Report Year:	2011
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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10559
Facility Name:	San Gorgonio Memorial Hospital
Address:	600 Highland Springs Avenue
City:	Banning
Hospital Owner/Lice Year of Repo Contact 1 e-mail Ado Contact 2 e-mail Ado Contact 3 e-mail Add Name of Subn Submission	arting: 2011 dress:

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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	Orig Bldg-OB Addition -'64 Addition	600 Highland Springs Avenue	Retrofit	SPC2	01/01/2013	05/01/2012
05	Generator Building	600 Highland Springs Avenue	Replace	SPC5	01/01/2013	11/30/2012

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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: 05	Generator Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review
10559 HL071348	0 PHASE 1B - CENTRAL PLANT REPLACEMENT	07/09/2007 03/12/2009 04/02/2009 01/12/2012 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 **Building Name: Orig Bldg-OB Addition-'64 Addition Type of Service Provided** X Х **Obstetrical** Surgical Inpatient Inpatient 10494 Nursing 40 Recovery Days Beds Newborn/ **Inpatient Days** IntensiveCare Inpatient 0 0 X Anesthesia WellBaby Beds Emergency Clinical Lab Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds X Pharmaceutical Rehabilitation X Obstetrical Inpatient **Inpatient Days** 0 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration X Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds X Support Outpatient Х Services Surgery X Inpatient Days 2088 Skilled Nursing Inpatient 16 Beds Obstetrical Total Beds this 56 Cesarean/Deliv **Central Plant** Building

Report Year:	
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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	ing Name: Generator Building		
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	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		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		X Central Plant

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: Orig	Bldg-OB Addition-'64 Add	ition	
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 40 Bed	Inpatient 1049 Days 4	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 16 Bed	Inpatient 2088 Days
Pediatric		intensive Care Ne 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 / developr Disabled	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	56	56

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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:	Generator Building		
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 Care 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 / develop 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	

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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	Orig Bldg-OB Addition-'64 Addition	
02	O.R. Addition	$\overline{\square}$
03	Addition (1980)	$\overline{\square}$
04	O.B. Addition	$\overline{\square}$
05	Generator Building	

 Report Status:
 Data Last Update:
 01/06/2012
 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	Central Plant	
N_2	ED / ICU	

Report Status: Data Last Update: 01/06/2012

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 Buildir	g Name: Or	ig Bldg-OB Addition	-'64 Addition							
Type of Service Provided											
		X	Surgical	Obstetrical Cesarean/Deliv	x	Rehabilitation Therapy					
X	Nursing	X	Anesthesia								
	IntensiveCare			Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol		Clinical Lab	—	X	Outpatient					
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery					
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant					
	Obstetrical		- Harmaoodiloar								
	Ante/Postprtum		Dietetic	Nuclear Medicine	x	Support Services					
	Intermediate										
	Care	X	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)

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Building Number:	05	Building Name:	Ge	enerator Building						
Type of Service Provided										
—	Nursing			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	-			Anesthesia		Obstetrical		Renal Dialysis		
	IntensiveCare Pediatric/Adol	Іг		Clinical Lab		Recovery				
	escent	" [Radiological/		Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing			Imaging Pharmaceutical		Emergency	X	Central Plant		
	Obstetrical			- namacoulou		Nuclear		Support		
	Ante/Postprtu	um [Dietetic		Medicine		Services		
	Intermediate Care			Administration						
	Skilled Nursin	ng								

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Building Numbe	er: 01	Building Na	me: Orig Bldg-OB Ad	dition-'64	Addition		
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	3 and rem	ove from service by 2030		
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergeney		Central Plant
	Intermediate		Dietetic		Emergency		Central Plant
	Care	X			Nuclear Medicine	X	Support Services
X	Skilled Nursing		Administration				

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Building Number	: 02	Building Na	me: O.R. Addition				
Configuration	Remove from GA	C service by	1/1/2030				
Type of Servi	Type of Service Provided						
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergenar		Central Plant
—	Intermediate		Dietetic		Emergency		Central Plant
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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Building Numbe	r: 03	Building Na	me: Addition (1980))			
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	x	Emergency	X	Central Plant
	Intermediate Care	X	Dietetic				0
	Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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Building Numbe	r: 04	Building Na	me: O.B. Addition			
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Serv	ice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	Support
	Skilled Nursing		Administration			Support Services

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Building Numb	per: 05	Building Na	me: Generator Bui	ilding			
Configuration	n <mark>N/A</mark>						
Type of Se	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		_		
			Dietetic		Emergency	X	Central Plant
	Intermediate Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				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)

Buildi										
Type of Service Provided										
	Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0	X	Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X 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)

Buildi	Building Number: 03 Building Name: Addition (1980)									
Туре	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy			
Х	IntensiveCare	Inpatient Beds	6		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0	X	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	X Emergency	X Central Plant			
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		6							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	Building Number: 04 Building Name: O.B. Addition								
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	X Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	15		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		15						

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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	Buildi	ng Name: O.R.	Addition		
Medical / Surgical (I	nclude GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient Days	0	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 Days	0	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 03	Build	ing Name: Addi	tion (1980)		
Medical / Surgical (Include 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 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 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 / development Disabled	
Inpatient 6 Bed	Inpatient 1075 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	6	6

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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	Buildi	ng Name: O.B.	Addition		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
	patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
	patient 830 ays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
	patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
	patient 0 ays	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
	patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	15	15

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