Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:1 of 18

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

Facility Number:	12881	
Facility Name:	San Joaq	uin Community Hospital
Address:	2615 Che	ster Avenue
City:	Bakersfie	d
Hospital Owner/Lice	ensee:	Adventist Health System West
Year of Rep	oorting:	2011
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Bob Easterday
Submission	n Date:	1/29/2012 3:00:00 PM

Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:2 of 18

Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:3 of 18

2011

12881

San Joaquin Community Hospital

Bakersfield

Page:4 of 18

## 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: Original Building (Main Hospital)								
Type of Service Prov	<u>rided</u>							
X Nursing	Inpatient Beds	197 Inpatient 152 Days	X Surgical	X Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	39 Inpatient Days 27	X Anesthesia	X Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	23 Inpatient Days 13	X Pharmaceutical X Dietetic	X 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 259	X Support Services  X Obstetrical Cesarean/Deliv	X Outpatient Surgery				
		Building	2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	X Central Plant				

2011

12881

San Joaquin Community Hospital

Bakersfield

Page:5 of 18

## 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:	Original Building (Main Hos	spital)	
Medical / Surgical (	Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 197 Bed	Inpatient 152 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 23 Bed	Inpatient 13 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	9 Inpatient 5 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 30 Bed	Inpatient 21 Days	Inpatient Bed	Inpatient 0 Days		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	Inpatient 0 Days	259	255

Report Year:	2011	12881	San Joaquin Community Hospital		Bakersfield	Page:6 of 18
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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building (Main Hospital)	
02	Emergency Department Addition	
04	Emergency Generator Enclosure	
05	Fire Pump Enclosure	

Report Year:	2011	12881	San Joaquin Community Hospital	Bakersfield	Page:7 of 18
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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	New Addition-Tower 2 HS022325-15		
N_2	Generator Enclosure Tower 2		

2011

12881

San Joaquin Community Hospital

Bakersfield

Page:8 of 18

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:	Or	iginal Building (Main I	Hospital	)		
Type of Service	Provided	[>	<	Surgical	X	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X	Nursing	×	<	Anesthesia				Daniel Dieleria
X	IntensiveCare				X	Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent			Clinical Lab	X	Newborn/	X	Outpatient Surgery
	Psychiatric			Radiological/ Imaging		WellBaby		
	Nursing		<	Pharmaceutical	X	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtun	m ×	<	Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care	Þ	<	Administration				
	Skilled Nursing	,						

Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:9 of 18

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	uilding Number: 01 Building Name: Original Building (Main Hospital)								
Configuration	Configuration Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5								
Type of Serv	vice Provided								
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	Intermediate	X	Dietetic		Lineigency		Contrar Flant		
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services		

Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:10 of 18

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:	uilding Number: 02 Building Name: Emergency Department Addition								
Configuration : Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5									
Type of Servi	ce Provided								
ı	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
1 1	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant		
	ntermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:11 of 18

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	r: 04 Building Name: Emergency Generator Enclosure								
Configuration Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5									
Type of Servic	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		Emorgonav	☑	Central Plant		
	itermediate		Dietetic	Ш	Emergency	X	Central Plant		
	are		Administration		Nuclear Medicine		Support Services		
S	killed Nursing		Auministration						

Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:12 of 18

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	05 Building Name: Fire Pump Enclosure								
Configuration :	Retrofit Non-Confo	Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5								
Type of Servi	ce Provided									
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	ntermediate Care		Dietetic							
	Skilled Nursing		Administration		Nuclear Medicine		Support Services			

Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:13 of 18

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: 02 Building Name: Emergency Department Addition							
Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	I 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	X Emergency	Central Plant	
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
Skilled Nursin	g Inpatient Beds	0		Administration			
Total Beds thi Building	s	0					

Report Year: 2011 12881 San Joaquin Community Hospital Bakersfield Page:14 of 18

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

Building Number: 04 Building Name: Emergency Generator Enclosure									
Type of	Type of Service Provided								
Nu	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Into	ensiveCare	Inpatient Beds	0		Anesthesia				
1 1	ediatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	ostetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
Inte	ermediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Sk	illed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		0						

Report Year:	2011		12881		San Joaquin Community Hospital		Bakersfield	Page:15 of 18
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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: 05 Building Name: Fire Pump Enclosure									
Тур	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:** 01/09/2012 **Submission Date:** 01/29/2012 **Print Date:** 1/30/2012 12:46 PM

2011

12881

San Joaquin Community Hospital

Bakersfield

Page:16 of 18

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 Build	ling Name: Eme	rgency Department Addit	ion	
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	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

2011

12881

San Joaquin Community Hospital

Bakersfield

Page:17 of 18

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:	Build	ing Name: Emer	rgency Generator Enclose	ure	
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	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	ment
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

12881

San Joaquin Community Hospital

Bakersfield

Page:18 of 18

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: 05	Building Name: Fire	Pump Enclosure	
Medical / Surgical (Include GYN)	Acute Respiratory	y Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Newborn / GY	N) Burn		Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	intensive Care Ne Nursery	ewborn	Intermediate Card
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	0 0