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

Facility Number:	12881	
Facility Name:	San Joaquin Community Hospital	
Address:	2615 Chester Avenue	
City:	Bakersfield	
		_
Hospital Owner/Lice	ensee: Adventist Health System West	
Year of Rep	porting: 2010	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Add	dress::	
Name of Sub	omitter: Bob Easterday	
Submission	n Date: 1/19/2011 3:50:44 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 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			Anticipated Completion Date
01	Original Building (Main Hospital)	2615 Chester Avenue	Retrofit	SPC2		12/31/2010

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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	y No: 01		Original Building (Main Hospital)		Retrofit/l	Replacemer	nt Yes	-Submitte	d
Facility <u>Number</u>	Project Sub Number Num		Scope	Date Plan in	Approved P Date	Proj. Start P Date	roj. Completed Date	Status	CEQA Review
12881	HS022325	0	A NEW ADDITION & ALTERATIONS	09/05/2002	02/24/2004	03/15/2004	02/28/2011	OPEN	No
12881	HS022771	0	SEISMIC UPGRADE OF EXISTING HOSPITAL	10/23/2002	05/20/2004	06/07/2004	01/31/2011	OPEN	No

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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: 01 Building Name: Original Building (Main Hospital)									
Type of Service Prov	<u>rided</u>								
X Nursing	Inpatient Beds	189 Inpatient 152 Days	X Surgical	X Obstetrical Recovery					
X IntensiveCare	Inpatient Beds	43 Inpatient Days 27	X Anesthesia	X Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine					
X Obstetrical Ante/Postprtum	Inpatient Beds	23 Inpatient Days 13	X Pharmaceutical X Dietetic	X Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services X Obstetrical Cesarean/Deliv	X Outpatient Surgery					
		Total Beds this Building	Cesarean/Deliv	X 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:	01	Building Name:	Original Building (Main Hos	spital)	
Medical / Surgical ((Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 189 Bed	Inpatient 152 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 23 Bed	Inpatient 13 Days	Inpatient Bed	4 Inpatient 1 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	9 Inpatient 5 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 30 Bed	Inpatient 21 Days	Inpatient (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	255	255

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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 (Main Hospital)	
02	Emergency Department Addition	
04	Emergency Generator Enclosure	
05	Fire Pump Enclosure	

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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site	
N_1	New Addition-Tower 2 HS022325-15		
N_2	Generator Enclosure Tower 2		

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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:	01	Building Name:	Or	iginal Building (Main F	Hospital)		
Type of Service	Provided		<	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	×		Anesthesia				Daniel Dieboie
X	IntensiveCare		7		X	Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent	<u> </u>		Clinical Lab	X	Newborn/	X	Outpatient Surgery
	Psychiatric	<u> </u>		Radiological/ Imaging		WellBaby		
	Nursing			Pharmaceutical	X	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtun	n X	(Dietetic	X	Nuclear Medicine	X	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 actue care hospital building per Section 130061(c)(5)

Building Number:	Building Number: 01 Building Name: Original Building (Main Hospital)								
Configuration :	Retrofit Non-Confo	rming buildir	ng to SPC 2 and NPC 3 a	and rem	ove from service by 2030				
Type of Service	ce Provided								
X N	Jursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X II	ntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Jursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery		
1/\ 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	ntermediate	X	Dietetic		Lineigonoy		Contrain tant		
	Care Skilled Nursing	X	Administration	X	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 actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Na	me: Emergency Dep	oartment Ad	ddition	
Configuration .	N/A					
Type of Service	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency	Central Plant
☐ In	termediate		Dietetic		Linergency	Comman Tan
	are killed 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 Number:	Building Number: 04 Building Name: Emergency Generator Enclosure							
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	C 4 or NPC	5			
Type of Service	e Provided							
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		E		Central Plant	
	termediate		Dietetic		Emergency	X	Central Plant	
	are				Nuclear Medicine		Support Services	
SI	killed Nursing		Administration					

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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 Number:	05	Building Na	me: Fire Pump Enclose	ıre			
Configuration :	Retrofit Non-Confo	rming buildir	ng to SPC 5 and NPC 4	or NPC	5		
Type of Service	ce Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic	Ш	Emergency	^	Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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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: 02	Buildin	g Name: En	nergency Departmen	t Addition					
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthe	sia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical L	Lab Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiolog Imaging		Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmad	ceutical X Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administ	tration					
Total Beds this Building		0							

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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: 04 Building Name: Emergency Generator Enclosure									
Type o	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
☐ Ir	ntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol	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		
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	otal Beds this Building		0						

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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)

Buildi	Building Number: 05 Building Name: Fire Pump Enclosure							
Тур	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					

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

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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, and SPC-5 per Section 130061(e)

Building Number:	2 Build	ing Name: Eme	ergency Department Addit	ion	
Medical / Surgical (Ind	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 Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New	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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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:	4 Build	ing Name: Eme	ergency Generator Enclos	ure	
Medical / Surgical (Inc	lude 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 Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New	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	0	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, and SPC-5 per Section 130061(e)

Building Number:	05 Build	ling Name: Fire	Pump Enclosure		
Medical / Surgical (I	nclude 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 N	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 / develop	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