov	ide the number of	inpatient bed	ls and pati	ient days per typ	pe of servic	e per building p	er Section 13006	61(c)(1)(F)	
Build	ling Number: BL	.D-01385		Building Na	me:	Building B			
Туре	e of Service Prov	<u>rided</u>							
X	Nursing	Inpatient Beds		Inpatient Days	58159	X Sui	rgical	Obste	
X	IntensiveCare	Inpatient Beds	26	Inpatient Days	9626	Ane	esthesia	X Newb WellB	
X	Pediatric/Adol escent	Inpatient Beds	16	Inpatient Days	1043	Clin	nical Lab	Emer	gency
	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	3 0		diological/ aging	X Nucle Media	ar cine
X	Obstetrical Ante/Postprtum	Inpatient Beds	45	Inpatient Days	7588		armaceutical tetic	X Reha Thera	bilitation py
	Intermediate Care	Inpatient Beds	0	Inpatient Days	0		ministration	Rena	l Dialysis
	Skilled Nursing	Inpatient Beds	0	Inpatient Days	s 0	Ser	oport vices	Surge	
		2000	Total Be Building		273		stetrical sarean/Deliv	Centr	al Plant

Report Year: 2018 10556 **Riverside Community Hospital** Riverside Page:6 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01384 Building A (Main) **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2018 10556 Riverside Community Hospital Riverside Page:7 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building B Building Number:** BLD-01385 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 186 Inpatient 5026 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 6 Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 45 Inpatient 6893 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient 1095 20 4451 Inpatient 16 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 273 273 Inpatient Inpatient Inpatient Days Days Bed Bed

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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 / Replaced / Rebuilt
BLD-01384	Building A (Main)	Rebuild
BLD-01385	Building B	Retrofit
BLD-01386	Building C (Inpatient Building)	Remain
BLD-01387	Building D	Remain
BLD-01388	Old Radiology Building	Remain
BLD-03107	Emergency Generator Enclosure	Remain

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List ALL propo	osed new buildings to be constructed at this or anoth	ner site.	
Building Number	Building Name	New Site	
N_1	G Tower		

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The proje replaced of The plant replaced of	cted date or dates the or rebuild buildings as ned uses of the building or rebuild buildings as	building w well. g or buildii well.	vill be removed from service p	er Sectorers	service, provide the following: tion 130061 (c)(2)(A) and proservice per Section 130061(c) n 130061(c)(2)(C)	ovide said date or da	
Building N	Number: BLD-01384		Building A (Main)		Removal Date:	12/31/2017	
Planned l	Jses for the building to	be remov	ved from acute care service:				
Planned	use for building:						
Inpatient :	services currently deliv	<u>ered in th</u>	e building:				
	Nursing IntensiveCare		Surgical  Anesthesia		Obstetrical Cesarean/Deliv	Rehabilitation Therapy	n
	Pediatric/Adol escent	X	Clinical Lab		Obstetrical Recovery	Renal Dialys	is
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant	t
	Intermediate Care	X	Dietetic		Nuclear Medicine	Support Services	
	Skilled Nursing	X	Administration				

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Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R		responding
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted ClinicalLab  N/A	d building?	
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		responding
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted Dietetic  N/A	d building?	
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		responding
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted Administration  N/A	d building?	



port Year: 201	8 10556 Rivers	ide Communit	y Hospital		Riverside		Page:15 of 30
Report any general er Section 130061	acute care hospital inpa (c)(4)	tient service t	nat is provided in any	general	acute care hospital	building t	hat is rated SPC-1
uilding Number:	BLD-01384 Buildin	g Name: B	uilding A (Main)				
Type of Service	Provided	. –		_			
			Surgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab				Outpatient
	escent		Radiological/		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging		_		
	-		Pharmaceutical	Ш	Emergency		Central Plant
	Obstetrical Ante/Postprtum	x	Dietetic		Nuclear Medicine		Support Services
	leste una e di este						
	Intermediate Care	X	Administration				
	Skilled Nursing						
_							

Report Year: 201	18 10556 Ri	iverside Communit	y Hospital		Riverside		Page:16 of	30
Report any general per Section 130061		inpatient service th	nat is provided in any	general	acute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-01385 Bu	ilding Name: Bu	uilding B					
Type of Service	e Provided							
		X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing		Anesthesia					
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
X	Pediatric/Adol escent		Clinical Lab	X	Newborn/		Outpatient Surgery	
	Psychiatric	X	Radiological/ Imaging		WellBaby		0 /	
	Nursing		Pharmaceutical		Emergency		Central Plant	
X	Obstetrical Ante/Postprtum		Dietetic	Х	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report the final configuration of all built requirements whether by retrofit or by per Section 130061(c)(5)	ldings on the hospital campus show replacement and the type of service	ring how each building will comply we that will be provided in each gener	rith the SPC-5/NPC-4 or 5 al acute care hospital building
Building Number: BLD-01384	Building Name: Building A (Main	)	
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic	Enlergency	Central Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing	_		

port Year:	2018 10556	Riverside Cor	nmunity Hospital		Riverside		Page:18 of 30
eport the final quirements w er Section 130	hether by retrofit or by	Idings on the replacement a	nospital campus show and the type of servic	wing how e e that will b	ach building will comply be provided in each gen	with the SPC eral acute ca	C-5/NPC-4 or 5 re hospital building
uilding Numbe	er: BLD-01385	Building Nar	ne: Building B				
Configuration	: N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		0
			Dietetic		Emergency		Central Plant
	Intermediate Care	_			Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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configuration of all bui nether by retrofit or by 061(c)(5)	ldings on the replacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
r: BLD-01386	Building Nar	me: Building C (Inpa	tient Build	ng)		
N/A						
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		Central Plant
Intermediate		Dietetic		Emergency		Contrar lan
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	configuration of all buinether by retrofit or by 061(c)(5)  r: BLD-01386  N/A  ice Provided  Nursing  IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care	configuration of all buildings on the nether by retrofit or by replacement 2061(c)(5)  r: BLD-01386 Building Nar N/A  ice Provided  Nursing Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care	configuration of all buildings on the hospital campus show nether by retrofit or by replacement and the type of service 2061(c)(5)  r: BLD-01386	configuration of all buildings on the hospital campus showing how elether by retrofit or by replacement and the type of service that will be 1061(c)(5)  T: BLD-01386 Building Name: Building C (Inpatient Building Name)  N/A  ice Provided  Nursing Surgical Pediatric/Adol Clinical Lab  Psychiatric Nursing Radiological/ Imaging  Obstetrical Ante/Postprtum  Intermediate Care Administration	configuration of all buildings on the hospital campus showing how each building will comply neither by retrofit or by replacement and the type of service that will be provided in each general point of the provided in each	configuration of all buildings on the hospital campus showing how each building will comply with the SF teither by retrofit or by replacement and the type of service that will be provided in each general acute of 261(c)(5)  Tr. BLD-01386 Building Name: Building C (Inpatient Building)  N/A  ice Provided  Nursing Surgical Obstetrical Cesarean/Deliv  IntensiveCare Anesthesia Obstetrical Recovery  Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging WellBaby  Obstetrical Ante/Postprtum Emergency Dietetic  Intermediate Care Nuclear Medicine  Administration

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eport the final cor equirements wheth er Section 130061	ner by retrofit or by re	lings on the eplacement	hospital campus show and the type of service	ing how e that will b	ach building will comply be provided in each gen	with the SPC eral acute car	-5/NPC-4 or 5 e hospital building
uilding Number:	BLD-01387	Building Nar	me: Building D				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		_		
All	to/i ostpitam		Distatio		Emergency		Central Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration				Services

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configuration of all buil hether by retrofit or by 061(c)(5)	ldings on the replacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
er: BLD-01388	Building Na	me: Old Radiology E	Building			
N/A						
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		Emorgonov		Central Plant
Intermediate		Dietetic	_	Emergency		Central Flant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	configuration of all builthether by retrofit or by 061(c)(5)  er: BLD-01388  N/A  vice Provided  Nursing  IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care	configuration of all buildings on the hether by retrofit or by replacement 061(c)(5)  er: BLD-01388 Building Na  N/A  rice Provided  Nursing  IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care	configuration of all buildings on the hospital campus show hether by retrofit or by replacement and the type of service 061(c)(5)  The service of service of the service of the service of service	configuration of all buildings on the hospital campus showing how enether by retrofit or by replacement and the type of service that will incomplete to previous the top of service that will incomplete to previous the type of service that will incomplete to provide the type of service that will incomplete the type of service the	configuration of all buildings on the hospital campus showing how each building will comply hether by retrofit or by replacement and the type of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)(5)  The service of service that will be provided in each gen 061(c)  The service of service that will be provided in each gen 061(c)  The service of service that will be provided in each gen 061(c)  The service of service that will be provided in each gen 061(c)  The service of service t	configuration of all buildings on the hospital campus showing how each building will comply with the SF hether by retrofit or by replacement and the type of service that will be provided in each general acute of 061(c)(5)  Tr. BLD-01388 Building Name: Old Radiology Building  N/A  Tice Provided  Nursing Surgical Obstetrical Cesarean/Deliv  IntensiveCare Anesthesia Obstetrical Recovery  Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging WellBaby  Obstetrical Ante/Postprtum Emergency Dietetic  Intermediate Care Nuclear Medicine Administration

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Report the final con requirements wheth per Section 130061	ner by retrofit or by	dings on the l replacement a	nospital campus showin and the type of service t	g how e hat will t	ach building will comply voe provided in each gene	vith the SPC- ral acute care	5/NPC-4 or 5 e hospital building			
Building Number:	BLD-03107	Building Nar	ne: Emergency Gener	ator End	closure					
Configuration:	Configuration: N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Into	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing		Administration				Services			

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Includ 4D ar	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, SPC-4D and SPC-5 per Section 130061(e)								
Buildi	ng Number: BLD	D-01386	Building N	lame: Bui	ilding C (Inpatient B	uildin	g)		
Туре	e of Service Prov	<u>ided</u>							
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	34	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		X Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		34						

teport Year: 2018	10556	Riverside Commu	nity Hospital	Riverside	Page:24 of 30
Include information or 4D and SPC-5 per Se			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	_D-01387	Building Na	me: Building D		
Type of Service Pro	ovided				
X Nursing	Inpatient Beds	66	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia	_	
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	X Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient n Beds	0	X 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		66			

oort Year: 201	8 10556 F	Riverside Commu	nity Hospital	Riverside	Page:25 of 30
Include informatior 4D and SPC-5 per			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-01388	Building Na	me: Old Radiology Building		
Type of Service	<u>Provided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCa	re Inpatient Beds	0	Anesthesia	_	
Pediatric/Adescent	lol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postpr	Inpatient tum Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	e Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nurs	ing Inpatient Beds	0	Administration		
Total Beds t Building	his	0			

oort Year: 2018	10556	Riverside Commur	nity Hospital	Riverside	Page:26 of 30
Include information on 4D and SPC-5 per Se			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-03107	Building Na	me: Emergency Generator	Enclosure	
Type of Service Pro	<u>vided</u>				
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			

Report Year:

2018

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Riverside Community Hospital

Riverside

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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, SPC-

4D and SPC-5 per S	ection 130061(e)			
Building Number:	BLD-01386	uilding Name:	uilding C (Inpatient Building	g)
Medical / Surgical (I	Include GYN)	Acute Respirate	ory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 1790 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Nursery	Newborn	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
<b>Coronary Care</b>		Chemical Depe	ndency	Total Beds this Total Beds this Building Per Building Per
Inpatient 34 Bed	Inpatient 6580 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service 34

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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, SPC-4,

Include information on t 4D and SPC-5 per Sect		eds by type of unit provided by buildings that a	are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	LD-01387 Build	ing Name: Building D	
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 66 Bed	Inpatient 10273 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Nev	wborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Days 0
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 66

Riverside Community Hospital Report Year: 2018 10556 Riverside Page:29 of 30 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, SPC-4D and SPC-5 per Section 130061(e) BLD-01388 Old Radiology Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

Riverside Community Hospital Report Year: 2018 10556 Riverside Page:30 of 30 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, SPC-4D and SPC-5 per Section 130061(e) BLD-03107 **Emergency Generator Enclosure Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0

OSHPD FDD SB499 Report Data Last Update: 10/18/2018 Submission Date: 10/18/2018 Printed: 10/20/2018 6:30 AM

Days

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Bed

Bed

Days