Report Year: 2012 10648 Barstow Community Hospital Barstow Page:1 of 32

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

Facility Number:	10648	
Facility Name:	Barstow	Community Hospital
Address:	555 Sou	th 7th Ave.
City:	Barstow	
Hospital Owner/Lice	ensee:	City of Barstow/Hospital of Barstow, Inc.
Year of Rep	oorting:	2012
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Sean Fowler
Submission	n Date:	11/1/2012 2:12:35 PM

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:2 of 32

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- 01461	Main Hospital	555 South 7th Ave.	Rebuild	SPC5	01/01/2013	12/31/2012
BLD- 01463	Boiler Building	555 South 7th Ave.	Rebuild	SPC5	01/01/2013	12/31/2012
BLD- 02705	Patient Wing/Perinatal	555 South 7th Ave.	Rebuild	SPC5	01/01/2013	12/31/2012
BLD- 02706	Emergency Generator Building	555 South 7th Ave.	Rebuild	SPC5	01/01/2013	12/31/2012

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:3 of 32

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-01461 Main Hospital	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10648 IL080752-0 0 REPLACEMENT HOSPITAL	4/11/2008 08/30/2010 ACTI No 12:00:00 AM
Building No: BLD-01463 Boiler Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10648 IL080752-0 0 REPLACEMENT HOSPITAL	4/11/2008 09/01/2010 12/01/2012 ACTI No 12:00:00 AM
Building No: BLD-02705 Patient Wing/Perinatal	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
10648 IL080752-0 0 REPLACEMENT HOSPITAL	4/11/2008 09/01/2010 12/01/2012 ACTI No 12:00:00 AM

Report Year: 2012 10648 Barstow Community Hospita	al	Barstow	Page:4 of 32
Building No: BLD-02706 Emergency Generator Building	Retro		s-Submitted
Facility Project Sub Scope <u>Number Number Num</u>	Date Plan Approved in Date	Proj. Start Proj. Completed Date Date	Status CEQA Review
10648 IL080752-0 0 REPLACEMENT HOSPITAL	4/11/2008 12:00:00 AM	09/01/2010 12/01/2012	ACTI No

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:5 of 32

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

Building Number: BLD-01461	Building Name:	Main Hospital	
Type of Service Provided			
X Nursing Inpatien Beds	Inpatient 4034 Days	X Surgical Obstetrical Recovery	
IntensiveCare Inpatien Beds	0 Inpatient Days 0	X Anesthesia Newborn/ WellBaby	
Pediatric/Adol Inpatien escent Beds	0 Inpatient Days 0	X Clinical Lab X Emergency	,
Psychiatric Inpatien Nursing Beds	t 0 Inpatient Days 0	X Radiological/ X Nuclear Medicine	
Obstetrical Inpatien Ante/Postprtum Beds	0 Inpatient Days 0	X Pharmaceutical  X Dietetic Rehabilitation Therapy	on
Intermediate Inpatien Care Beds	0 Inpatient Days 0	Administration Renal Dialy	'sis
Skilled Nursing Inpatien Beds	0 Inpatient Days 0	Support X Outpatient Surgery  X Obstetrical	
	Total Beds this Building	Cesarean/Deliv Central Plan	nt

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:6 of 32

#### 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-01463	Building Name: Bo	oiler Building	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:7 of 32

## 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-02705	Building Name:	Patient Wing/Perinatal	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	17 Inpatient 1729 Days	Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 1138	Anesthesia	X 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
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 665	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 Cesarean/Deliv	Outpatient Surgery
		Total Beds this Building 27	Cesarean/Deliv	Central Plant

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:8 of 32

## 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-02706	Building Name:	<b>Emergency Generator Building</b>	
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	Central Plant

2012

10648

Barstow Community Hospital

Barstow

Page:9 of 32

Building Number:	BLD-01461	Building Name: Ma	ain Hospital		
Medical / Surgical (	Include GYN)	Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 4034 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 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	29	29

2012

10648

Barstow Community Hospital

Barstow

Page:10 of 32

Building Number:	BLD-01463	Building Name:	Boiler Building		
Medical / Surgical	(Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	O Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C 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 C	Inpatient 0 Days	0	0

2012

10648

Barstow Community Hospital

Barstow

Page:11 of 32

Building Number:	BLD-02705	Building Name:	Patient Wing/Perinatal		
Medical / Surgical (	Include GYN)	Acute Respira	ntory Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 1729 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 665 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 4 Bed	Inpatient 1138 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	27	27

2012

10648

Barstow Community Hospital

Barstow

Page:12 of 32

Building Number: BLD-02706	Building Name:	Emergency Generator Bu	ilding	]
Medical / Surgical (Include GYN)	Acute Respi	ratory Care	Acute Psychiatric	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYI	N) Burn		Skilled Nursing	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Ca Nursery	re Newborn	Intermediate Card	
Inpatient 0 Inpatient Days	0 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 Days	0 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 Days	0 Inpatient Bed	0 Inpatient 0 Days	0	0

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:13 of 32

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-01461	Main Hospital	Rebuild
BLD-01463	Boiler Building	Rebuild
BLD-01465	ER Addition	Remain
BLD-02705	Patient Wing/Perinatal	Rebuild
BLD-02706	Emergency Generator Building	Rebuild

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:14 of 32

## List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Replaicement Hospital	

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:15 of 32

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  N/A
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Surgical  Relocated to new building
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Anesthesia  Relocated to new building
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  ClinicalLab  Relocated to new building

Report Year:	2012 10648 Barstow	Community Hospital	Barstow	Page:16 of 32				
Building Number: Will general acut Pharmaceutical	BLD-01461 Building Name: r care services and beds will be r	Main Hospital elocated to a new, Existing or retrofittrd	building?					
Building Number: Will general acui	BLD-01461 Building Name: r care services and beds will be r	Main Hospital elocated to a new, Existing or retrofittrd	building?					
Building Number: Will general acut Obstetrical Cesarean/Deliv	BLD-01461 Building Name: r care services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?					

Report Year:	2012 10648 Barstow	Community Hospital	Barstow	Page:17 of 32
Building Number: Will general acutr Emergency	BLD-01461 Building Name:  care services and beds will be re  Relocated to new building	Main Hospital elocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acutr Nuclear Medicine		Main Hospital elocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acutr OutpatientSurgery New Bu N_1-Replaicement H	Relocated to new building	Main Hospital elocated to a new, Existing or retrofittrd  RetroFitted Building		C2-SPC5 Building
Building Number: Will general acutr Medical/Surgical (Include GYN)	BLD-01461 Building Name:  care services and beds will be re	Main Hospital elocated to a new, Existing or retrofittrd	building?	

Report Year:	2012 10648 Barstow	Community Hospital	Barstow	Page:18 of 32			
Building Number:  Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  CentralPlant  Relocated to new building							
Building Number: Will general acut Nursing	BLD-02705 Building Name:  tr care services and beds will be a Relocated to new building	Patient Wing/Perinatal relocated to a new, Existing or retrofittrd	building?				
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Intensive Care  Relocated to new building							
Building Number: Will general acut Obstetrical Ante Postprtum		Patient Wing/Perinatal relocated to a new, Existing or retrofittrd	building?				

Report Year:	2012 10648 Barstow	Community Hospital	Barstow	Page:19 of 32
Building Number: Will general acu Administration	BLD-02705 Building Name:  utr care services and beds will be represented to new building	Patient Wing/Perinatal relocated to a new, Existing or retrofitted	building?	
Building Number: Will general acu Support Service		Patient Wing/Perinatal relocated to a new, Existing or retrofitted	building?	
Building Number: Will general acu Obstetrical Reco		Patient Wing/Perinatal relocated to a new, Existing or retrofitted	building?	
Building Number: Will general acu Newborn/Well E		Patient Wing/Perinatal relocated to a new, Existing or retrofitted	building?	

Report Year: 20	112 10648 Barstow	Community Hospital	Barstow	Page:20 of 32		
Number:	Building Name: services and beds will be re Relocated to new building	Patient Wing/Perinatal elocated to a new, Existing or retrofittrd	building?			
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Perinatal (exclude Newborn / GYN))  Relocated to new building						
Number:	Services and beds will be received to new building	Patient Wing/Perinatal elocated to a new, Existing or retrofittrd	building?			

Report Year:	2012	10648	Barstow Community Hospital	Barstow	Page:21 of 32
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Building Number:	BLD-01461 Buildin	ng Name: Main Hospital			
Type of Servic	e Provided				
		X Surgical	X Obstetrical Cesarean/Deliv	Rehabilita Therapy	ition
X	Nursing	X Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal Dia	lysis
	Pediatric/Adol	X Clinical Lab		X Outpatient	t
	escent	X Radiological/	Newborn/ WellBaby	Surgery	
	Psychiatric Nursing	Imaging    X   Pharmaceutical	X Emergency	Central Pl	lant
	Obstetrical			_	ant
Ш	Ante/Postprtum	X Dietetic	X Nuclear Medicine	Support Services	
	Intermediate				
	Care	Administration			
	Skilled Nursing				

Report Year:	2012	10648		Barstow Community Hospital	Barstow	Page:22 of 32
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Building Number:	BLD-01463	Building Name:	Boiler Building				
Type of Service	e Provided						
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare	2	_ /	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Ado	,   [	Clinical Lab			Outpatient	
			Radiological/ Imaging	Newborn/ WellBaby		Surgery	
Ш	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtu	ım _	Dietetic	Nuclear Medicine		Support Services	
	Intermediate Care		Administration				
П	Skilled Nursin	ng	_				

Report Year:	2012	10648	Barstow Community Hospital	Barstow	Page:23 of 32
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Building Number:	BLD-02705	Building Name:	Pa	atient Wing/Perinatal					
Type of Service	e Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		$\neg$	Anesthesia					
X	IntensiveCare	,	_	7.1100.1100.10	X	Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Adol	,   [		Clinical Lab				Outpatient	
				Radiological/ Imaging	X	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant	
X	Obstetrical Ante/Postprtu	m [		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		X	Administration					
П	Skilled Nursin	g							

Report Year:	2012	10648	Barstow Community Hospital		Barstow	Page:24 of 32
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Building Number:	BLD-02706 Buildin	ng Name: Emergency Generator	Building	
Type of Service	ce Provided			
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	Anesthesia		
	IntensiveCare		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	Clinical Lab		Outpatient
Ш	escent	Radiological/	Newborn/ WellBaby	LLI Surgery
	Psychiatric Nursing	Imaging  Pharmaceutical	Emergency	Central Plant
	Obstetrical	T Hamildoculloui		<u> </u>
Ш	Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services
	Intermediate			
Ш	Care	Administration		
П	Skilled Nursing			

Report Year: 2012 10648 Barstow Community Hospital Barstow Page:25 of 32

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 Numbe	er: BLD-01461	Building Na	me: Main Hospital				
Configuration	Rebuild (Per SB90	Definition fo	or Rebuild) with new S	SPC5 and N	NPC4 or NPC5 building.		
Type of Serv	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	П	Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing		Administration	X	Nuclear Medicine		Support Services

Report Year:	2012	10648	Barstow Community Hospital	Barstow	Page:26 of 32
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Building Number:	BLD-01463	Building Na	me: Boiler Building			
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		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration	Nuclear Medicine		Support Services

Report Year:	2012	10648	Barstow Community Hospital	Barstow	Page:27 of 32	
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Building Number:	BLD-01465	Building Na	me: ER Addition			
Configuration:	N/A					
Type of Servic	e Provided					
N	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	ntermediate care		Dietetic			0
	killed Nursing		Administration		Nuclear Medicine	Support Services

Report Year:	2012	10648	Barstow Community Hospital	В	Barstow	Page:28 of 32
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Building Number	er: BLD-02705	Building Na	me: Patient Wing/P	erinatal			
Configuration	: N/A						
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	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	П	Central Plant
	Intermediate Care		Dietetic				2
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Year:	2012	10648	Barstow Community Hospital	Barstow	Page:29 of 32
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Building Number: BLD-02706 Bu		Building Name: Emergency Generator Building						
Configuration: N/A								
Type of Service Provided							_	
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab	Recovery					
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant	
	ntermediate		Dietetic					
	care skilled Nursing		Administration		Nuclear Medicine		Support Services	

Report Year:	2012	10648	Barstow Community Hospital	Barstow	Page:30 of 32
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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-01465 Building Name: ER Addition								
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	X 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 Status: **Data Last Update:** 10/31/2012 **Submission Date:** 11/01/2012 **Print Date:** 11/5/2012 1:25 PM

2012

10648

**Barstow Community Hospital** 

Barstow

Page:31 of 32

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-01465	Building Nam	e: ER A	ddition				
Medical / Surgical (I	Acute	Acute Respiratory Care			Acute Psychiatric			
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Pediatric			intensive Care Newborn Nursery			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 / develop	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	

Report Year: 2012 10648 Barstow Community Hospital Barstow

Page:32 of 32