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

Facility Number:	10468	
Facility Name:	Mission	Hospital Laguna Beach
Address:	31872 C	past Highway
City:	Laguna	Beach
Hospital Owner/Lice	ensee:	Mission Hospital Regional Medical Center / St. Joseph Health System
Year of Reporting:		2011
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Bill Eveloff
Submission	Date:	1/29/2012 3:00:00 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 bulding 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
02	Nursing Tower	31872 Coast Highway	Retrofit	SPC2	01/01/2013	01/01/2015
05	Radiographic - South	31872 Coast Highway	Retrofit	SPC2	01/01/2013	01/01/2015

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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 No: 02	Nursing Tower	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Comple in Date Date Date	eted Status CEQA Review
10468 HL110794	0 SB 1661: VSI IMPROVEMENT OF THE NURSING TOWER	04/06/2011 01/06/2011 12/30/20	12 OPEN No
10468 IL080650	0 PPR SB 1661: SPC-2 SEISMIC UPGRADE OF SCMC CAMPUS	12/31/2008 12/13/2010 12/31/2008 12/31/20	4 OPEN No
Building No: 05	Radiographic - South Addition	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Comple in Date Date Date	eted Status CEQA Review
10468 IL080650	0 PPR SB 1661: SPC-2 SEISMIC UPGRADE OF SCMC CAMPUS	12/31/2008 12/13/2010 12/31/2008 12/31/20 <sup>-</sup>	5 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: 02 Building Name: Nursing Tower											
Тур	Type of Service Provided										
X	Nursing	Inpatient Beds	85 Inpatient 12099 Days	Surgical	Obstetrical Recovery						
X	IntensiveCare	Inpatient Beds	10 Inpatient Days 1122	Anesthesia	Newborn/ WellBaby						
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency						
X	Psychiatric Nursing	Inpatient Beds	36 Inpatient Days 5588	Radiological/ Imaging	Nuclear Medicine						
X	Obstetrical Ante/Postprtum	Inpatient Beds	19 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy						
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	X Renal Dialysis						
X	Skilled Nursing	Inpatient Beds	29 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery						
			Total Beds this Building	Cesarean/Deliv	Central Plant						

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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: 05	Buildi	ng Name: Radiographic - South Addi	tion	
Type of Service Prov	<u>rided</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	X 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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	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)

Chonary Care Chemical	Building Number:	02	Building Name:	Nursing Tower		
Perinatal (excluse Newborn / GYN)  Burn  Skilled Nursing  Inpatient 19 Inpatient 0 Inpatient 0 Inpatient Days  Pediatric  intensive Care Newborn  Nursery  Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Days  Inpatient 0 Inpatient 0 Inpatient Days  Inpatient 10 Inpatient 10 Inpatient Days  Inpatient 10 Inpatient 1122 Inpatient 0 Inpatient Days  Coronary Care  Chemical Dependency  Inpatient 0 Inpatient 5493  Inpatient 5493  Inpatient 5493  Inpatient 5493  Inpatient 5493  Inpatient 5493	Medical / Surgical (	Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 19 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 29 Inpatient Days  Pediatric  Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Days  Inpatient 10 Inpatient 1122 Inpatient 10 Inpatient 10 Inpatient 1122 Inpatient 10 Inpatient 1122 Inpatient 10 Inpatient 1122 Inpatient 10 Inpatient 1122 Inpatient 10 Inpatient I						
Bed       Days       Bed       Days         Pediatric       Intensive Care Newborn       Intermediate Card         Inpatient       0       Inpatient       0       Inpatient       0       Inpatient       0       Inpatient       0       Inpatient       0       Inpatient       Days         Int. Care / development       Disabled       Inpatient       Disabled       Inpatient       0       Inpatient       0       Inpatient       0       Inpatient       0       Inpatient       0       Inpatient       Days         Coronary Care       Chemical Dependency       Total Beds this Building Per Unit       Total Beds this Building Service         Inpatient       0       Inpatient       10       Inpatient       5493       179	Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient   0   Inpatient						
Intensive Care   Rehabilitation   Center   Center   Inpatient   10   Inpatient   10   Inpatient   Days   Bed   Days   Bed   Days   Bed   Days   Inpatient   10   Inpatient   1122   Inpatient   0   Inpatient   0   Inpatient   0   Inpatient   Days   Days   Total Bed   Building Per   Building Service   Inpatient   0   Inpatient   0   Inpatient   0   Inpatient   10   Inpatient   5493   179   Inpatient   179	Pediatric			e Newborn	Intermediate Card	
Center   Disabled	_ '		·			
Bed Days Bed Days Bed Days  Coronary Care  Chemical Dependency  Chemical Dependency  Inpatient 0 Inpatient 10 Inpatient 5493  Bed Days  Total Beds this Building Per Unit Service	Intensive Care					ent
Dependency  Building Per Unit  Building Per Unit  Service  Inpatient  0 Inpatient 10 Inpatient 5493	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·			
	Coronary Care				<b>Building Per</b>	Total Beds this Building Per Service
	·		•		179	179

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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:	05	Building Name:	Radiographic - South Addition		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	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 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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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	$\Box$
02	Nursing Tower	
03	Elevator Tower	
04	Radiographic	
05	Radiographic - South Addition	
06	Administration Building	
07	Mechanical / Central Plant	
08	Linear Accelerator Suite (Treatment	
		<del></del>

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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:	02 Building	g Name:	Nursing Tower									
Type of Service Provided												
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X	Nursing		Anesthesia									
X	IntensiveCare	_			Obstetrical Recovery	X	Renal Dialysis					
П	Pediatric/Adol escent		Clinical Lab			П	Outpatient					
			Radiological/ Imaging		Newborn/ WellBaby		Surgery					
X	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant					
X	Obstetrical Ante/Postprtum				Nuclear	Х	Support					
			Dietetic		Medicine		Services					
	Intermediate Care		Administration									
X	Skilled Nursing											

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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:	05	Building Name:	Radiographic - South	n Addition	
Type of Servic	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		December 1
	IntensiveCare	; 		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado escent	_	Clinical Lab	Newborn/	Outpatient Surgery
	Psychiatric		X Radiological/ Imaging	WellBaby	
	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [	Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
П	Skilled Nursin	ıg			

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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 Numbe	er: 01	Building Na	me: Original Buildin	ng					
Configuration:	Configuration Replace with new SPC 5 and NPC 4 or NPC 5 building								
Type of Serv	Type of Service Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	X	Anesthesia		Obstetrical		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		Central Plant		
	Intermediate Care	X	Dietetic		Nuclear Medicine	_  X	Support		
	Skilled Nursing		Administration				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 Numbe	r: 02	Building Na	me: Nursing Tower						
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g					
Type of Service Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		Dietetic						
X	Care Skilled Nursing		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 actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Nar	me: Elevator Tower			
Configuration:	Replace with new	SPC 5 and N	IPC 4 or NPC 5 buildi	ing		
Type of Service	e Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic			
	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	r: 04	Building Na	me: Radiographic							
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building							
Type of Service Provided										
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant			
	Intermediate		Dietetic							
	Care Skilled 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	r: 05	Building Na	me: Radiographic -	South Addi	tion	
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ding		
Type of Servi	ice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic		Emergency	Central Plant
	Care				Nuclear Medicine	Support Services
	Skilled 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:	06	Building Na	me: Administration B	uilding			
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildir	ng			
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		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
	ntermediate		Dietetic				22
	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 actue care hospital building per Section 130061(c)(5)

Building Number:	07	Building Na	me: Mechanical / Ce	entral Plant							
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	ng							
Type of Service 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				Central Plant				
	itermediate		Dietetic		Emergency	X	Central Plant				
	are				Nuclear Medicine		Support Services				
S	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 Numb	er: 08	Building Na	me: Linear Accelerate	or Suite (	Freatment	
Configuration:	Replace with new	SPC 5 and I	NPC 4 or NPC 5 buildir	ng		
Type of Ser	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic		- ,	
	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: 01 Building Name: Original Building											
Type of Service Provided											
X	Nursing	Inpatient Beds	28	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
	IntensiveCare	Inpatient Beds	0	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant				
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		28								

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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: 03										
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	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)

Building Number: 04	Buildir	ng Name: Ra	diographic							
Type of Service Provided										
Nursing	Inpatient Beds	0	Surg	ical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anes	thesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinic	cal Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	X Radio Imag	ological/ ing	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Phari	maceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Diete	tic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Admi	nistration						
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 Numbe	r: <mark>06</mark> Buildin	g Name: Ad	lministration	n Building							
Type of Service 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/ VellBaby		Outpatient Surgery			
Obstetrica Ante/Post	•	0		Pharmaceutical	E	Emergency		Central Plant			
Intermedi Care	ate Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services			
Skilled Nu	ursing Inpatient Beds	0	X	Administration							
Total Bed Building	ls this	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: 07	]							
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesi	a				
Pediatric/Adol escent	Inpatient Beds	0	Clinical La	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiologic Imaging	Cal/ Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmace	eutical Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administra	ation				
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: 08								
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	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	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**: 01/15/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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Building Number:	1 Build	ing Name: Origi	nal Building			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Acute Respiratory Care		Acute Psychiatric	
Inpatient 28 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	Inpatient 0 Days	
Pediatric		intensive Care New 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 / developm Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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	28	28	

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Building Number:	03 Build	ing Name: Eleva	ator Tower		
Medical / Surgical (In	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 Ne	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	vborn	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 / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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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Building Number:	04 Build	ing Name: Radi	ographic			
Medical / Surgical (In	clude 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 New Nursery	vborn	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 / developr Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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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Building Number:	06 Build	ing Name: Adm	inistration Building			
Medical / Surgical (In	clude 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	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	

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Building Number:	7 Build	ing Name: Mec	hanical / Central Plant		
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 Days	0	0

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Building Number:	8 Build	ing Name: Line	ar Accelerator Suite (Trea	atment	
Medical / Surgical (Include GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 Nursery	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