Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:1 of 39

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

Facility Number:	10697
Facility Name:	Community Hospital of San Bernardino
Address:	1805 Medical Center Drive
City:	San Bernardino
Hospital Owner/Lic	ensee: Community Hospital of San Bernardino
Year of Rep	porting: 2011
Contact 1 e-mail Ac	ddress:
Contact 2 e-mail Ac	ddress:
Contact 3 e-mail Ad	ldress::
Name of Sub	omitter: Robert Omens
Submission	n Date: 1/29/2012 3:00:00 PM

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:2 of 39

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 Hospital	1805 Medical Center Drive	Remove	N/A	01/01/2013	06/12/2014
02	Storage Building	1805 Medical Center Drive	Remove	N/A	01/01/2013	06/12/2014
03	Physical Therapy	1805 Medical Center Drive	Retrofit	SPC5	01/01/2013	06/12/2014
07	Utility/Ctral Plant 1/Service Bldgs	1805 Medical Center Drive	Retrofit	SPC2	01/01/2013	06/12/2014

Report Year: 2011 10697 Community Hospital of San Bernardino

San Bernardino

Page:3 of 39

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:4 of 39

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 0	1 Buildi	ing Name: Original Hospital		
Type of Service Pro	vided			
X Nursing	Inpatient Beds	15 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
X Psychiatric Nursing	Inpatient Beds	22 Inpatient Days 6457	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration X Support	Renal Dialysis
X Skilled Nursing	Inpatient Beds	88 Inpatient Days 40765	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:5 of 39

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: Storage Building					
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	Josaican, Donv	Central Plant			

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:6 of 39

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Physical Therapy		
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	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 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		Central Plant

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:7 of 39

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: Utility/Ctral Plant 1/Service	Bldgs	
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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	303010011/D011V	X Central Plant

2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:8 of 39

Building Number:	01 B	uilding Name: Origi	nal Hospital		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 15 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 22 Bed	Inpatient 6457 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 88 Bed	Inpatient 4076 Days 5
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 / developm 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	125	0

2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:9 of 39

Building Number:	02	Building Name: Sto	orage Building		
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	lewborn	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 / 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

2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:10 of 39

Building Number: 03	Building Name: Phys	sical Therapy		
Medical / Surgical (Include GYN)	Acute Respiratory	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 New Nursery	wborn	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 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

2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:11 of 39

Building Number: 07	Building Name: Utilit	y/Ctral Plant 1/Service	Bldgs	
Medical / Surgical (Include GYN)	Acute Respiratory	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 Nev Nursery	wborn	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	nent
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

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino

Page:12 of 39

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 Hospital	X
02	Storage Building	X
03	Physical Therapy	
04	South Hospital	
05	North Hospital	
06	Wings 700/800/900	
07	Utility/Ctral Plant 1/Service Bldgs	
08	Central Plant #2	
09	Central Plant #3	
		

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:13 of 39

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:	Original Ho	ospital	Year of Information:	2011
				Information Current As Of:	
Type of Services Provided					
X Nursing	Inpatient Beds	15	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	22	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
X Skilled Nursing	Inpatient Beds Total Beds this Building	88	Administration		

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:14 of 39

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 02 Number:	Building Name:	Storage Bu	illding	Year of Information:	2011			
				Information Current As Of:				
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	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
	Total Beds this Building	0						

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:15 of 39

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: Original Hospital								
Will general acutr care services and beds will be relocated to a new or retrofittrd building?								
Nursing Removed from hospital services								
Building Number: Original Hospital								
Will general acutr care services and beds will be relocated to a new or retrofittrd building?								
Psychiatric Nursing N/A								
Building Number: Original Hospital								
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?								
Number:								
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?								
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?								
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Skilled Nursing N/A Building Name: Original Hospital								
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Skilled Nursing N/A Building Name: Original Hospital Number:								
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Skilled Nursing N/A Building Name: Original Hospital Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?								

Report Year:	2011 10697 Community H	lospital of San Bernardino	San Bernardino	Page:16 of 39		
Building Number: Will general acu Support Service:	r care services and beds will be reloca					
Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Medical/Surgical (Include GYN) Removed from hospital services						
Building Number: Will general acu Acute Psychiatri	r care services and beds will be reloca	iginal Hospital ated to a new or retrofittrd building?				
Building Number: Will general acu Skilled Nursing	01 Building Name: Ori	iginal Hospital ated to a new or retrofittrd building?				

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:17 of 39

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	Building Name:	Original Hospita	al]
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia					
	IntensiveCare)	_		Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Adol	, L	Clinical Lab)		П	Outpatient	
			Radiologica	al/	Newborn/ WellBaby		Surgery	
X	Psychiatric Nursing	X	_	ıtical	Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m			Nuclear	X	Support	
	7 tillo/1 ostpitu	"" <u> </u>	Dietetic		Medicine		Services	
	Intermediate Care		Administrat	ion				
X	Skilled Nursin	ng						

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:18 of 39

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 Name:	St	orage Building]
Type of Service	e Provided		_						
				Surgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia	_				
	IntensiveCare		_		Ш	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adolescent	· L	╛	Clinical Lab		Newborn/		Outpatient Surgery	
	Dovobiotrio			Radiological/ Imaging	Ш	WellBaby			
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m				Nuclear	П	Support	
	Anten ostpitum			Dietetic	_ _	Medicine		Services	
	Intermediate Care			Administration					
П	Skilled Nursin	g							

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:19 of 39

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:	03	Building Name:	Physical Therapy			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	; ;	Ariestriesia	Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adolescent	ı	X Clinical Lab			Outpatient Surgery
			Radiological/ Imaging	Newborn/ WellBaby		Surgery
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu	ım _		Nuclear	П	Support
	/ilitori ostpriu		Dietetic	Medicine		Services
	Intermediate Care		¬			
			Administration			
	Skilled Nursin	ng				

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:20 of 39

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)

Divilation of Normals and	D.::Idia	And Norman History Chron Dioma 4/Co	miae Didae							
Building Number:	07 Buildir	ng Name: Utility/Ctral Plant 1/Se	ervice Blags							
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing	Anesthesia								
	IntensiveCare		Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol escent	Clinical Lab	Newborn/		Outpatient Surgery					
	Psychiatric	Radiological/ Imaging	WellBaby							
	Nursing	Pharmaceutical	Emergency	X	Central Plant					
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X	Support Services					
	Intermediate Care	Administration								
	Skilled Nursing									

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:21 of 39

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: 01	Building Na	me: Original Hospit	al			
Configuration:	Remove from GAC	Service by	1/1/2015				
Type of Servi	ice Provided						
X	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	X	Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:22 of 39

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:	02	Building Na	me: Storage Buildin	ng		
Configuration	Remove from GAG	C service by	1/1/2015			
Type of Service	e 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
1 1 -	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:23 of 39

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 Na	me: Physical Thera	ару		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov	Central Plant
	termediate		Dietetic		Emergency	Central Plant
	are				Nuclear Medicine	Support Services
SI	killed Nursing		Administration			

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:24 of 39

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	: 04	Building Na	me: South Hospital				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ce Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
I I	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:25 of 39

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:	05	Building Na	me: North Hospital				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ce Provided						
X 1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia	X	Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1' ' 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Care	X	Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:26 of 39

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: 06	06 Building Name: Wings 700/800/900								
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			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	Intermediate		Dietetic		Line geney	_	Commun Turk			
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services			

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:27 of 39

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 Name: Utility/Ctral Plant 1/Service Bldgs									
Configuration :	Remove from GAC	Service by	1/1/2030						
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
l I	ediatric/Adol cent		Clinical Lab		Recovery				
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
1 1 -	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ermediate		Dietetic	_	Linergency		Contrar Flant		
— Ca	illed Nursing		Administration		Nuclear Medicine	X	Support Services		

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:28 of 39

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: Central Plant #	2			
Configuration :	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Service	e 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		Emergency	X	Central Plant
	termediate		Dietetic	_	3.90.107		Contract Tank
	are killed Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:29 of 39

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:	09	Building Na	me: Central Plant #3			
Configuration :	Retrofit Conforming	g building to	NPC 4 or NPC 5			
Type of Servic	ce Provided					
	lursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Jursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical ante/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	ntermediate		Dietetic			25
	Care Skilled Nursing		Administration	Nuclear Medicine		Support Services

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:30 of 39

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 N	lumber: 04						
Type of S	Service Prov	<u>ided</u>					
Nur	sing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X Inte	ensiveCare	Inpatient Beds	26	X	Anesthesia		
Peo	diatric/Adol ent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	rchiatric rsing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant
Inte	ermediate e	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services
Skil	led Nursing	Inpatient Beds	0		Administration		
	al Beds this Iding		26				

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:31 of 39

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: 05						
Тур	e of Service Prov	<u>ided</u>					
X	Nursing	Inpatient Beds	89		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	24		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		113				

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:32 of 39

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: 06					
Type of	f Service Provi	<u>ided</u>				
X Nu	ursing	Inpatient Beds	15	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare	Inpatient Beds	0	Anesthesia		
1371	ediatric/Adol scent	Inpatient Beds	27	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	sychiatric ursing	Inpatient Beds	37	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
	termediate are	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Sk	killed Nursing	Inpatient Beds	0	Administration		
	otal Beds this uilding		79			

Report Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:33 of 39

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)

Buildir	ng Number: 08					
<u>Type</u>	of Service Prov	<u>ided</u>				
	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 Year: 2011 10697 Community Hospital of San Bernardino San Bernardino Page:34 of 39

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)

Build						
Тур	e of Service Prov	<u>rided</u>				
	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			

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2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:35 of 39

Building Number:	04 Bu	uilding Name: South	h Hospital			
Medical / Surgical (I	nclude 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 N	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 New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 5 Bed	Inpatient 2291 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 11 Bed	Inpatient 2144 Days	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 10 Bed	Inpatient 1950 Days	Inpatient 0 Bed	Inpatient 0 Days	26 26		

2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:36 of 39

Building Number:	5 Build	ing Name: Nort	h Hospital			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 89 Bed	Inpatient 20476 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 24 Bed	Inpatient 4216 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Ne 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 / developn Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 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 0 Bed	Inpatient 0 Days	113	113	

2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:37 of 39

Building Number:	06 Build	ling Name: Wing	gs 700/800/900			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 15 Bed	Inpatient 980 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 37 Bed	Inpatient 9516 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 27 Bed	Inpatient 3976 Days	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 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	79	79	

2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:38 of 39

Building Number:	08 Build	ing Name: Cent	ral Plant #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

2011

10697

Community Hospital of San Bernardino

San Bernardino

Page:39 of 39

Building Number:	09 Build	ing Name: Cent	tral Plant #3		
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 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