Report Year:	2011
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12881

## 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 Year of Rep Contact 1 e-mail Ad Contact 2 e-mail Ad Contact 3 e-mail Ade	borting: 2011 Idress:
Name of Sub	mitter: Bob Easterday
Submission	Date: 1/29/2012 3:00:00 PM

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Provide the number of	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	rided							
X Nursing	Inpatient Beds	197 Inpatient 152 Days	X Surgical	X Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	39 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 Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	X Outpatient Surgery				
		Total Beds this <b>259</b> Building	Cesarean/Deliv	X Central Plant				

Bakersfield

## 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 Ho	ospital)
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 197 Inpatient 152 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 23 Inpatient 13 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 9 Inpatient 5 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 30 Inpatient 21 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	259 255

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

Building Number		Building to be Removed
01	Original Building (Main Hospital)	
02	Emergency Department Addition	
04	Emergency Generator Enclosure	
05	Fire Pump Enclosure	

 Report Status:
 Data Last Update:
 01/09/2012
 Submission Date:
 01/29/2012
 Print Date:
 1/30/2012 12:46 PM

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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	: 0	riginal Building (Main H	lospital	)		
Type of Service	e Provided	I	X	Surgical	X	Obstetrical	X	Rehabilitation
X	Nursing		X	Anesthesia		Cesarean/Deliv		Therapy
X	IntensiveCare	,	_	Anoshosia	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		×	Clinical Lab	X	Newborn/	Х	Outpatient Surgery
	Psychiatric Nursing		x	Radiological/ Imaging		WellBaby		
	Obstetrical		X	Pharmaceutical	X	Emergency	Х	Central Plant
X	Ante/Postprtu	m	X	Dietetic	X	Nuclear Medicine	Х	Support Services
	Intermediate Care		Х	Administration				
	Skilled Nursin	g						

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Building Number:	01	Building Nar	me: Original Building (N	Main Ho	spital)		
Configuration	Retrofit Non-Confo	orming buildir	ng to SPC 5 and NPC 4	or NPC	5		
Type of Servic	e Provided						
X N	ursing	X	Surgical	Х	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X In	ntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric lursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
1/1	bstetrical nte/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	ntermediate are	X	Dietetic		Nuclear Medicine		Support
_	killed Nursing	X	Administration			X	Support Services

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Building Number:	02	Building Na	me: Emergency Depar	rtment A	ddition	
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	or NPC	5	
Type of Servic	e Provided					
N	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
ln Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol scent	Clinical Lab			Recovery	
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Dbstetrical Inte/Postprtum		Pharmaceutical	X	Emergency	Central Plant
_	ntermediate		Dietetic	<u> </u>	Lineigency	Central Flant
_	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number	: 04	Building Na	me: Emergency Gene	rator End	losure		
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	or NPC	5		
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		Linergeney	<u> </u>	Contrain func
_	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	Building Number: 05 Building Name: Fire Pump Enclosure								
Configuration	Retrofit Non-Confo	rming buildir	ng to SPC 5 and NPC	4 or NPC {	5				
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inte	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		Recovery				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical		Pharmaceutical						
An An	te/Postprtum				Emergency	Х	Central Plant		
	ermediate		Dietetic	_			_		
Ca	រមេ 		Administration		Nuclear Medicine		Support Services		
Ski	illed Nursing								

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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	ng Number: 02	Building	Name: En	nergency De	epartment Addition		
Туре	e of Service Prov	ided					
	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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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	ng Number: 04	Building	Name: En	nergency Ge	enerator Enclosure		
<u>Type</u>	e of Service Prov	<u>ided</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				
	Building	L	]				

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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: 05 Building Name: Fire Pump Enclosure						
Type of Service Provided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Care Inpatient Beds	0		Anesthesia		
Pediatric// escent	Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatri	c Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrica Ante/Post		0		Pharmaceutical	Emergency	X Central Plant
Intermedia	ate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skilled Nu	irsing Inpatient Beds	0		Administration		
Total Bed Building	s this	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:	02	Building Name:	Emergency Department Addition			
Medical / Surgical (	nclude GYN)	Acute Respi	ratory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Ca Nursery	re Newborn	Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitatio Center	n	Int. Care / developn Disabled	nent	
Inpatient 0 Bed	Inpatient Days	0 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 Days	0 Inpatient Bed	0 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:	04 Buile	Building Name: Emergency Generator Enclosure			
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (excluse N	lewborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric		intensive Care Newborn Nursery	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care		Rehabilitation Center	Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care		Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed 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:	95 Bui	Iding Name: Fire	Pump Enclosure			
Medical / Surgical (Include GYN)		Acute Respiratory	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	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 Ne Nursery	ewborn	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 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	

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