Report Year: 2012 10681 Mountains Community Hospital Lake Arrowhead Page:1 of 24

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

Facility Number:	10681		
Facility Name:	Mountair	ins Community Hospital	
Address:	29101 H	Hospital Road	
City:	Lake Arr	rowhead	
Hospital Owner/Lice	ensee:	San Bernardino Mountains Community Hospital	
		District	
Year of Repo	orting:	2012	
Contact 1 e-mail Add	dress:		
Contact 2 e-mail Add	dress:		
Contact 3 e-mail Add	lress::		
Name of Subi	mitter:	San Bernardino Mountains Community Hospital District	
Submission	Date:	1/9/2013 3:14:07 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- 01474	Main Building	29101 Hospital Road	Retrofit	SPC2	01/01/2015	01/01/2015
BLD- 01477	Emergency Generator Bldg	29101 Hospital Road	Rebuild	SPC5	01/01/2013	07/01/2006
BLD- 01478	Oxygen Storage Bldg	29101 Hospital Road	Rebuild	SPC5	01/01/2013	07/01/2000

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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-01477 Emergency Generator Bldg	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
10681 HS022019-0 0 STANDBY EMERGENCY POWER SYSTEM UPGRADE	8/5/2002 8/5/2003 05/19/2005 07/01/2006 CLOS No 12:00:00 12:00:00 AM AM
Building No: BLD-01478 Oxygen Storage Bldg	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

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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-01474	Building Name:	Main Building	
Type of Service Prov	<u>rided</u>			_
X Nursing	Inpatient Beds	17 Inpatient 1164 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 X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis
X Skilled Nursing	Inpatient Beds	20 Inpatient Days 6752	Services	X Outpatient Surgery
		Total Beds this Building 37	Cesarean/Deliv	X 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-01477	Building Name:	Emergency Generator Bldg	
Type of Service Prov	<u>ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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

Building Number: BL	D-01478	Building Name:	Oxygen Storage Bldg	
Type of Service Prov	<u>ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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

Building Number:	BLD-01474	Building Name: Mair	n Building		
Medical / Surgical (	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 1164 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 20 Bed	Inpatient 6752 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
	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	37	37

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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-01477	Building Name: Eme	ergency Generator Bldg		
Medical / Surgical (	(Include 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	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 Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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

Building Number:	BLD-01478	Building Name:	Oxygen Storage Bldg		
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 / 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-01474	Main Building	Retrofit
BLD-01475	Radiology/Lab and ER Addition	Remain
BLD-01477	Emergency Generator Bldg	Rebuild
BLD-01478	Oxygen Storage Bldg	Rebuild
BLD-03687	Emergency Generator Bldg II	Remain

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

Building Number:	BLD-01474 Buildin	g Name:	Main Building			
Type of Service	e Provided					
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia			
	IntensiveCare		7.11.001.1001.0	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab		X	Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging	Emorgonov		Control Diagra
		X	Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care					
	Caro	X	Administration			
X	Skilled Nursing					

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

Building Number:	BLD-01477 Buildin	ng Name: E	mergency Generator	Bldg			
Type of Service	e Provided						
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare		Allestitesia	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	□ No 1 m/		Outpatient	
	Psychiatric		Radiological/ Imaging	Newborn/ WellBaby		Surgery	
Ш	Nursing		Pharmaceutical	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services	
	Intermediate Care		Administration				
	Skilled Nursing						

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

Building Number:	BLD-01478	Building Name:	Oxygen Storage Bldg				
Type of Servic	e Provided						
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare	; 	Ariestriesia	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Ado	, L	Clinical Lab	□ No Long		Outpatient Surgery	
			Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtu		Dietetic	Nuclear Medicine		Support Services	
	Intermediate Care		Administration				
	Skilled Nursin	ng					

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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-01474	Building Na	me: Main Building				
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new	SPC5 and N	IPC4 or NPC5 building.		
Type of Servi	ce Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		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	X	Central Plant
	Intermediate	X	Dietetic		Linergency		Ochiliai Fiaili
	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 Numbe	r: BLD-01475	Building Na	me: Radiology/Lab	and ER Add	dition		
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	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	П	Central Plant
	Intermediate Care		Dietetic				Comment
	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-01477 Building Name: Emergency Generator Bldg							
Configuration:	Remove from GAC	Service by	1/1/2013				
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		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-01478	Building Na	me: Oxygen Stora	ge Bldg			
Configuration:	N/A						
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	ntermediate		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-03687	Building Na	me: Emergency G	Generator Bld	g II		
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	П	Emergency	X	Central Plant
	ntermediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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

Building Number: BL	.D-01475	Building N	Name: Radiology/Lab and ER	R Addition	
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	X 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: BLD-03687 Building Name: Emergency Generator Bldg II									
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: Data Last Update: 10/23/2012 Submission Date: 01/09/2013 Print Date: 1/10/2013 6:25 AM

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

Building Number:	BLD-01475 Build	ing Name: Radiology/Lab a	and ER Addition			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory Care	Acute	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatie Bed	ent 0 Inpatient 0 Days		
Perinatal (excluse Nev	wborn / GYN)	Burn	Skille	Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatie Bed	ent 0 Inpatient 0 Days		
Pediatric		intensive Care Newborn Nursery	Interm	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatie Bed	ent 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatie Bed	ent 0 Inpatient 0 Days		
Coronary Care		Chemical Dependency		Beds this Total Beds this ing Per Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	0 0		

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

Building Number:	BLD-03687	Building Nam	e: Eme	rgency Gene	erator Bldg II			
Medical / Surgical (I	nclude GYN)	Acute	Acute Respiratory Care			Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse N	lewborn / 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			Rehabilitation Center			Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemi Depen				Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	0	0	

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