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

Facility Number:	10529	
Facility Name:	Corona Regional Medical Center-Main	
Address:	800 South Main Street	
City:	Corona	

Hospital Owner/Licensee:	Universal Health Services / 250000126
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Year of Reporting: 2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter: Joseph La Brie, Makeitright, Inc.

Submission Date: 1/10/2013 11:57:41 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- 01367	Original Hospital - Main	800 South Main Street	Retrofit	SPC2	01/01/2015	12/31/2014

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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-01367	Original Hospital - Main	Retrofit/Replacer Project:	nent Yes-	-Submitte	d
Facility Project Sub S Number Number Num	Scope Date Plan in	Approved Proj. Start Date Date	Proj. Completed Date	Status	CEQA Review
10529 HL110092-0 0 VSI	I & ROOF REPAIR 1/12/2011 12:00:00 AM	10/5/2011 11/04/20 12:00:00 AM	011 12/31/2014	PEND	No

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

Building Number: BL	D-01367	Building Name:	Original Hospital - Main	
Type of Service Prov	<u>ided</u>			
X Nursing	Inpatient Beds	121 Inpatient 2359 Days	1 X Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 117	7 X Anesthesia	X Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	5 Inpatient Days 87	Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days	Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	12 Inpatient Days 336	X Pharmaceutical	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days	X Administration Support	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days	Services Obstetrical	Surgery
		Total Beds this Building	142 Cesarean/Deliv	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-01367	Building Name:	Original Hospital - Main		
Medical / Surgical (I	Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 121 Bed	Inpatient 2359 Days 1	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 12 Bed	Inpatient 3369 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 5 Bed	Inpatient 874 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
	Inpatient 1177 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	142	142

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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-01367	Original Hospital - Main	Retrofit
BLD-01368	Ancillary - Main	Remain
BLD-01369	Surgery & Delivery - Main	Remain
BLD-03594	Generator Building	Remain

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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-01367 Building	g Name: O	riginal Hospital - Main				
Type of Service	e Provided						
		X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare			X	Obstetrical Recovery	Ш	Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab	abla	Newborn/	П	Outpatient Surgery
			Radiological/ Imaging	X	WellBaby		Odigory
	Psychiatric Nursing	X	Pharmaceutical	X	Emergency		Central Plant
X	Obstetrical Ante/Postprtum		Dietetic	X	Nuclear Medicine		Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

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

Building Number: BLD-01367 Building Name: Original Hospital - Main									
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Serv	rice Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis		
X	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
X	Obstetrical	X	Pharmaceutical						
	Ante/Postprtum			X	Emergency	Ш	Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine		Cupport		
	Skilled Nursing	X	Administration	X	inuciear Medicine		Support Services		

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

Building Number:	BLD-01368	Building Na	me: Ancillary - Mair	า				
Configuration: Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service	e Provided							
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent	X	Clinical Lab		Recovery			
	sychiatric Iursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate care	X	Dietetic		Nuclear Medicine		Support	
	killed Nursing		Administration		inuclear iviedicine		Support Services	

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

Building Number	Building Number: BLD-01369 Building Name: Surgery & Delivery - Main								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Serv	ice 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		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	Intermediate		Dietetic						
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services		

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

Building Number:	Building Number: BLD-03594 Building Name: Generator Building								
Configuration: Retrofit Conforming building to 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		
I I	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant		
	ntermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear 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-01368 Building Name: Ancillary - Main							
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	X Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

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

Building Number: BLD-01369 Building Name: Surgery & Delivery - Main								
Type of Service Provided								
Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCar	e Inpatient Beds	18	X	Anesthesia				
Pediatric/Add	ol Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprti	Inpatient um Beds	0		Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nursi	ng Inpatient Beds	0	X	Administration				
Total Beds th Building	nis	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)

Buildi	Building Number: BLD-03594 Building Name: Generator Building								
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: 01/10/2013 Submission Date: 01/10/2013 Print Date: 1/11/2013 6:25 AM

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

Building Number:	BLD-01368	Building Name:	Ancillary -	Main		
Medical / Surgical (I	Acute Re	espiratory Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa	atient 0	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa	atient 0	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Nursery	e Care Newbori	1	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa	atient 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabili Center	tation		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa	atient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemica Depende			Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa	atient 0	0	0

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

Building Number:	BLD-01369 Build	ling Name: Surg	ery & Delivery - Main			
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 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 14 Bed	Inpatient 4118 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 4 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	18	18	

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

Building Number:	BLD-03594	Building Nam	e: Gene	erator Building	g			
Medical / Surgical (I	Acute	Acute Respiratory Care			Acute Psychiatric			
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)						Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Pediatric		intensi Nurser	ve Care Nev y	vborn		Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehab Center	ilitation			Int. Care / developed Disabled	ment	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemi Depen				Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	0	0	

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