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

| Facility Number: | 10458 | | |
|-----------------------|------------|---------------------------------------------|--|
| Facility Name: | St. Jude I | Medical Center | |
| Address: | 101 E. Va | lencia Mesa Dr. | |
| City: | Fullerton | | |
| Hospital Owner/Lice | oneoo. | St. Jude Medical Center / St. Joseph Health | |
| 1 lospital Owner/Lice | | System | |
| Year of Rep | orting: | 2012 | |
| Contact 1 e-mail Ad | dress: | | |
| Contact 2 e-mail Ad | dress: | | |
| Contact 3 e-mail Add | dress:: | | |
| Name of Sub | mitter: | Bill Eveloff | |
| Submission | Date: | 1/9/2013 8:29:26 AM | |

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|---------------|---------------------------------|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| BLD- 02424 | Main Building/Canopies/Boile | 101 E. Valencia Mesa Dr. | Rebuild | SPC5 | 01/01/2020 | 12/31/2019 |
| <u> </u> | r Room | | | | | |
| BLD- 02425 | West Building | 101 E. Valencia Mesa Dr. | Rebuild | SPC5 | 01/01/2020 | 12/31/2019 |
| | | | 1 | | | |
| BLD- 02833 | Basement Expansion | 101 E. Valencia Mesa Dr. | Rebuild | SPC5 | 01/01/2020 | 12/31/2019 |

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For each building which is planned for rebuild, retrofit 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: BLD-02424 Main Building/Canopies/Boiler Room | Retrofit/Replacement Yes-Submitted Project: | | | | | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------|--|--|--|--|--|
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review | | | | | |
| 10458 IL081058-0 0 PPR NORTHWEST TOWER | 5/23/2008 01/31/2011 12/20/2012 ACTI Yes 12:00:00 AM | | | | | |
| Building No: BLD-02425 West Building | Retrofit/Replacement Yes-Submitted Project: | | | | | |
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review | | | | | |
| 10458 IL081058-0 0 PPR NORTHWEST TOWER | 5/23/2008 01/31/2011 12/20/2012 ACTI Yes 12:00:00 AM | | | | | |
| Building No: BLD-02833 Basement Expansion | Retrofit/Replacement Yes-Submitted Project: | | | | | |
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review | | | | | |
| 10458 IL081058-0 0 PPR NORTHWEST TOWER | 5/23/2008 01/31/2011 12/20/2012 ACTI Yes 12:00:00 AM | | | | | |

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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: BLD-02424 | Building Name: | Main Building/Canopies/Boiler Room |
|-------------------------------------------|-----------------------------|----------------------------------------------------|
| Type of Service Provided | | |
| X Nursing Inpatient Beds | 58 Inpatient 11426 Days | Surgical Obstetrical Recovery |
| IntensiveCare Inpatient Beds | 0 Inpatient Days 0 | Anesthesia Newborn/ WellBaby |
| Pediatric/Adol Inpatient escent Beds | 0 Inpatient Days 0 | Clinical Lab Emergency |
| Psychiatric Inpatient Nursing Beds | 0 Inpatient Days 0 | Radiological/ Nuclear Medicine |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Inpatient Days 0 | Pharmaceutical X Dietetic Rehabilitation Therapy |
| Intermediate Inpatient Care Beds | 0 Inpatient Days 0 | Administration Renal Dialysis |
| X Skilled Nursing Inpatient Beds | 37 Inpatient Days 11873 | X Support Outpatient Services Surgery Obstetrical |
| | Total Beds this 95 Building | 1 |

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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: BL | _D-02425 | Building Name: | West Building | | |
|------------------------------|-------------------|--------------------------|--------------------------------|------------------------|--|
| Type of Service Prov | <u>/ided</u> | | | | |
| X Nursing | Inpatient Beds | 70 Inpatient 9633 Days | X Surgical | Obstetrical Recovery | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | X Anesthesia | Newborn/ WellBaby | |
| X Pediatric/Adol escent | Inpatient Beds | 12 Inpatient Days 547 | Clinical Lab | Emergency | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Radiological/ Imaging | Nuclear Medicine | |
| X Obstetrical Ante/Postprtum | Inpatient Beds | 6 Inpatient Days 0 | X 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 | X 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: BL | D-02833 | Building Name: | Basement Expansion | |
|----------------------------|-------------------|--------------------------|------------------------------|------------------------|
| Type of Service Prov | <u>ided</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 | Support Services Obstetrical | Outpatient Surgery |
| | | Total Beds this Building | Cesarean/Deliv | X Central Plant |

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

| Building Number: | BLD-02424 | Building Name: Mair | Building/Canopies/Boi | ler Room | |
|---------------------|--------------------------|-------------------------------|-----------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 58 Bed | Inpatient 1142 Days 6 | 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 37 Bed | Inpatient Days 1187 |
| 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 / developn 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 | 95 | 95 |

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

| Building Number: | BLD-02425 | Building Name: | West Building | | |
|----------------------|------------------------|--------------------------|--------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (| Include GYN) | Acute Respir | atory Care | Acute Psychiatric | |
| Inpatient 70 Bed | Inpatient 9633 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse I | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 6 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Car Nursery | e Newborn | Intermediate Card | |
| Inpatient 12 Bed | Inpatient 547 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitatior Center | 1 | Int. Care / developm Disabled | nent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | 88 | 88 |

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

| Building Number: BLD-02833 | Building Name: | Basement Expansion | |] |
|-----------------------------------|-------------------------|--------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (Include GYN) | Acute Respi | ratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | intensive Ca Nursery | re Newborn | Intermediate Card | |
| Inpatient 0 Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | Rehabilitatio Center | n | Int. Care / developm Disabled | ient |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient Bed | 0 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 / Replaced / Rebuilt |
|--------------------|------------------------------------|------------------------------------------------|
| BLD-02424 | Main Building/Canopies/Boiler Room | Rebuild |
| BLD-02425 | West Building | Rebuild |
| BLD-02426 | North Building | Remain |
| BLD-02427 | CT Scan Building | Remain |
| BLD-02428 | Outpatient/Admitting Building | Remain |
| BLD-02429 | Linear Accelerator | Remain |
| BLD-02431 | Emergency Generator Enclosure | Remain |
| BLD-02432 | MRI and Surgery Building | Remain |
| BLD-02832 | E.R. Waiting/Canopy | Remain |
| BLD-02833 | Basement Expansion | Rebuild |
| BLD-02834 | Boiler Room Expansion / Chiller Rm | Remain |
| BLD-03190 | Southwest Acute Care Bed Tower | Remain |

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|--------------|------|-------|--|-------------------------|--|-----------|---------------|
|--------------|------|-------|--|-------------------------|--|-----------|---------------|

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

| Building I | Number: BLD-0242 | 4 | Main Build | ding/Canopies/Bo | iler Room | Removal Date: | [| 12/31/2019 | |
|------------|---------------------------------------------------------|------------|--------------------------|------------------|-------------------------------|------------------|---|---------------------------|--|
| Planned | Uses for the building t | o be remov | ed from acute care | e service: | | | | | |
| Planned | Planned use for building: Clinic Jurisdiction: OSHPD | | | | | | | | |
| Inpatient | Inpatient services currently delivered in the building: | | | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | | Rehabilitation Therapy | |
| | IntensiveCare | | Anesthesia | | | | _ | | |
| | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | | Renal Dialysis | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | · | | | Central Plant | |
| | Intermediate Care | X | Dietetic | | Emergency | | | | |
| X | Skilled Nursing | | Administration | | Nuclear Medicine | | X | Support Services | |

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|--------------|------|-------|-------------------------|--|-----------|---------------|
|--------------|------|-------|-------------------------|--|-----------|---------------|

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C))

| Building I | Number: BLD-0242 | 5 | West Build | ding | | Removal Date: | [| 12/31/2019 |
|------------------|-------------------------------|--------------|--------------------------|---------------|-------------------------|------------------|---|-----------------------|
| Planned | Uses for the building t | o be remov | ed from acute care | e service: | | | | |
| Planned | use for building: Clir | nic | | Jurisdiction: | OSHPD | | | |
| <u>Inpatient</u> | services currently deli | vered in the | e building: | | Obstetrical | | | Rehabilitation |
| X | Nursing | X | Surgical | | Cesarean/Deliv | | Ш | Therapy |
| | IntensiveCare | X | Anesthesia | | | | | |
| X | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | | Renal Dialysis |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | X | Outpatient Surgery |
| X | Obstetrical Ante/Postprtum | X | Pharmaceutical | | Emergency | | | Central Plant |
| | Intermediate Care | | Dietetic | | | | | |
| | Skilled Nursing | X | Administration | | Nuclear Medicine | | X | Support Services |

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|--------------|------|-------|-------------------------|-----------|---------------|

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

| Building I | Number: BLD-0283 | 3 | Basemen | t Expansion | | Removal Date: | [| 12/31/2019 |
|------------|----------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|-------------|-------------------------------|------------------|---|---------------------------|
| | Planned Uses for the building to be removed from acute care service: Planned use for building: Clinic Jurisdiction: OSHPD | | | | | | | |
| Inpatient | services currently del | ivered in the | e building: Surgical | | Obstetrical Cesarean/Deliv | | | Rehabilitation Therapy |
| | IntensiveCare Pediatric/Adol escent | | Anesthesia Clinical Lab | | Obstetrical Recovery | | | Renal Dialysis |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | | Central Plant |
| | Intermediate Care Skilled Nursing | | Dietetic Administration | | Nuclear Medicine | | | Support Services |

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Nursing N/A Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room N/A |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Skilled Nursing N/A Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room N/A |
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Dietetic N/A Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room |
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Support Services N/A Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room Main Building/Canopies/Boiler Room N/A |

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|------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------|-----------|---------------|
| Building Number: Will general acu | BLD-02424 Building Name: tr care services and beds will be r | Main Building/Canopies/Boiler Room elocated to a new, Existing or retrofittrd | building? | |
| | | | _ | |
| Building Number: Will general acu Medical/Surgical (Include GYN) | | Main Building/Canopies/Boiler Room elocated to a new, Existing or retrofittrd | building? | |
| Building Number: Will general acu | BLD-02424 Building Name: | Main Building/Canopies/Boiler Room | building? | |
| Skilled Nursing | N/A | | | |
| | | | | |
| Building Number: | BLD-02425 Building Name: | West Building | | |
| Will general acu | tr care services and beds will be r | elocated to a new, Existing or retrofittrd | building? | |
| Nursing | N/A | | | |
| | | | | |

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|---------------------|-------------------------------------------------------------|----------------------------------------------------------|-----------|---------------|
| Number: | | West Building elocated to a new, Existing or retrofittrd | building? | |
| | | | | |
| Number: | BLD-02425 Building Name: care services and beds will be re | West Building elocated to a new, Existing or retrofittrd | building? | |
| Number: | BLD-02425 Building Name: care services and beds will be re | West Building | building? | |
| Gurgicai | 1977 | | | |
| Building Number: | BLD-02425 Building Name: | West Building | | |
| Will general acutr | care services and beds will be re | elocated to a new, Existing or retrofittrd | building? | |
| Anesthesia | N/A | | | |
| | | | | |

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|-------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|-----------|---------------|
| Building Number: Will general acu Radiological/Ima | 1 | West Building elocated to a new, Existing or retrofittrd | building? | |
| Building Number: Will general acu Pharmaceutical | BLD-02425 Building Name: atr care services and beds will be recommended. N/A | West Building elocated to a new, Existing or retrofittrd | building? | |
| Building Number: Will general acu Administration | BLD-02425 Building Name: atr care services and beds will be recommended. N/A | West Building elocated to a new, Existing or retrofittrd | building? | |
| Building Number: Will general acu Support Service | | West Building elocated to a new, Existing or retrofittrd | building? | |

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|----------------------------------------------------------------------------------------|-------------|----------------------------------------------------|---------------|---------------|
| Building Number: Will general acutr care service: OutpatientSurgery N/A | | Vest Building cated to a new, Existing or retrofit | trd building? | |
| Building Number: Will general acutr care service: Medical/Surgical (Include GYN) | J , L | Vest Building cated to a new, Existing or retrofit | trd building? | |
| Building Number: Will general acutr care service: Perinatal (exclude Newborn / GYN)) | J - L | Vest Building cated to a new, Existing or retrofit | trd building? | |
| Building Number: Will general acutr care service: Pediatric N/A | J - L | Vest Building cated to a new, Existing or retrofit | trd building? | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------|---------------|--|--|--|
| Building Number: BLD-02833 Building Name: Basement Expansion Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? | | | | | | |
| CentralPlant | N/A | | | | | |

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|--------------|------|-------|-------------------------|--------|------|---------------|
|--------------|------|-------|-------------------------|--------|------|---------------|

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | BLD-02424 Buildin | g Name: Main Building/Canopie | s/Boiler Room | | | | | |
|------------------|-------------------------------|-------------------------------|----------------------------|------------------------|--|--|--|--|
| Type of Service | Type of Service Provided | | | | | | | |
| | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| X | Nursing | Anesthesia | | | | | | |
| | IntensiveCare | | Obstetrical Recovery | Renal Dialysis | | | | |
| | Pediatric/Adol escent | Clinical Lab | □ No Loui/ | Outpatient Surgery | | | | |
| | | Radiological/ Imaging | Newborn/ WellBaby | Surgery | | | | |
| Ш | Psychiatric Nursing | Pharmaceutical | Emergency | X Central Plant | | | | |
| | Obstetrical Ante/Postprtum | X Dietetic | Nuclear Medicine | X Support Services | | | | |
| | Intermediate Care | Administration | | | | | | |
| X | Skilled Nursing | | | | | | | |

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|--------------|------|-------|-------------------------|-----------|---------------|

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | BLD-02425 Bu | lding Name: | West Building | | | | | | | | |
|--------------------------|-------------------------------|-------------|--------------------------|-------------------------------|---|---------------------------|--|--|--|--|--|
| Type of Service Provided | | | | | | | | | | | |
| | | X | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| X | Nursing | X | Anesthesia | | | | | | | | |
| | IntensiveCare | | | Obstetrical Recovery | | Renal Dialysis | | | | | |
| X | Pediatric/Adol escent | | Clinical Lab | | X | Outpatient | | | | | |
| | | X | Radiological/ Imaging | Newborn/ WellBaby | | Surgery | | | | | |
| | Psychiatric Nursing | X | - | Emergency | | Central Plant | | | | | |
| X | Obstetrical Ante/Postprtum | | | Nuclear | Х | Support | | | | | |
| | 33.1 33.4 | | Dietetic | Medicine | | Services | | | | | |
| | Intermediate Care | I X | Administration | | | | | | | | |
| | Skilled Nursing | | 1 | | | | | | | | |

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|--------------|------|-------|---------------------|-------|-----------|--|---------------|
|--------------|------|-------|---------------------|-------|-----------|--|---------------|

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | BLD-02833 | Building Name: | Basement Expansion | | | |] | | | | | |
|------------------|--------------------------|----------------|--------------------------|----------------------------|---|---------------------------|---|--|--|--|--|--|
| Type of Service | Type of Service Provided | | | | | | | | | | | |
| | | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | | |
| | Nursing | | Anesthesia | | | | | | | | | |
| | IntensiveCare | | | Obstetrical Recovery | | Renal Dialysis | | | | | | |
| П | Pediatric/Adol | | Clinical Lab | | | Outpatient | | | | | | |
| Ш | escent | | Radiological/ Imaging | Newborn/ WellBaby | Ш | Surgery | | | | | | |
| | Psychiatric Nursing | | Pharmaceutical | Emergency | X | Central Plant | | | | | | |
| | Obstetrical | | _ | □ N. J | | 0 | | | | | | |
| Ш | Ante/Postprtun | n _ | Dietetic | Nuclear Medicine | | Support Services | | | | | | |
| | Intermediate | | _ | | | | | | | | | |
| _ | Care | | Administration | | | | | | | | | |
| | Skilled Nursing | , | | | | | | | | | | |

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|--------------|------|-------|-------------------------|-----------|---------------|
|--------------|------|-------|-------------------------|-----------|---------------|

| Building Number | uilding Number: BLD-02424 Building Name: Main Building/Canopies/Boiler Room | | | | | | | | |
|--------------------------|-----------------------------------------------------------------------------|---|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Configuration | : N /A | | | | | | | | |
| Type of Service 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 | X | Central Plant | | |
| | Intermediate | X | Dietetic | | | | | | |
| X | Care Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services | | |

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|--------------|------|-------|-------------------------|-----------|---------------|
|--------------|------|-------|-------------------------|-----------|---------------|

| Building Numbe | uilding Number: BLD-02425 Building Name: West Building | | | | | | | | |
|--------------------------|--------------------------------------------------------|---|--------------------------|---|-------------------------------|---|---------------------------|--|--|
| Configuration: | N/A | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| X | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | IntensiveCare | X | Anesthesia | | Obstetrical | | Renal Dialysis | | |
| X | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | | |
| X | Obstetrical Ante/Postprtum | X | Pharmaceutical | | Emergency | | Central Plant | | |
| | Intermediate | | Dietetic | _ | Lineigency | _ | Contract | | |
| | Care Skilled Nursing | X | Administration | | Nuclear Medicine | X | Support Services | | |

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|--------------|------|-------|-------------------------|-----------|---------------|

| Building Number | er: BLD-02426 | Building Na | me: North Building | 9 | | | |
|--------------------|-------------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration: N/A | | | | | | | |
| Type of Serv | vice Provided | | | | | | |
| X | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| X | IntensiveCare | X | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services |

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|--------------|------|-------|-------------------------|-----|-----------|---------------|

| Building Numbe | er: BLD-02427 | Building Na | me: CT Scan Build | ling | | | |
|--------------------|-------------------------------|-------------|--------------------------|------|-------------------------------|---|---------------------------|
| Configuration: N/A | | | | | | | |
| 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 | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | П | Central Plant |
| | Intermediate Care | | Dietetic | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

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|--------------|------|-------|-------------------------|---|-----------|---------------|

| Building Numbe | er: BLD-02428 | Building Na | me: Outpatient/Adr | nitting Buildi | ng | | |
|----------------|-------------------------------|-------------|--------------------------|----------------|-------------------------------|---|---------------------------|
| Configuration | : N/A | | | | | | |
| 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 | | Emergency | | Central Plant |
| | Intermediate | | Dietetic | | | | |
| | Care Skilled Nursing | X | Administration | | Nuclear Medicine | X | Support Services |

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| Building Number: | BLD-02429 | Building Nar | me: Linear Accelerator | | |
|------------------|-----------------------------|--------------|--------------------------|-------------------------------|---------------------------|
| Configuration: | N/A | | | | |
| 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 | X | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| | bstetrical nte/Postprtum | | Pharmaceutical | Emergency | Central Plant |
| | termediate | | Dietetic | Lineigonoy | Contrain lant |
| | are killed Nursing | | Administration | Nuclear Medicine | Support Services |

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|--------------|------|-------|-------------------------|-----------|---------------|

| Building Number: | BLD-02431 | Building Na | me: Emergency Ge | nerator Enc | losure | | |
|--------------------------|-------------------------------|-------------|--------------------------|-------------|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | | |
| Type of Service Provided | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| I | 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 | | | | 0 |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

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|--------------|------|-------|-------------------------|--|-----------|---------------|

| Building Numbe | er: BLD-02432 | Building Na | me: MRI and Surge | ery Building | | |
|--------------------------|-------------------------------|-------------|--------------------------|--------------|-------------------------------|---------------------------|
| 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 | X | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | Central Plant |
| | Intermediate Care | | Dietetic | | | |
| | Skilled Nursing | | Administration | X | Nuclear Medicine | Support Services |

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|--------------|------|-------|-------------------------|------|---------|---------------|

| Building Number: | BLD-02832 | Building Nar | me: E.R. Waiting/Can | пору | | | |
|------------------|-----------------------------|--------------|--------------------------|------|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | | |
| Type of Service | e Provided | | | | | | |
| N | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| In | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | bstetrical nte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | termediate | | Dietetic | | Emergency | _ | Contract |
| | are killed Nursing | | Administration | | Nuclear Medicine | | Support Services |

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|--------------|------|-------|-------------------------|-----|-----------|---------------|

| Building Numbe | er: BLD-02833 | Building Na | me: Basement Exp | oansion | | | |
|----------------|-------------------------------|-------------|--------------------------|---------|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | | |
| 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 | х | Central Plant |
| | Intermediate | | Dietetic | | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

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|--------------|------|-------|-------------------------|-----------|---------------|

| Building Numbe | er: BLD-02834 | Building Name: Boiler Room Expansion / Chiller Rm | | | | | | |
|----------------|-------------------------------|---------------------------------------------------|--------------------------|--|-------------------------------|---|---------------------------|--|
| Configuration: | N/A | | | | | | | |
| 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 | | Emergency | X | Central Plant | |
| | Intermediate Care | | Dietetic | | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | |

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| Building Number | er: BLD-03190 | Building Na | me: Southwest Acut | te Care Bed | d Tower | | |
|--------------------|-------------------------------|-------------|--------------------------|-------------|-------------------------------|---|---------------------------|
| Configuration: N/A | | | | | | | |
| Type of Serv | vice Provided | | | | | | |
| | Nursing | X | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | X | Anesthesia | X | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery |
| X | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | X | Central Plant |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support |
| | Skilled Nursing | | Administration | | Nucleal Medicine | | Support Services |

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

| Building Number: | BLD-02426 | Building I | Name: No | rth Building | | | | |
|---------------------------|-------------------------|------------|----------|--------------------------|----------------------------|-----------------------------|--|--|
| Type of Service Provided | | | | | | | | |
| X Nursing | Inpatient Beds | 102 | X | Surgical | Obstetrical Cesarean/Deliv | X Rehabilitation Therapy | | |
| X IntensiveCar | e Inpatient Beds | 32 | X | Anesthesia | | | | |
| Pediatric/Add | ol Inpatient Beds | 0 | X | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | |
| Obstetrical Ante/Postprt | Inpatient um Beds | 0 | | Pharmaceutical | Emergency | Central Plant | | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Support Services | | |
| Skilled Nursi | ng Inpatient Beds | 0 | | Administration | | | | |
| Total Beds th Building | nis | 134 | | | | | | |

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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: BLD-02427 Building Name: CT Scan Building | | | | | | | | |
|------------------------------------------------------------|-------------------|---|---|--------------------------|-------------------------------|------------------------|--|--|
| 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 | X | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Central Plant | | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 0 | | | | | | |

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| Building Number: BL | Building Number: BLD-02428 Building Name: Outpatient/Admitting Building | | | | | | | | |
|-----------------------------|-------------------------------------------------------------------------|---|---|--------------------------|----------------------------|------------------------|--|--|--|
| 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: BL | Building Number: BLD-02429 Building Name: Linear Accelerator | | | | | | | | |
|-----------------------------|--------------------------------------------------------------|---|--|--------------------------|-------------------------------|------------------------|--|--|--|
| 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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| Building Number: | Building Number: BLD-02431 Building Name: Emergency Generator Enclosure | | | | | | | | |
|-----------------------------|-------------------------------------------------------------------------|---|--|--------------------------|----------------------------|------------------------|--|--|--|
| Type of Service Provided | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/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 | S | 0 | | | | | | | |

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| Building Number: BL | .D-02432 | Building N | Name: MRI and Surgery Bui | lding | | | | | | |
|----------------------------|-------------------|------------|----------------------------|----------------------------|------------------------|--|--|--|--|--|
| 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 | X Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant | | | | | |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | X Nuclear Medicine | Support Services | | | | | |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | | | | | | |
| Total Beds this Building | | 0 | | | | | | | | |

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| Building Number: BL | D-02832 | Building I | Name: E. | R. Waiting/Canopy | | | | | |
|-----------------------------|-------------------|------------|----------|--------------------------|----------------------------|------------------------|--|--|--|
| 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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| Building Number: | Building Number: BLD-02834 Building Name: Boiler Room Expansion / Chiller Rm | | | | | | | | |
|---------------------------|------------------------------------------------------------------------------|---|--------------------------|----------------------------|------------------------|--|--|--|--|
| Type of Service Provided | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare | e Inpatient Beds | 0 | Anesthesia | | | | | | |
| Pediatric/Ado | l Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtu | Inpatient ım Beds | 0 | Pharmaceutical | Emergency | X Central Plant | | | | |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services | | | | |
| Skilled Nursir | ng Inpatient Beds | 0 | Administration | | | | | | |
| Total Beds th Building | is | 0 | | | | | | | |

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| Buildi | Building Number: BLD-03190 Building Name: Southwest Acute Care Bed Tower | | | | | | | | |
|--------|--------------------------------------------------------------------------|-------------------|----|---|--------------------------|------------------------------|------------------------|--|--|
| Туре | e of Service Prov | <u>ided</u> | | | | | | | |
| | Nursing | Inpatient Beds | 0 | X | Surgical | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| X | IntensiveCare | Inpatient Beds | 34 | X | Anesthesia | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | X Obstetrical Recovery | Renal Dialysis | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | X Newborn/ WellBaby | Outpatient Surgery | | |
| X | Obstetrical Ante/Postprtum | Inpatient Beds | 33 | | Pharmaceutical | X Emergency | X Central Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | Total Beds this Building | | 67 | | | | | | |

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| Building Number: | BLD-02426 Build | ing Name: North | h Building | | |
|-------------------------|-------------------------|-------------------------------|---------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (Inc | clude GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 72 Bed | Inpatient 17812 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 | 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 / developr Disabled | nent |
| Inpatient 32 Bed | Inpatient 8346 Days | Inpatient 30 Bed | Inpatient 7668 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 | 134 | 134 |

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| Building Number: | BLD-02427 Build | ing Name: CT Scan Building | |
|-------------------------|---------------------|-----------------------------------|--------------------------------------------------------|
| Medical / Surgical (Inc | clude GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Days |
| Perinatal (excluse Nev | wborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Days |
| Pediatric | | intensive Care Newborn Nursery | Intermediate Card |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | Int. Care / development Disabled |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | Total Beds this Building Per Unit Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | 0 0 |

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| Building Number: | BLD-02428 | Building Name: | Outpatient/Adm | nitting Building | | |
|-----------------------|----------------|----------------------|---------------------|------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (I | nclude GYN) | Acute Re | spiratory Care | | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 1 71 | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse N | lewborn / GYN) | Burn | | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | | Inpatient 0 | Inpatient 0 Days |
| Pediatric | | intensive Nursery | Care Newborn | ı | Intermediate Card | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 1 71 | Inpatient 0 | Inpatient 0 Days |
| Intensive Care | | Rehabilita Center | ation | | Int. Care / developr Disabled | nent |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Depender | | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 | 0 | 0 |

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| Building Number: | BLD-02429 | Building Name: Line | ear Accelerator | | |
|-----------------------|-------------------|------------------------------|---------------------|-----------------------------------------|--------------------------------------------|
| 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 | lewborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Ne Nursery | wborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop | nent |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 |

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| Building Number: | BLD-02431 | Building Name | Emer | gency Genera | ator Enclosu | ire | | |
|-----------------------|----------------|---------------------|--------------|----------------|--------------|-----------------------------------------|--------------------------------------------|--|
| Medical / Surgical (I | nclude GYN) | Acute R | espiratory (| Care | | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | Inpatient 0 | Inpatient 0 Days | |
| Perinatal (excluse N | lewborn / GYN) | Burn | | | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | Inpatient 0 | Inpatient 0 Days | |
| Pediatric | | intensiv Nursery | ve Care New | born | | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabil Center | itation | | | Int. Care / developr Disabled | ment | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemic Depend | | | | Total Beds this Building Per Unit | Total Beds this Building Per Service | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | 0 | 0 | |

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| Building Number: | BLD-02432 | Building Name | : MRI a | and Surger | y Building | | |
|-----------------------|----------------|---------------------|-------------|-------------------|------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (I | nclude GYN) | Acute R | espiratory | Care | | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | Inpatient 0 | Inpatient 0 Days |
| Perinatal (excluse N | ewborn / GYN) | Burn | | | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensiv Nursery | re Care New | /born | | Intermediate Card | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien | t 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabil Center | itation | | | Int. Care / develop | ment |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemic Depend | | | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | t 0 | Inpatient Days | 0 | 0 | 0 |

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| Building Number: | BLD-02832 Build | ing Name: E.R. | Waiting/Canopy | | |
|-------------------------|---------------------|-------------------------------|---------------------|-----------------------------------------|--------------------------------------------|
| 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 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Nev 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 / develop Disabled | ment |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 |

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| Building Number: | BLD-02834 | Building Name: | Boile | r Room Expansior | n / Chille | er Rm | | |
|----------------------|----------------|----------------------|-----------|------------------|------------|-----------------------------------------|--------------------------------------------|--|
| Medical / Surgical (| nclude GYN) | Acute Res | spiratory | Care | | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 | Inpatient Days | 0 | Inpatient 0 | Inpatient 0 Days | |
| Perinatal (excluse N | lewborn / GYN) | Burn | Burn | | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 | Inpatient Days | 0 | Inpatient 0 | Inpatient 0 Days | |
| Pediatric | | intensive Nursery | Care New | /born | | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabilita Center | ation | | | Int. Care / develop Disabled | nent | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemical Depender | | | | Total Beds this Building Per Unit | Total Beds this Building Per Service | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 | Inpatient Days | 0 | 0 | 0 | |

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| Building Number: | BLD-03190 Build | ling Name: Sout | thwest Acute Care Bed To | ower | |
|------------------------|------------------------|-------------------------------|--------------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (Ir | nclude 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 No | ewborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 33 Bed | Inpatient 4493 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Nev Nursery | wborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 14 Bed | Inpatient 2354 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop | ment |
| Inpatient 20 Bed | Inpatient 5691 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 | 67 | 67 |

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