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:	10681		
Facility Name:	Mountair	ns Community Hospital	
Address:	29101 H	ospital Road	
City:	Lake Arr	owhead	
Hospital Owner/Lice	ensee:	San Bernardino Mountains Community Hospital District	
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	dress::	[Confidential data left blank intentionally.]	
Name of Sub	omitter:	San Bernardino Mountains Community Hospital District	
Submission	n Date:	10/17/2018 9:53:04 AM	

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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- 01477	Emergency Generator Bldg	29101 Hospital Road	Rebuild	SPC5	01/01/2013	01/01/2020
BLD- 01478	Oxygen Storage Bldg	29101 Hospital Road	Rebuild	SPC5	01/01/2013	01/01/2020

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

Building No: BLD-01477 Emergency Generator Bldg Retrofit/Replacement Project:

	cility Project mber Number	Sub Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
106	81 HS022019-0	0	8/5/2002	8/5/2003 12:00:00 AM	05/19/2005	07/01/2006	CLOS	No
106	81 S181684-36 -00	0	7/18/2018	10/5/2018 12:00:00 AM	01/01/2019		OPEN	No

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

Building No: BLD-01478 Oxygen Storage Bldg Retrofit/Replacement Project:

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 1300	61(c)(1)(F)	
Building Number: BL	.D-01477	Building Name: Er	mergency Generator Bldg		
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrica Recovery	I
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergenc	y
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitat Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dial	
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	ant

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Provide the n	number of inpatient be	ds and patient days per type of service	per building per Section 13006	31(c)(1)(F)	
_	nber: BLD-01478	Building Name:	Oxygen Storage Bldg		
Nursing	g Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
Intensiv	veCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatri escent	ic/Adol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	,
Psychia Nursing		0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetr Ante/Po	ical Inpatient ostprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	on
Interme Care	ediate Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	vsis
Skilled	Nursing Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Beus	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	nt

Report Year: 2018 10681 Mountains Community Hospital Lake Arrowhead Page:6 of 28 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01477 **Building Number: Building Name: Emergency Generator Bldg** 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 Bed Davs 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 10681 Mountains Community Hospital Lake Arrowhead Page:7 of 28 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01478 Oxygen Storage Bldg **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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol 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-01474	Main Building	Remain
BLD-01475	Radiology/Lab and ER Addition	Remain
BLD-01477	Emergency Generator Bldg	Rebuild
BLD-01478	Oxygen Storage Bldg	Rebuild
BLD-03687	Emergency Generator Bldg II	Remain

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List ALL propo	osed new buildings to be constructed at this c	or another site.		
Building Number	Building Name	New Site		
N_1	n/1			

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The projected date or da replaced or rebuild build The planned uses of the replaced or rebuild build	building or buildings to be remo	from service per Section ved from acute care ser	on 130061 (c)(2)(a	and provide said dat	
Building Number: BLC	-01477 Emerg	gency Generator Bldg		Removal 01/01/2 Date:	020
Planned Uses for the bu	lding to be removed from acute	care service:			
Planned use for building	: Other	Jurisdiction:			
Other Usage	non-gac storage				
Inpatient services curren	tly delivered in the building:				
Nursing IntensiveCare	Surgical Anesthesia		Obstetrical Cesarean/Deliv	Rehab Therap	pilitation py
Pediatric/Adol escent	Clinical Lab		Obstetrical Recovery	Renal	Dialysis
Psychiatric Nursing	Radiological/ Imaging		Newborn/ WellBaby	Outpa Surge	
Obstetrical Ante/Postprtu	Pharmaceution		Emergency	X Centra	al Plant
Intermediate Care	Dietetic		Nuclear Medicine	Suppo Service	
Skilled Nursin	Administration	n			

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The projected date or date replaced or rebuild building The planned uses of the bureplaced or rebuild building	s the building will be removed f gs as well. uilding or buildings to be remov gs as well.	red from acute care service, providerom service per Section 130061 (red from acute care service per Section 130061(c)(2)	c)(2)(A) and provide said date of ection 130061(c)(2)(B) and prov	
Building Number: BLD-0	Oxyger	n Storage Bldg	Removal 01/01/202	20
Planned Uses for the buildi	ing to be removed from acute o	care service:		
Planned use for building:	Other	Jurisdiction:		
Other Usage:	non-gac storage			
Inpatient services currently	delivered in the building:			
Nursing	Surgical	Obstetrical Cesarean/D	eliv Rehabilit	ration
IntensiveCare	Anesthesia			
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Di	alysis
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery	nt
Obstetrical Ante/Postprtum	Pharmaceutica	al Emergency	X Central F	Plant
Intermediate Care	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Administration			

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		nd beds will be relocated to a new, exist n a Building Resolution of "Rebuild" or "R		responding
Building B Number:	LD-01477 Building Name:	Emergency Generator Bldg		
Will general acute ca	are services and beds will be	relocated to a new, Existing or retrofitted	l building?	
CentralPlant	Relocated to other building	g		
New Build	ing	RetroFitted Building	Other SPC2-SPC5 Building	<u></u>
			BLD-01474-Main Building	
Papart whather the	conoral acuto caro carvicas a	nd beds will be relocated to a new, exist	ing or retrofitted building and any cor	rosponding
		n a Building Resolution of "Rebuild" or "R		responding
Building Number:	LD-01478 Building Name:	Oxygen Storage Bldg		
Will general acute ca	are services and beds will be	relocated to a new, Existing or retrofitted	l building?	
CentralPlant	Relocated to other buildin	ng		
New Build	ing	RetroFitted Building	Other SPC2-SPC5 Building	<u></u>
			BLD-01474-Main Building	

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ding Number:	BLD-01477 Buildi	ng Name: E	mergency Generator	Bldg			
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imaging		·		0 / 151 /
	Obstatrical		Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services
	Intermediate Care		Administration				
	Skilled Nursing						

lding Number:	BLD-01478 Build	ng Name: O	xygen Storage Bldg				
Type of Service	e Provided	1 🗆	Surgical		Obstetrical		Rehabilitation
	Nursing		- a. g a.	ш	Cesarean/Deliv		Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab				Outpatient
	escent		Radiological/ Imaging		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services
	Intermediate						
	Care		Administration				
	Skilled Nursing						

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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 acute care hospital building per Section 130061(c)(5)								
Building Number: BLD-01474	Building Name: Main Building							
Configuration: Retrofit Non-Conf	forming building to SPC 4D or SPC	5 and NPC 4 or NPC 5						
Type of Service Provided								
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	X Clinical Lab	Recovery						
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery					
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	X Central Plant					
Intermediate	X Dietetic							
Care Skilled Nursing	X Administration	Nuclear Medicine	X 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 acute care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01475	Building Nar	ne: Radiology/Lab and	d ER Ad	dition					
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	e Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation erapy			
Int	tensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis			
	ediatric/Adol scent	X	Clinical Lab		Receivery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		utpatient Irgery			
	bstetrical		Pharmaceutical							
AI	nte/Postprtum			X	Emergency	∐ C€	entral Plant			
	termediate are		Dietetic		Nuclear Medicine		upport ervices			
Sk	killed Nursing		Administration			5	ervices			

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equirements whether er Section 130061(c)	by retrofit or by rep				ach building will comply be provided in each gene				
uilding Number: B	LD-01477 B	uilding Nar	me: Emergency Gener	rator Bld	g				
Configuration: Remove from GAC service by 1/1/2020									
Type of Service Pr	ovided								
Nursi	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Intens	siveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
Pedia escer	tric/Adol nt		Clinical Lab		Recovery				
Psych Nursi			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
Obste	etrical Postprtum		Pharmaceutical		E		Control Bloot		
	nediate		Dietetic		Emergency		Central Plant		
Care			Administration		Nuclear Medicine		Support Services		
	d Nursing								

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Building Number: BLD-01478 Building Name: Oxygen Storage Bldg									
tion: Remove from GAC service by 1/1/2020									
ce 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		Pharmaceutical		_					
ranceri odipitam		Diototio		Emergency		Central Plant			
Intermediate Care		Dietetic		Nuclear Medicine		Support			
Skilled Nursing		Administration				Services			
	ether by retrofit or by 1061(c)(5) EBLD-01478 Remove from GAC ce Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	ether by retrofit or by replacement 061(c)(5) : BLD-01478 Building Na Remove from GAC service by ce Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	ether by retrofit or by replacement and the type of service (261(c)(5)) : BLD-01478	ether by retrofit or by replacement and the type of service that will 1/061(c)(5) : BLD-01478	ether by retrofit or by replacement and the type of service that will be provided in each gen 161(c)(5) BLD-01478	BLD-01478 Building Name: Oxygen Storage Bldg			

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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 acute care hospital building per Section 130061(c)(5)										
Building Number: BLD-03687 Building Name: Emergency Generator Bldg II										
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	e Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Noovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	termediate are		Dietetic		Nuclear Medicine		Support			
SI	killed Nursing		Administration				Services			

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Include in 4D and S	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)								
Building N	Number: BLD	-01474	Building Na	ame: Mai	in Building				
Type of	Service Provi	ded							
X Nu	ırsing	Inpatient Beds	17	X	Surgical	[Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare	Inpatient Beds	0	X	Anesthesia				
	ediatric/Adol cent	Inpatient Beds	0	X	Clinical Lab	[Obstetrical Recovery		Renal Dialysis
	ychiatric ursing	Inpatient Beds	0	X	Radiological/ Imaging	[Newborn/ WellBaby	X	Outpatient Surgery
	ostetrical ite/Postprtum	Inpatient Beds	0	X	Pharmaceutical	[Emergency	X	Central Plant
Into	ermediate are	Inpatient Beds	0	X	Dietetic	[Nuclear Medicine	X	Support Services
Sk	illed Nursing	Inpatient Beds	20	X	Administration				
	tal Beds this iilding		37						

port Year: 2018	10681	Mountains Commu	ınity Hospital	Lake Arrowhead	Page:24 of 28
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01475	Building Nar	me: Radiology/Lab and ER	? Addition	
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X 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			

port Year: 2018	10681 N	Mountains Commu	nity Hospital	Lake Arrowhead	Page:25 of 28
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLI	D-03687	Building Nar	me: Emergency Generator	· Bldg II	
Type of Service Prov	vided				
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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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)	7		J	,	, ,
Building Number:	BLD-01474	Building Name:	Main B	Building		
Medical / Surgical (I	nclude GYN)	Acute Re	spiratory Ca	are	Acute Psychiatric	
Inpatient 17 Bed	Inpatient Days	2074 Inpatient Bed		Inpatient 0 Days		Inpatient 0 Days
Perinatal (Exclude N	Newborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient 0 Days		Inpatient 6831 Days
Pediatric		Intensive Nursery	Care Newb	oorn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilit Center	ation		Int. Care / Developm Disabled	entally
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient 0		Inpatient 0 Days
Coronary Care		Chemical	l Dependend	су	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient 0 Days	Unit 37	Service 37

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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 Section 130061(e)

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)						
Building Number: BLD-01475 Building Number:	ion					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 0				

Report Year: 2018 10681 Mountains Community Hospital Lake Arrowhead Page:28 of 28 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-03687 Emergency Generator Bldg II **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 Days Bed Days Bed ol 0