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	Provide the Hospital Owner and Year of Report per Section 130061(e)							
Facility Number:	10556							
Facility Name:	Riverside	e Community Hospital						
Address:	4445 Ma	ignolia Ave						
City:	Riverside	9						
Hospital Owner/Lic	ensee:	Riverside Healthcare System dba Riverside Community Hospital	I					
Year of Rep	porting:	2019						
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:	Ricky Parker						
Submission	n Date:	10/24/2019 12:51:43 PM						

Report Year: 2019 10556 Riverside Community Hospital Riverside Page:2 of 33

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 Riverside Page:3 of 33 2019 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) No-Planned 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 0 10556 1130010-33-6/11/2013 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 CLOS No 12:00:00 AM

Report Year: 2019	10556	Riverside Community Hospital	Riverside	Page:4 of 33					
Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLI	Building Number: BLD-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	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 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					

Report	Year: 2019	10556	Riverside Community I	Hospital		Riverside		Page:5 of 33
Prov	ide the number of	inpatient bed	ls and patient days per t	type of service	e per building pe	r Section 13006	61(c)(1)(F)	
Build	ling Number: BL	D-01385	Building N	lame:	Building B			
Туре	of Service Prov	<u>rided</u>						
X	Nursing	Inpatient Beds	186 Inpatient Days	45354	X Surg	jical	X Obstetrica Recovery	I
X	IntensiveCare	Inpatient Beds	26 Inpatient Days	s 6377	X Anes	sthesia	X Newborn/ WellBaby	
X	Pediatric/Adol escent	Inpatient Beds	16 Inpatient Day	ys 993	Clinic	cal Lab	X Emergend	у
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Day	ys 0	X Radio	ological/ jing	X Nuclear Medicine	
X	Obstetrical Ante/Postprtum	Inpatient Beds	45 Inpatient Day	ys 6353	Phar	maceutical etic	Rehabilita Therapy	tion
	Intermediate Care	Inpatient Beds	0 Inpatient Day	ys 0		inistration	X Renal Dia Outpatient	
	Skilled Nursing	Inpatient Beds	0 Inpatient Day	ys 0	Servi	ices	Surgery	
			Total Beds this Building	273		etrical arean/Deliv	Central Pl	ant

Report Year: 2019 10556 **Riverside Community Hospital** Riverside Page:6 of 33 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: 2019 10556 Riverside Community Hospital Riverside Page:7 of 33 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 4535 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 45 Inpatient 6353 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery 20 4050 Inpatient 16 Inpatient 993 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 2327 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

Report Year: 2019 10556 Riverside Community Hospital Riverside Page:8 of 33

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
BLD-03421	Building G	Remain

Report Year:	2019 10556 Riverside Community	Hospital	Page:9 of 33
List ALL prop	posed new buildings to be constructed at this or	another site.	
Building Number	Building Name	New Site	
N_1	G Tower		

Report Ye	ear: 2019 105	556 Riv	verside Community Hospital		Riverside		Page:10 of 33	
The proje replaced of The plant replaced of	For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for eplaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for eplaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)							
Building N	Number: BLD-0138	4	Building A (Main)		Removal Date:	12/31/20	017	
Planned l	Jses for the building t	o be remov	ved from acute care service:					
Planned	use for building:							
Inpatient :	services currently del	ivered in th	e building:					
	Nursing IntensiveCare		Surgical Anesthesia		Obstetrical Cesarean/Deliv	Rehabi Therap		
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery	Renal I	Dialysis	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpat Surger		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Centra	Il Plant	
	Intermediate Care		Dietetic		Nuclear Medicine	Suppor		
	Skilled Nursing	X	Administration					

Report Year: Riverside Community Hospital Riverside 2019 10556 Page:11 of 33 No data reported for Section 130061(c)(2)(D).

Report Year: Riverside Community Hospital Riverside 2019 10556 Page:12 of 33 No data reported for Section 130061(c)(2)(D).

Report Year:	2019	10556	Riverside Co	mmunity Hospital	Riverside	Page:13 of 33
				d beds will be relocated to a n a Building Resolution of "Rebu		
Building Number: Will general acu Administration			uilding Name: nd beds will be re	Building A (Main)	retrofitted building?	
		-				



Report Year: 201	19 10556 Rivers	ide Communit	y Hospital		Riverside		Page:15 of 33		
Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number:	BLD-01384 Buildin	g Name: B	uilding A (Main)						
Type of Service Provided									
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		Anesthesia						
	IntensiveCare		Allestilesia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol		Clinical Lab				Outpatient		
	escent		Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery		
Ш	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant		
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services		
	Intermediate Care	X	Administration						
	Skilled Nursing								

Report Year: 20	19 10556 Riv	erside Communit	y Hospital		Riverside		Page:16 of	33
Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number:	BLD-01385 Buil	ding Name: Bu	uilding B					
Type of Service	e Provided							
		X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	X	Anesthesia				D 10:1:	
X	IntensiveCare			X	Obstetrical Recovery	X	Renal Dialysis	
X	Pediatric/Adol escent		Clinical Lab	Х	Newborn/		Outpatient Surgery	
	Psychiatric	X	Radiological/ Imaging	<u> </u>	WellBaby			
_	Nursing		Pharmaceutical	X	Emergency		Central Plant	
X	Obstetrical Ante/Postprtum		Dietetic	X	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

Report Year: 2019 10556	Riverside Community Hospital	Riverside	Page:17 of 33
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	Efficiency	Cential Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing			

Report Year: 20	19 10556 F	Riverside Cor	nmunity Hospital		Riverside		Page:18 of 33
Report the final con- requirements wheth per Section 130061	er by retrofit or by r	dings on the eplacement	hospital campus showii and the type of service	ng how e that will t	ach building will comply woe provided in each gener	vith the SPC ral acute car	e-5/NPC-4 or 5 e hospital building
Building Number:	BLD-01385	Building Nar	ne: Building B				
Configuration:	N/A						
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		receivery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine	П	Support
Ski	lled Nursing		Administration				Services

Report Year: 20	10556 F	Riverside Cor	nmunity Hospital		Riverside		Page:19 of 33				
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-01386 Building Name: Building C (Inpatient Building)											
Configuration:	Configuration: N/A										
Type of Service	Provided										
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	ediatric/Adol cent		Clinical Lab		Recovery						
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant				
Int Ca	ermediate are		Dietetic		Nuclear Medicine	П	Support				
Sk	tilled Nursing		Administration	_		_	Services				

port Year:	2019 10556	Riverside Co	mmunity Hospital		Riverside		Page:20 of 33
eport the final equirements w er Section 130	whether by retrofit or by	ldings on the replacement	hospital campus show and the type of service	wing how e ce 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 Numb	er: BLD-01387	Building Na	me: Building D				
Configuration	n: N/A						
Type of Ser	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
	/ wite/r coupitain		Dietetic		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing		Administration				Services

eport Year:	2019 10556	Riverside Co	mmunity Hospital		Riverside		Page:21 of 33			
eport the final equirements w er Section 130	hether by retrofit or by	ldings on the replacement	hospital campus show and the type of servic	ving how e e that will t	ach building will comply be provided in each gen	with the SPC eral acute car	s-5/NPC-4 or 5 re hospital building			
Building Number: BLD-01388 Building Name: Old Radiology Building										
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				Central Plant			
	Intermediate		Dietetic		Emergency		Central Flant			
	Care		Administration		Nuclear Medicine		Support Services			
Ш	Skilled Nursing	1								

Report Year: 20	10556 F	Riverside Con	nmunity Hospital		Riverside		Page:22 of 33				
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:	Building Number: BLD-03107 Building Name: Emergency Generator Enclosure										
Configuration:	Configuration: N/A										
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis				
	diatric/Adol cent		Clinical Lab		recovery						
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support				
Sk	illed Nursing		Administration				Services				

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-03421	teport Year:	2019 10556	Riverside Con	nmunity Hospital		Riverside		Page:23 of 33
Type of Service Provided X Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy X IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent X Clinical Lab Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby Obstetrical Recovery Pharmaceutical Obstetrical Recovery Renal Dialysis Renal Dialysis Pediatric/Adol escent Surgery Administration Surgery Newborn/ WellBaby Central Plant Administration	requirements	whether by retrofit or by	dings on the l replacement a	nospital campus show and the type of service	ing how e that will l	ach building will comply be provided in each gene	with the SPC eral acute car	c-5/NPC-4 or 5 re hospital building
Type of Service Provided X Nursing Surgical Obstetrical Cesarean/Deliv Therapy X IntensiveCare Anesthesia Obstetrical Renal Dialysis Pediatric/Adol Recovery Renal Dialysis Psychiatric Nursing Radiological/ Newborn/ WellBaby Obstetrical Surgery Pharmaceutical Emergency X Central Plant Intermediate Care Nuclear Medicine Support Services Administration	uilding Num	ber: BLD-03421	Building Nan	ne: Building G				
Nursing	Configuratio	n: N/A						
Cesarean/Deliv Therapy X	Type of Se	rvice Provided						_
Pediatric/Adol escent Pediatric/Adol escent X	X	Nursing		Surgical				
Pediatric/Adol escent Radiological/ Imaging Newborn/ WellBaby Obstetrical Ante/Postprtum Intermediate Care Administration X Clinical Lab Newborn/ WellBaby Dutpatient Surgery Newborn/ WellBaby Newborn/ WellBaby Newborn/ WellBaby Surgery Nuclear Medicine Support Services	X	IntensiveCare		Anesthesia				Renal Dialysis
Psychiatric Nursing			X	Clinical Lab		Recovery		
Obstetrical Ante/Postprtum Intermediate Care Nuclear Medicine Support Services Administration								
Intermediate Care Nuclear Medicine Support Services Services Support Services				Pharmaceutical		Emergency	$\overline{\mathbf{x}}$	Central Plant
Services Administration			X	Dietetic		Lineigency		Ochiral Flam
				Administration		Nuclear Medicine		
		Skilled Nursing		Administration		Tradical Micalonia		

Report Year: 2019	10556 F	Riverside Commi	unity Hospital	Riverside	Page:24 of 33				
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 Number: BLD	D-01386	Building Na	ame: Building C (Inpatient Bu	ilding)					
Type of Service Prov	<u>rided</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	X Nuclear Medicine	X Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		34							

ort Year:	2019	10556	Riverside Commu	unity Hospit	al		Riverside		Page:25 of 33
	nformation on the PC-5 per Secti			oy type of S	ervice provided by t	ouildi	ngs that are classified a	s SPC-	2, SPC-3, SPC-4, SPC-
Building N	Number: BLD	-01387	Building Na	ame: Bui	lding D				
Type of	Service Provi	ded							
X Nu	rsing	Inpatient Beds	33		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Inte	ensiveCare	Inpatient Beds	0		Anesthesia				
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
Psy Nu	ychiatric Irsing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum	Inpatient Beds	33	X	Pharmaceutical		Emergency	X	Central Plant
Inte	ermediate ire	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Ski	illed Nursing	Inpatient Beds	0		Administration				
	tal Beds this ilding		66						

oort Year: 20	019 10556 F	Riverside Commu	nity Hospital	Riverside	Page:26 of 33
	ion on the number oper Section 130061(6		y type of Service provided by I	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Numbe	r: BLD-01388	Building Na	me: Old Radiology Building		
Type of Service	e Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensive(Care Inpatient Beds	0	Anesthesia	_	
Pediatric/	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatri Nursing	ic Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrica Ante/Post		0	Pharmaceutical	Emergency	Central Plant
Intermedi Care	ate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nu	ursing Inpatient Beds	0	Administration		
Total Bed Building	ls this	0			

ort Year:	2019 10556	Riverside Commu	nity Hospital	Riverside	Page:27 of 33
	ntion on the number of per Section 130061(6		y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Numbe	er: BLD-03107	Building Na	me: Emergency Generator	Enclosure	
Type of Servi	ce Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensive	eCare Inpatient Beds	0	Anesthesia	_	_
Pediatric escent	:/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiat Nursing	ric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetric Ante/Pos		0	Pharmaceutical	Emergency	X Central Plant
Intermed Care	liate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled N	lursing Inpatient Beds	0	Administration		
Total Be Building	ds this	0			

Report Year: 2019	10556	Riverside Comm	nunity Hospital	Riverside	Page:28 of 33					
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 Number: BLD-03421 Building Name: Building G										
Type of Service Provided										
X Nursing	Inpatient Beds	70	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
X IntensiveCa	re Inpatient Beds	35	Anesthesia	_	_					
Pediatric/Ad escent	ol Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postpri	Inpatient tum Beds	0	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	e Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services					
Skilled Nurs	ing Inpatient Beds	0	Administration							
Total Beds t Building	his	105								

Report Year:

2019

10556

Riverside Community Hospital

Riverside

Page:29 of 33

		, and an			
Building Name:	Building C (Inpatient Buildin	uilding C (Inpatient Building)			
Acute Respira	atory Care	Acute Psychiatric			
0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Burn		Skilled Nursing			
0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Intensive Card Nursery	e Newborn	Intermediate Care			
0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Rehabilitation Center		Int. Care / Developmentally Disabled			
Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Chemical Dep	endency	Total Beds this Building Per Total Beds this Building Per			
0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 34			
	Building Name: Acute Respira Inpatient Bed Burn Inpatient Bed Intensive Care Nursery Inpatient Bed Rehabilitation Center Inpatient Bed Chemical Dep	Acute Respiratory Care Inpatient			

Riverside Community Hospital Report Year: 2019 10556 Riverside Page:30 of 33 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-01387 **Building D Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 66 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 11181 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0

Bed Bed Days 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 66 66

Riverside Community Hospital Report Year: 2019 10556 Riverside Page:31 of 33 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: 2019 10556 Riverside Page:32 of 33 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 Bed Bed Days 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**

Inpatient

Days

Unit

ol

0

Service

0

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Inpatient

Bed

Inpatient

Bed

Inpatient

Days

Report Year:

2019

10556

Riverside Community Hospital

Riverside

Page:33 of 33

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)

4D and SPC-5 per Section 130061(e)									
Building Number: BL	D-03421 Buildi	Building G							
Medical / Surgical (Inclu	ude GYN)	Acute Respirato	ry Care	Acute Psychiatric					
Inpatient 70 Bed	Inpatient 16532 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days					
Perinatal (Exclude New	born / GYN)	Burn		Skilled Nursing					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Pediatric		Intensive Care N Nursery	lewborn	Intermediate Care					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled					
Inpatient 35 Bed	Inpatient 7068 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Coronary Care		Chemical Deper	dency	Total Beds this Building Per Building Per					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Unit Service 105					