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

Facility Number:	10556
Facility Name:	Riverside Community Hospital
Address:	4445 Magnolia Avenue
City:	Riverside
Hospital Owner/Lice	ensee: Riverside Healthcare System dba Riverside Community Hospital
Year of Repo	orting: 2011
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Add	dress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Jose Torres
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 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
01	Building A (Main)	4445 Magnolia Avenue	Remove	N/A	01/01/2020	12/31/2018
02	Building B	4445 Magnolia Avenue	Retrofit	SPC2	01/01/2015	12/31/2014

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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	Building B	Retro Projec	fit/Replacement ct:	Yes	-Submitte	b
Facility Project Sub Number Number Num	Scope	Date Plan Approved in Date	Proj. Start Pro Date	oj. Completed Date	Status	CEQA Review
10556 HL101530	0 SB 499: VSI OF BUILDING B	06/30/2010	06/01/2012	01/01/2015	OPEN	No

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: 01	Buildi	ng Name: Building A (Main)			
Type of Service Prov	<u>vided</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	X 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 X Dietetic	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	Outpatient Surgery	
		Total Beds this 0 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: 02 Building Name: Building B								
Type of Service Prov	Type of Service Provided							
X Nursing	Inpatient Beds	186 Inpatient 53306 Days	Surgical	Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	26 Inpatient Days 1705	Anesthesia	X Newborn/ WellBaby				
X Pediatric/Adol escent	Inpatient Beds	16 Inpatient Days 1390	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	45 Inpatient Days 7243		Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 273 Building	Obstetrical Cesarean/Deliv	Surgery				

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: Bui	lding A (Main)		
Medical / Surgical (Include GYN)		Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / 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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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name: Build	ding B		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 186 Bed	Inpatient 5336 Days 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 45 Bed	Inpatient 7243 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 16 Bed	Inpatient 1390 Days	Inpatient 20 Bed	Inpatient 4747 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 6 Bed	Inpatient 1705 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	273	273

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

Building Name	Building to be Removed
Building A (Main)	X
Building B	
Building C (Inpatient Building)	
Building D	
Old Radiology Building	
Emergency Generator Enclosure	
	Name Building A (Main) Building B Building C (Inpatient Building) Building D Old Radiology Building

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 01 Number:	Building Name:	Building A	(Main)	Year of Information:	2011		
				Information Current As Of:			
<u>Type of Services</u> <u>Provided</u>							
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	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient Beds Total Beds this Building	0	X Administration				

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number: Will general acut ClinicalLab	01 tr care services	Building Name:	Building A (Main) elocated to a new or retrofittrd building?]
Building Number: Will general acut Dietetic	01 tr care services	Building Name:	Building A (Main) elocated to a new or retrofittrd building?]
Building Number: Will general acut Administration	01 tr care services	Building Name:	Building A (Main) elocated to a new or retrofittrd building?]
Building Number: Will general acut Support Services		Building Name:	Building A (Main) elocated to a new or retrofittrd building?	

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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 Buildin	g Name: Building A (Main)			
Type of Servic	e Provided		_	_	
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesthesia	_		Devel D'al air
	IntensiveCare		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric	Radiological/ Imaging	WellBaby		5 ,
	Nursing	Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Nuclear	x	Support
	·	X Dietetic	Medicine		Services
	Intermediate Care	X Administration			
	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:	02 Buildir	g Name: B	uilding B			
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
X	Pediatric/Adol		Clinical Lab	Recovery		Outpatient Surgery
	Psychiatric Nursing	X	Radiological/ Imaging	X Newborn/ WellBaby		Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	Emergency X Nuclear	X	Central Plant Support
	Intermediate		Dietetic	Medicine		Services
	Care		Administration			
	Skilled Nursing					

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Building Number	r: 01	Building Na	me: Building A (Main)			
Configuration	N/A					
Type of Servi	ice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	_		
			Distanti	Emergency		Central Plant
	Intermediate Care	X	Dietetic	Nuclear Medicine	X	Support
	Skilled Nursing	X	Administration			Services

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Building Numb	er: 02	Building Na	me: Building B				
Configuration	N/A						
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		_		
	And/r ostpham				Emergency	Х	Central Plant
	Intermediate Care		Dietetic	X	Nuclear Medicine	X	Support
	Skilled Nursing		Administration				Services

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Building Number	Building Number: 03 Building Name: Building C (Inpatient Building)								
Configuration	N/A								
Type of Servi	ice Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia		Obstetrical	Х	Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical		Pharmaceutical	_		_			
	Ante/Postprtum			X	Emergency		Central Plant		
	Intermediate		Dietetic	_		_			
_	Care		Administration		Nuclear Medicine	X	Support Services		
	Skilled Nursing								

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Building Numbe	er: 04	Building Na	me: Building D				
Configuration	N/A						
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	_	_		
					Emergency	Х	Central Plant
	Intermediate Care		Dietetic				0
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	Building Number: 05 Building Name: Old Radiology Building								
Configuration	N/A								
Type of Service	e Provided								
	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
ln	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical	—	_				
					Emergency		Central Plant		
	termediate are		Dietetic		Nuclear Medicine	X	Support		
SI	killed Nursing		Administration				Services		

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Building Numb	per: 06	Building Na	me: Emergency Ge	enerator End	losure	
Configuration	n <mark>N/A</mark>					
Type of Sei	rvice 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			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services
		I				

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Include info	rmation on the num	per of innatient beds by type of Service provide	d by buildings that are classified	as SPC-2 SPC-3

Buildi							
Туре	e of Service Prov	<u>ided</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	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		34				

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Buildi										
Type of Service Provided										
X	Nursing	Inpatient Beds	66		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X 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		66							

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Include info	rmation on the num	ear of innetiant hade by type of Convice pro	uided by buildings that are	alassified as SDC 2, SDC 2

Buildi							
Тур	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	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	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

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Building Number: 06 Building Name: Emergency Generator Enclosure											
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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	rmation on the nu SPC-5 per <mark>Section</mark>		nt beds by typ	e of ur	nit provided by	building	s that are classified	as SPC-2, SPC-3,	
Building Nu	mber: 03	Build	ling Name:	Build	ing C (Inpatient	Building)]
Medical / Su	rgical (Include GY	'N)	Acute Respi	ratory	Care		Acute Psychiatric		
Inpatient Bed	0 Inpatie Days	ent 3054	Inpatient Bed	0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days)
Perinatal (ex	cluse Newborn / (GYN)	Burn				Skilled Nursing		
Inpatient Bed	0 Inpatie Days	ent 0	Inpatient Bed	0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days)

Pediatric		intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpati Bed Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / developr Disabled	nent
Inpatient 34 Bed	Inpatient 11266 Days	Inpatient 0 Inpati Bed 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 Inpati Bed Days	34	34

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Riverside Community Hospital

Riverside

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	Building	Name: Build	ing D		
Medical / Surgical (I	nclude GYN)	Ac	cute Respiratory	Care	Acute Psychiatric	
Inpatient 66 Bed	Inpatient 1 Days	6621 Inp Be	patient 0 ed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Bu	urn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0 ed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			tensive Care New ursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0 ed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			ehabilitation enter		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0 ed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care			nemical ependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0	Inpatient 0 Days	66	66

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Riverside Community Hospital

Riverside

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:	D5 B	uilding Name:	d Radiology Building			
Medical / Surgical (Include GYN)		Acute Respirato	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	D Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care N Nursery	intensive Care Newborn Nursery		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 / develop Disabled	ment	
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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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: 06 Building Name: Emergency Generator Enclose				or Enclosure				
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Ps	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days			
Perinatal (excluse Newborn / GYN) Burn		Burn		Skilled N	lursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days			

Pediatric		intensive Care Newborn Nursery		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 / development Disabled	
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