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

Facility Number:	10691	
Facility Name:	Redlands Community Hospital	
Address:	350 Terracina Boulevard	
City:	Redlands	
Hospital Owner/Lice	ensee: Redlands Community Hospital	
Year of Rep	porting: 2011	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	dress::	
Name of Sub	omitter: Harvey Hansen	
Submission	n 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	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Original Main Hospital	350 Terracina Boulevard	Remove	N/A	01/01/2013	03/28/2012
03	Part 2 Addition - Surgery	350 Terracina Boulevard	Retrofit	SPC2	01/01/2013	12/22/2012
04	Part 3 Addition - Admitting	350 Terracina Boulevard	Retrofit	SPC2	01/01/2013	12/22/2012
07	Radiology Addition	350 Terracina Boulevard	Retrofit	SPC2	01/01/2013	12/22/2012
12	Emergency Building 1	350 Terracina Boulevard	Remove	N/A	01/01/2013	12/22/2012

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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: 07	Radiology Addition	Retrofit/Replacement Hazus-Submitted Project:	
Facility Project Sub Number Number Num		Date Plan Approved Proj. Start Proj. Completed Status CE in Date Date Re	QA view_
10691 HL101386	0	06/22/2010 CANC N	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: 01	Buildi	ing Name: Original Main Hospital				
Type of Service Prov	Type of Service Provided					
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 Beds	0 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: 03	Buildir	ng Name: Part 2 Addition - Surgery				
Type of Service Prov	Type of Service Provided					
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X 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	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	X Outpatient Surgery		
		Building	OESAIEAII/DEIIV	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: 04	Buildi	ng Name: Part 3 Addition - Admitting	l	
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	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 Beds	0 Inpatient Days 0 Total Beds this 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery Central Plant
		Building		

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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: 07	Buildi	ng Name: Radiology Addition		
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	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X 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 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		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: 12	Buildi	ng Name: Emergency Building 1				
Type of Service Prov	Type of Service Provided					
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	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		
		Building	Oesarean/Denv	X Central Plant		

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Building Number:	01 Bui	Iding Name:	Original Main Hospital		
Medical / Surgical (I	nclude GYN)	Acute Respira	atory Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
	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 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	npatient 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
	npatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number:	03	Building Name: Par	t 2 Addition - Surgery		
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 / 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	0	0

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Building Number:	04	Building Name:	art 3 Addition - Admitting		
Medical / Surgical	(Include GYN)	Acute Respirato	ry 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 N 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 / developr 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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Building Number:	07	Building Name:	Radiology Addition		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		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	re Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number: 12	Building Name: Em	ergency Building 1		
Medical / Surgical (Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 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 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Inpatient 0 Bed 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 Inpatient 0 Bed Days	Inpatient 0 Bed	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 Main Hospital	
02	Part 1 Addition - Tower	
03	Part 2 Addition - Surgery	
04	Part 3 Addition - Admitting	
06	Central Plant	
07	Radiology Addition	Ī
08	Patient Tower	Ī
09	Central Supply	Ī
10	North Hallway	Ī
11	Radiotherapy Addition	Ī
12	Emergency Building 1	X
13	Emergency Building 2	Ī

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Provide the number of from acute care services			type of service for the year of 2	2008, 2009 and 2010 for b	uildings to be removed
Building 01 Number:	Building Name:	Original Ma	ain Hospital	Year of Information:	2008
				Information Current A Of:	s 10/17/2011
Type of Services Provided		,			
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursin	g Inpatient Beds Total Beds this	0	X Administration		
	Building				

Report Year: 2011 10691 Redlands Community Hospital Redlands Page:16 of 54 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) Original Main Hospital 2009 01 Year of Building Building Information: Number: Name: 10/17/2011 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

Report Year: 2011 10691 Redlands Community Hospital Redlands Page:17 of 54 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) Original Main Hospital 2010 01 Year of Building Building Information: Number: Name: 10/17/2011 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

Report Year: 2011 10691 Redlands Community Hospital Redlands Page:18 of 54 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) Original Main Hospital 2011 01 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

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Provide the number of in from acute care services			2008, 2009 and 2010 for build	dings to be removed	
Building 12 Number:	Building Name:	Emergency	/ Building 1	Year of Information:	2008
				Information Current As Of:	10/17/2011
Type of Services 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	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this	s 0			

Report Year: 2011 10691 Redlands Community Hospital Redlands Page:20 of 54 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) Emergency Building 1 2009 12 Year of Building Building Information: Number: Name: 10/17/2011 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

Report Year: 2011 10691 Redlands Community Hospital Redlands Page:21 of 54 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) Emergency Building 1 2010 12 Year of Building Building Information: Number: Name: 10/17/2011 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 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 12 Number:	Building Name:	Emergency E	Building 1		Year of Information:	20)11			
				Infor Of:	mation Current As					
Type of Services Provided		,								
Nursing	Inpatient Beds	0	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia							
Pediatric/Adol	Inpatient Beds	0	Clinical Lab		Obstetrical Recovery		Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging		lewborn/ VellBaby		Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	E	mergency	X	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic		luclear 1edicine		Support Services			
Skilled Nursing	Inpatient Beds Total Beds this Building	0	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 acutr care services and beds will be relocated to a new or retrofittrd building? Administration Original Main Hospital Original Main Hospital N/A	
Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Support Services N/A	
Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? CentralPlant N/A Emergency Building 1 Emergency Building 1 N/A	

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Building Number:	01	Building Name:	O	riginal Main Hospital					
Type of Service	e Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia					
	IntensiveCare	· _				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	, [Clinical Lab				Outpatient	
_				Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery	
Ш	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m				Nuclear	X	Support	
	/ and/1 odipitu	··· [Dietetic		Medicine		Services	
	Intermediate Care		×]	Administration					
П	Skilled Nursin	g							

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Building Number:	03	Building Name:	Pa	art 2 Addition - Surgery				
Type of Service	e Provided							
			<	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	[>	<	Anesthesia				
	IntensiveCare					Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	, [Clinical Lab			X	Outpatient
				Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtu	m _				Nuclear	П	Support
				Dietetic		Medicine		Services
	Intermediate Care			Administration				
	Skilled Nursin	g						

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Building Number:	04	Building Name:	Part 3 Addition - Ad	dmitting		
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare)		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	, [Clinical Lab			Outpatient
Ш	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutica	Emergency		Central Plant
	Obstetrical					
Ш	Ante/Postprtu	m _	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate					
Ш	Care	X	Administration			
	Skilled Nursin	ıg				

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		1								
Building Number:	07	Building Name:	Radiology Addition							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare			Obstetrical Recovery		Renal Dialysis				
	Pediatric/Ado escent		Clinical Lab	Newborn/		Outpatient Surgery				
	Psychiatric		Radiological/ Imaging	WellBaby		o a. gory				
	Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtu	m _		X Nuclear		Support				
	·		Dietetic	Medicine		Services				
	Intermediate Care		Administration							
			Administration							
	Skilled Nursin	g i								

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Building Number:	12 Build	ing Name: Emergency Building 1								
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing	Anesthesia								
	IntensiveCare	Anestnesia	Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol	Clinical Lab			Outpatient					
	escent Psychiatric	Radiological/ Imaging	Newborn/ WellBaby	Ш	Surgery					
	Nursing	Pharmaceutical	Emergency	X	Central Plant					
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine		Support Services					
	Intermediate Care	Administration								
	Skilled Nursing									

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Building Number:	01	Building Nar	me: Original Main H	ospital			
Configuration .	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
I I	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
Int	ermediate		Dietetic		Emergency		Contrain faint
Ca	are silled 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 Numbe	r: 02	Building Na	me: Part 1 Addition	n - Tower			
Configuration:	Remove from GAC	service by	1/1/2030				
Type of Serv	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				ooa.r.a
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number:	03	Building Na	me: Part 2 Addition -	Surgery			
Configuration .	Retrofit Non-Confo	rming buildi	ng to SPC 2 and NPC 3	3 and rem	nove from service by 2030		
Type of Service	e Provided						
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic				Command
	killed Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	r: 04	Building Nar	me: Part 3 Addition - A	Admitting			
Configuration :	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number: 06		Building Name: Central Plant							
Configuration:	Retrofit Non-Confo	ofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5							
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		
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	termediate		Dietetic						
	are killed Nursing		Administration		Nuclear Medicine		Support Services		

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Building Number: 07 Building Name: Radiology Addition									
Configuration Retrofit Non-Configuration		forming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Servic	e Provided								
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
I I	ediatric/Adol scent	X	Clinical Lab		Recovery				
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic		Line.gonoy		Contract faint		
	are killed Nursing		Administration	X	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: 08		Building Na	me: Patient Tower				
Configuration Retrofit Conformin		g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
X N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X II	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	ntermediate Care	X	Dietetic				
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Numbe	er: 09	Building Na	me: Central Supply				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	Intermediate Care		Dietetic				2
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Numbe	er: 10	Building Na	me: North Hallway				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		_	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	Intermediate		Dietetic				23
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	11	Building Na	me: Radiotherapy A	ddition			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
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
	ostetrical nte/Postprtum		Pharmaceutical		Emorgonov		Central Plant
	termediate		Dietetic		Emergency		Central Flam
	are		Administration		Nuclear Medicine		Support Services
∐ Sk	killed Nursing						

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Building Number:	12	Building Na	me: Emergency Build	ding 1			
_		Ballaling Iva	The Emergency Bank				
Configuration :	N/A						
Type of Service Provided							
Nu	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
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
In:	termediate		Dietetic		Linergency		Ochira i iain
	are killed Nursing		Administration		Nuclear Medicine		Support Services
	and riving						

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Building Number: 13	Building Na	ıme: Emergency Bı	uilding 2			
Configuration N/A						
Type of Service Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical				Central Plant
Intermediate		Dietetic		Emergency	X	Central Plant
Care		Administration		Nuclear Medicine		Support Services
Skilled Nursing		Administration				

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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:	Building Number: Date								
Type of Service Provided									
X Nursing	Inpatient Beds	15		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCa	are Inpatient Beds	0		Anesthesia					
Pediatric/A	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric X Nursing	Inpatient Beds	18		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postp		0		Pharmaceutical	Emergency	Central Plant			
Intermediat Care	te Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services			
Skilled Nur	sing Inpatient Beds	16	X	Administration					
Total Beds Building	this	49							

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Building Number: 06 Building Name: Central Plant									
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/Postprtun	Inpatient n Beds	0	Pharmaceutical	Emergency	X Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		0							

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

Buildi	ng Number: 08									
Туре	Type of Service Provided									
X	Nursing	Inpatient Beds	103		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X	IntensiveCare	Inpatient Beds	12		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	X	Pharmaceutical	X Emergency	Central Plant			
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0	X	Administration					
	Total Beds this Building		115							

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Building Number: 09								
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	X Support Services			
Skilled Nursing	Inpatient Beds	0	X Administration					
Total Beds this Building		0						

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Building Number: 10								
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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Buildir									
Type	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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Buildi	ng Number: 13								
Туре	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	X 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**: 01/16/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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Building Number:	2 Build	ing Name: Part	1 Addition - Tower			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 15 Bed	Inpatient 4298 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 18 Bed	Inpatient 3629 Days	
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16	Inpatient 3389 Days	
Pediatric		intensive Care New Nursery	vborn	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 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	Inpatient 0 Days	49	49	

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Building Number:	6 Build	ing Name: Cent	ral 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	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 / develop	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	0	0	

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Building Number:	8 Build	ing Name: Patient	Tower			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Ca	are	Acute Psychiatric		
Inpatient 103 Bed	Inpatient 28119 Days		npatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Newbo Nursery	oorn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developed Disabled	nent	
Inpatient 12 Bed	Inpatient 3283 Days		npatient 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		npatient 0	115	115	

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Building Number:	09	Building Name: Cent	ral Supply			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0	Inpatient 0 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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Building Number:	Build	ling Name: North	h Hallway		
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	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	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: 1	1 Build	ing Name: Radi	otherapy Addition		
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 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	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: 1	3 Build	ing Name: Emer	rgency Building 2		
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 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	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