Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:1 of 25

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

Facility Number:	10559	
Facility Name:	San Gorgonio Memorial Hospital	
Address:	600 Highland Springs Avenue	
City:	Banning	
Hospital Owner/Lice	ensee: San Gorgonio Memorial Healthcare District	
Year of Rep	porting: 2012	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sub	omitter: Mark Turner, CEO	
Submission	n Date: 1/8/2013 10:47:27 AM	

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:2 of 25

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- 01389	Original Building-OB Addition-'64 Addition	600 Highland Springs Avenue	Retrofit	SPC2	01/01/2014	12/31/2012
BLD- 03158	Generator Building	600 Highland Springs Avenue	Rebuild	SPC5	01/01/2013	12/31/2012

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:3 of 25

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-03158		Generator Building		Retrofi Project	t/Replacem t:	nent	Yes-Submitte	d
Facility <u>Number</u>	Project Sub Number Num	S	Scope	Date Plan in	Approved Date	Proj. Start Date	Proj. Complete Date	ed Status	CEQA Review
10559	HL071348-0		ASE 1B - CENTRAL PLANT PLACEMENT	7/9/2007 12:00:00 AM	12:00:0		009 01/12/2012	2 PEND	No

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:4 of 25

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-01389	Building Name:	Original Building-OB Addition-'6	64 Addition
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	40 Inpatient 10942 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	16 Inpatient Days 2213	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building 56	Cesarean/Deliv	Central Plant

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:5 of 25

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-03158	Building Name:	Generator Building	
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 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery Central Plant
		Building		X Central Plant

2012

10559

San Gorgonio Memorial Hospital

Banning

Page:6 of 25

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

Building Number:	BLD-01389	Building Name: Orig	ginal Building-OB Additi	on-'64 Addition	
Medical / Surgical	(Include GYN)	Acute Respiratory	y Care	Acute Psychiatric	
Inpatient 40 Bed	Inpatient 1094 Days 2	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 16 Bed	Inpatient 2213 Days
Pediatric		intensive Care Ne 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	56	56

2012

10559

San Gorgonio Memorial Hospital

Banning

Page:7 of 25

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

Building Number:	BLD-03158	Building Name:	Senerator Building		
Medical / Surgical	(Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care I Nursery	Newborn	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

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:8 of 25

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-01389	Original Building-OB Addition-'64 Addition	Retrofit
BLD-01390	O.R. Addition	Remain
BLD-01391	Addition (1980)	Remain
BLD-01392	O.B. Addition	Remain
BLD-03158	Generator Building	Rebuild

Report Year:	2012	10559	San Gorgonio Memorial Hospital	Banning	Page:9 of 25
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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	Central Plant		
N_2	ED / ICU		

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:10 of 25

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? Surgical N/A D.R. Addition D.R. Addition N/A
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Anesthesia N/A O.R. Addition O.R. Addition N/A
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Obstetrical Cesarean/Deliv N/A OR. Addition N/A
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? OutpatientSurgery N/A

Report Year:	2012 10559 San	Gorgonio Memorial Hospital	Banning	Page:11 of 25	
Building Number: BLD-03158 Building Name: Generator Building Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?					
CentralPlant	Relocated to new build	ding			

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:12 of 25

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-01389 Buildin	g Name: O	riginal Building-OB Ac	ddition-'6	34 Addition		
Type of Service	e Provided						
		X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X	Anesthesia				
	IntensiveCare		, wood room		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab		,		Outpatient
Ц	escent		Radiological/		Newborn/ WellBaby	X	Surgery
	Psychiatric Nursing		Imaging			_	
_	·	X	Pharmaceutical		Emergency		Central Plant
Ц	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	Х	Support Services
	Intermediate Care	X	Administration				
X	Skilled Nursing						

Report Year:	2012	10559	San Gorgonio Memorial Hospital		Banning	Page:13 of 25
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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-03158	Building Name:	Generator Building			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	; 		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado escent	, _	Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		3.7
	Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	ım [Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		Administration			
	Skilled Nursin	ng				

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:14 of 25

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:	ilding Number: BLD-01389 Building Name: Original Building-OB Addition-'64 Addition									
Configuration:	N/A									
Type of Service Provided										
1 X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant			
	Intermediate Care		Dietetic				Cunnart			
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

Report Year:	2012	10559	San Gorgonio Memorial Hospital	Banning	Page:15 of 25
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Building Number:	BLD-01390	Building Na	me: O.R. Addition				
Configuration:	N/A						
Type of Servic	e Provided						_
N	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2012	10559	San Gorgonio Memorial Hospital] [Banning	Page:16 of 25
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Building Numbe	er: BLD-01391	Building Na	me: Addition (1980)				
Configuration:	N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate Care	X	Dietetic				
	Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

Report Year:	2012	10559	San Gorgonio Memorial Hospital	Banning	Page:17 of 25
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Building Number	er: BLD-01392	Building Na	me: O.B. Addition			
Configuration	: N/A					
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		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		Emergency	Central Plant
	Intermediate Care		Dietetic			Command
	Skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year:	2012	10559	San Gorgonio Memorial Hospital	Banning	Page:18 of 25
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Building Number:	BLD-03158	Building Nar	me: Generator Build	ing			
Configuration:	N/A						
Type of Service	Provided						
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ermediate		Dietetic		Emergency		Gential Flant
Ca	are silled Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2012	10559	San Gorgonio Memorial Hospital	Banning	Page:19 of 25
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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: BL	D-01390	Building I	Name: 0.	R. Addition				
Type of Service Provided								
Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	X	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						

Report Year:	2012	10559	San Gorgonio Memorial Hospital	Banning	Page:20 of 25
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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: BL	D-01391	Building I	Name: Ac	ldition (1980)				
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
X IntensiveCare	Inpatient Beds	6		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	X Emergency	X Central Plant		
Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		6						

Report Year:	2012	10559		San Gorgonio Memorial Hospital		Banning	Page:21 of 25
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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-01392 Building Name: O.B. Addition								
Туре	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	15		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		15						

Report Status: **Data Last Update:** 10/29/2012 **Submission Date:** 01/08/2013 **Print Date:** 1/9/2013 6:25 AM

2012

10559

San Gorgonio Memorial Hospital

Banning

Page:22 of 25

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-01390	Building Name:	O.R. Add	ition		
Medical / Surgical (I	nclude GYN)	Acute Ro	espiratory Care	e	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inp	atient 0	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inp	patient 0 ys	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Nursery	e Care Newbor	n	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inp	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 Inp	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 Inp	vatient 0	0	0

2012

10559

San Gorgonio Memorial Hospital

Banning

Page:23 of 25

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-01391 Build	ing Name: Addit	tion (1980)		
Medical / Surgical (Inc	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 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 Disabled	ment
Inpatient 6 Bed	Inpatient 1649 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	6	6

2012

10559

San Gorgonio Memorial Hospital

Banning

Page:24 of 25

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-01392	Building Name: O.B.	Addition	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing
Inpatient 15 Bed	Inpatient 1028 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 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 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	15 15

Report Year: 2012 10559 San Gorgonio Memorial Hospital Banning Page:25 of 25