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

Facility Number:	10677	
Facility Name:	Loma Linda University Medical Center	
Address:	11234 Anderson Street	
City:	Loma Linda	
		_
Hospital Owner/Lice	ensee: Loma Linda University Medical Center	
Year of Rep	porting: 2012	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	ldress::	
Name of Sub	Domitter: Loma Linda Unversity Medical Center	
Submission	n Date: 10/31/2012 3:57:51 PM	

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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- 01479	Main Hospital Tower - Area C	11234 Anderson Street	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 03023	Main Hospital Tower - Area A	11234 Anderson Street	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 03025	Original Plant	11234 Anderson Street	Rebuild	SPC5	01/01/2020	01/01/2020

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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-01479 Main Hospital Tower - Area C	Retrofit/Replacement No Project:	
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
10677 HS022391-0 0	9/12/2002 10/13/2004 11/15/2004 12:00:00 12:00:00 AM AM	FIEL No
Building No: BLD-03023 Main Hospital Tower - Area A	Retrofit/Replacement No Project:	
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
10677 HS022391-0 0	9/12/2002 10/13/2004 11/15/2004 12:00:00 12:00:00 AM AM	FIEL 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:	LD-01479		Building Na	me:	Mair	n Hos	pital Tower - Area C		
Type of Service Pro	<u>vided</u>								
X Nursing	Inpatient Beds	281	Inpatient Days	65250		X	Surgical	X	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	73	Inpatient Days	20222		X	Anesthesia	X	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	94	Inpatient Days	23535		X	Clinical Lab	X	Emergency
Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	s 0		X	Radiological/ Imaging	X	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	35	Inpatient Days	5465		X	Pharmaceutical Dietetic		Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0	Inpatient Days	0		X X	Administration Support	X	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0	Inpatient Days	s 0		x	Services Obstetrical		Surgery
		Total E Buildin	Beds this	483			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-03023	Building Name:	Main Hospital Tower - Area A	
Type of Service Prov	<u>ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	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	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	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-03025	Building Name: Or	riginal Plant	
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

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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-01479	Building Name:	Main Hospital Tower - Area C		
Medical / Surgical	(Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 281 Bed	Inpatient 6525 Days 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 35 Bed	Inpatient 5465 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care I Nursery	Newborn	Intermediate Card	
Inpatient 94 Bed	Inpatient 2353 Days 5	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 73 Bed	Inpatient 2022 Days 2	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	483	483

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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-03023	Building Name:	Main Hospital Tower - Area A		
Medical / Surgical (Include GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse f	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care 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 / 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	0	0

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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-03025	Building Name:	riginal Plant		
Medical / Surgical	(Include GYN)	Acute Respirato	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 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	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-01479	Main Hospital Tower - Area C	Rebuild
BLD-01480	Main Hospital Tower - Area B	Remain
BLD-01481	Emergency Room Expansion - 1976	Rebuild
BLD-01482	Northeast Wing - Schuman Pavilion	Remain
BLD-01483	South Wing Phase 2	Remain
BLD-01485	South Wing Phase I	Remain
BLD-01486	Co-Generation Plant	Remain
BLD-02961	Chiller Facility	Remain
BLD-03021	South Wing Phase I	Remain
BLD-03022	South Wing Phase I	Remain
BLD-03023	Main Hospital Tower - Area A	Rebuild
BLD-03024	South Wing Phase 2	Remain
BLD-03025	Original Plant	Rebuild
BLD-05490	Emergency Generator	Rebuild

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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-0147	9	Main Hos	pital Tower - Are	a C	Removal Date:	[01/01/2020		
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:							
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	,		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia							
X	Pediatric/Adol escent	X	Clinical Lab	X	Obstetrical Recovery		X	Renal Dialysis		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		X	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		$\overline{\mathbf{x}}$	Central Plant		
	Intermediate Care	X	Dietetic							
	Skilled Nursing	X	Administration	X	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-0302	3	Main Hos	pital Tower - Ar	ea A	Removal Date:	[01/01/2020				
Planned Uses for the building to be removed from acute care service:												
Planned	Planned use for building: Clinic Jurisdiction: OSHPD											
Inpatient services currently delivered in the building:												
	Nursing		Surgical		Obstetrical Cesarean/Deliv	,	X	Rehabilitation Therapy				
	IntensiveCare	X	Anesthesia				_					
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Ш	Renal Dialysis				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery				
	Obstetrical Ante/Postprtum		Pharmaceutical		·			Central Plant				
	Intermediate Care		Dietetic		Emergency			Central Flant				
	Skilled Nursing		Administration	X	Nuclear Medicine		X	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? Pediatric Adolescent Relocated to new building
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: Main Hospital Tower - Area C Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Radiological/Imaging Relocated to new building

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Number:	D-01479 Building Name: Main Hospital Tower - Area C services and beds will be relocated to a new, Existing or retrofittrd Relocated to new building	building?		
Number:	D-01479 Building Name: Main Hospital Tower - Area C services and beds will be relocated to a new, Existing or retrofittrd Relocated to new building	building?		
Number:	D-01479 Building Name: Main Hospital Tower - Area C services and beds will be relocated to a new, Existing or retrofittrd Relocated to new building	building?		
Number:	D-01479 Building Name: Main Hospital Tower - Area C services and beds will be relocated to a new, Existing or retrofittrd Relocated to new building	building?		

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Building Number: Will general acutr Obstetrical Cesarean/Deliv	BLD-01479 Building Name: Main Hospital Tower - Area C care services and beds will be relocated to a new, Existing or ret	trofittrd building?	
Building Number: Will general acutr Emergency	BLD-01479 Building Name: Main Hospital Tower - Area C care services and beds will be relocated to a new, Existing or ret Relocated to new building	trofittrd building?	
Building Number: Will general acutr Nuclear Medicine	BLD-01479 Building Name: Main Hospital Tower - Area C care services and beds will be relocated to a new, Existing or ret Relocated to new building	trofittrd building?	
Building Number: Will general acutr Medical/Surgical (Include GYN)	BLD-01479 Building Name: Main Hospital Tower - Area C care services and beds will be relocated to a new, Existing or ret	trofittrd building?	

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Building Number: Will general acutr Perinatal (exclude Newborn / GYN))			
Building Number: Will general acutr Pediatric	BLD-01479 Building Name: Main Hospital Tower - All care services and beds will be relocated to a new, Existing Relocated to new building		
Building Number: Will general acutr Intensive Care	BLD-01479 Building Name: Main Hospital Tower - Alcare services and beds will be relocated to a new, Existing Relocated to new building		
Building Number: Will general acutr Emergency	BLD-01481 Building Name: Emergency Room Expandance care services and beds will be relocated to a new, Existing Relocated to new building		

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Building BL Number:	D-03023 Building Name: Ma	ain Hospital Tower - Area A							
Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?									
Support Services	Relocated to new building]						
			_						
Building Name: Main Hospital Tower - Area A Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?									
		ated to a new, Existing or retrotittrd	bullaing? ¬						
Rehabilitation Therapy	Relocated to new building]						
Building BL Number:	D-05490 Building Name: Er	nergency Generator							
Will general acutr car	e services and beds will be relocate	ated to a new, Existing or retrofittrd	building?						
CentralPlant	Relocated to new building]						
			_						

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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-01479 Buildir	ng Name:	lain Hospital Tower - A	rea C						
Type of Service Provided										
		X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	Nursing	X	Anesthesia							
X	IntensiveCare			X	Obstetrical Recovery	X	Renal Dialysis			
X	Pediatric/Adol escent	X	Clinical Lab	X	Newborn/	X	Outpatient Surgery			
	Dovobiotrio	X	Radiological/ Imaging		WellBaby		- angery			
	Psychiatric Nursing	X	Pharmaceutical	X	Emergency		Central Plant			
X	Obstetrical Ante/Postprtum	X	Dietetic	X	Nuclear Medicine	X	Support Services			
	Intermediate Care	X	Administration							
	Skilled Nursina									

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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-03023 Building	g Name: Main Hospital Tower - A	Area A								
Type of Service Provided											
		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy						
	Nursing	X Anesthesia									
	IntensiveCare		Obstetrical Recovery	Rer	nal Dialysis						
П	Pediatric/Adol escent	Clinical Lab		Out	patient						
		Radiological/ Imaging	Newborn/ WellBaby	∟ Sur	gery						
	Psychiatric Nursing	Pharmaceutical	Emergency	Cer	ntral Plant						
	Obstetrical Ante/Postprtum	Dietetic	X Nuclear Medicine	X Sup Ser	pport vices						
	Intermediate Care	Administration									
	Skilled Nursing	/ Administration									

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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-03025	Building Name:	Original Plant								
Type of Service Provided											
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing		Anesthesia								
	IntensiveCare	; 		Obstetrical Recovery		Renal Dialysis					
	Pediatric/Ado	, [Clinical Lab	□ N. b/	П	Outpatient Surgery					
			Radiological/ Imaging	Newborn/ WellBaby		Surgery					
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant					
	Obstetrical Ante/Postprtu	m _	Dietetic	Nuclear Medicine		Support Services					
	Intermediate Care		Administration								
	Skilled Nursin	ıg									

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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-01479 Building Name: Main Hospital Tower - Area C								
Configuration:	Rebuild (Per SB90	Definition fo	Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.					
Type of Servi	ce Provided							
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant	
	Intermediate	X	Dietetic					
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	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-01480 Building Name: Main Hospital Tower - Area B							
Configuration:	N/A						
Type of Serv	rice 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 Care		Dietetic				
	Skilled Nursing		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:	BLD-01481	LD-01481 Building Name: Emergency Room Expansion - 1976							
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 lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant		
	ntermediate		Dietetic						
	are killed Nursing		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	er: BLD-01482	Building Na	me: Northeast Wir	ng - Schumar	n Pavilion		
Configuration	: N /A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		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	r: BLD-01483	Building Na	me: South Wing P	hase 2			
Configuration:	N/A						
Type of Serv	ice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
17 1	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic		5.1900,		
	Care Skilled Nursing	X	Administration		Nuclear Medicine	[X]	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-01485	Building Nar	me: South Wing Phase	e l			
Configuration:	N/A						
Type of Service	e Provided						
	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Ir	ntensiveCare	X	Anesthesia	X	Obstetrical Page 1971		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	Psychiatric Iursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical .nte/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	ntermediate	X	Dietetic				
	care skilled Nursing	Х	Administration		Nuclear Medicine	X	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 Numbe	r: BLD-01486	Building Na	me: Co-Generation	n Plant			
Configuration:	N/A						
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				2
	Skilled Nursing		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 Numbe	r: BLD-02961	Building Na	me: Chiller Facility				
Configuration:	N/A						
Type of Serv	rice 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 Care		Dietetic				
	Skilled Nursing		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:	BLD-03021	Building Nar	me: South Wing Phase	e l			
Configuration:	N/A						
Type of Service	e Provided						
N	ursing	X	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		Central Plant
	termediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	BLD-03022	Building Na	me: South Wing P	Phase I			
Configuration:	N/A						
Type of Servic	e Provided						_
N	lursing	X	Surgical		Obstetrical Cesarean/Deliv	X	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	X	Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	care skilled Nursing		Administration		Nuclear Medicine	X	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-03023	Building Na	me: Main Hospital Tov	wer - Are	а А		
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SP	C5 and N	NPC4 or NPC5 building.		
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	ntensiveCare	Х	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
I I	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Care		Dietetic	IX	Nuclear Medicine	 X]	Support
	Skilled Nursing		Administration		Nucleal Medicine		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 Numbe	er: BLD-03024	Building Na	me: South Wing Pl	hase 2			
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	П	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		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: BLD-03025 Building Name: Original Plant							
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.					NPC4 or NPC5 building.		
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	[X]	Central Plant
	ntermediate Care		Dietetic				O
	Skilled Nursing		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:	BLD-05490	Building Na	me: Emergency Ge	enerator			
Configuration:	N/A						
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	ntermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration		inucleal 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:	LD-01480	Building N	Name: Main Hospital Tower	- Area B	
Type of Service Pro	ovided				
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	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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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-01481 Building Name: Emergency Room Expansion - 1976					ansion - 1976		
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					

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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:	LD-01482	Building N	Name: Northeast Wing - Schu	uman Pavilion	
Type of Service Pro	<u>ovided</u>				
Nursing	Inpatient Beds	0	Surgical	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	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtur	Inpatient n 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	6	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: BL	D-01483	Building I	Name: South Wing Pha	ase 2	
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	78	X Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical X Ante/Postprtum	Inpatient Beds	26	X Pharmaceuti	cal Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	X Administration	on	
Total Beds this Building		104			

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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-01485	Building I	Name: South Wing Phase I					
Type of Service Provided								
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X IntensiveCare	Inpatient Beds	122	X Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	X Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0	X Administration					
Total Beds this Building		122						

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Building Number: BL	D-01486	Building N	Name: Co-Generation Plant					
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						

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Building	Number: BLD	-02961	Building Na	ame: Chi	iller Facility				
Type of	Type of Service Provided								
☐ No	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
In	tensiveCare	Inpatient Beds	0		Anesthesia				
1 1	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
_	bstetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
	termediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
SH	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		0						

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Building Number: BL	D-03021	Building N	Name: South Wing Phase I						
Type of Service Prov	Type of Service Provided								
Nursing	Inpatient Beds	0	X 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	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: BL	.D-03022	Building N	Name: South Wing Phase I						
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	X 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	X Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		0							

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Building Number: BL	_D-03024	Building N	Name: South Wing Phase 2		
Type of Service Pro	<u>vided</u>				
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: BL	D-05490	Building I	Name: Ei	mergency Generator	•	
Type of Service Prov	<u>vided</u>					
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:** 10/31/2012 **Submission Date:** 10/31/2012 **Print Date:** 11/20/2012 11:23 AM

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Building Number:	BLD-01480	Building Name:	Main Ho	spital Tower - Area B		
Medical / Surgical (I	nclude GYN)	Acute Re	espiratory Car	re	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		patient 0 ays	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		patient 0 ays	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Nursery	e Care Newbo	rn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		patient 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilit Center	ation		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		patient 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		patient 0	0	0

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Building Number:	BLD-01481	Building Name:	Emergency Room Ex	xpansion - 1976	
Medical / Surgical (Include GYN)	Acute Resp	oiratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 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	0 Inpatient 0	Inpatient 0 Days
Pediatric		intensive C Nursery	are Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitat Center	ion	Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependenc	çy	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-01482	Building Name:	Northea	ast Wing - Schuman F	Pavilion	
Medical / Surgical (I	nclude GYN)	Acute Re	espiratory Ca	are	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Nursery	e Care Newbo	orn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilit Center	tation		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		npatient 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		npatient 0	0	0

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Building Number:	BLD-01483 Bui l	ding Name: South \	Wing Phase 2		
Medical / Surgical (I	nclude GYN)	Acute Respiratory Ca	are	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 26 Bed	Inpatient 5451 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newb Nursery	oorn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 3693 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 66 Bed	Inpatient 21659 Days		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 Days	104	

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Building Number:	BLD-01485 Build	ing Name: South V	Wing Phase I	
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Ca	are	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Newbo Nursery	orn	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days		npatient 24228 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 50 Bed	Inpatient 16854 Days		npatient 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		npatient 0	122 122

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Building Number:	BLD-01486	Building Name:	Co-Generation	Plant		
Medical / Surgical (I	nclude GYN)	Acute Re	spiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		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		Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		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 Depende			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-02961 Build	ing Name: Chille	er Facility		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds th Building Per Service	is
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	BLD-03021	Building Name: Sou	th Wing Phase I		
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-03022	Building Name:	South Wing P	hase I		
Medical / Surgical (Include GYN)	Acute Re	spiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatier Days	ot 0	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatier Days	t 0	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Nursery	Care Newborn		Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatier Days	ot 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilita Center	ation		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatier Days	t 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 Inpatier Days	ot 0	0	0

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Building Number:	BLD-03024	Building Name:	South W	Ving Phase 2		
Medical / Surgical (I	nclude GYN)	Acute Re	espiratory Ca	re	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		ays 0	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		ays 0	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Nursery	e Care Newbo	orn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		apatient 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilit Center	tation		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		apatient 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		ays 0	0	0

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Building Number:	BLD-05490 Build	ling Name: Emergency	y Generator		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		Inpatient 0	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 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 Days	· · · · · · · · · · · · · · · · · · ·	0	0

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