| Report Year: | 2012 |
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## Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number:  | 10696                             |
|---|-----------------------------------|
| Facility Name:  | San Antonio Community Hospital    |
| Address:  | 999 San Bernardino Road           |
| City:   | Upland                            |
| Hospital Owner/Lice<br>Year of Rep<br>Contact 1 e-mail Ad<br>Contact 2 e-mail Ad<br>Contact 3 e-mail Ado<br>Name of Sub | orting:       2012         dress: |
| Submission  | Date: 10/17/2012 8:51:08 AM       |

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg.<br>No.  | Building Name                  | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|---------------|--------------------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD-<br>01833 | Auditorium &<br>Administration | 999 San Bernardino Road    | Retrofit               | SPC2                            | 01/01/2013        | 12/01/2012                     |
| BLD-<br>01834 | Latimer Wing                   | 999 San Bernardino Road    | Retrofit               | SPC2                            | 01/01/2013        | 04/15/2014                     |
| BLD-<br>01835 | Maternity                      | 999 San Bernardino Road    | Retrofit               | SPC2                            | 01/01/2013        | 04/01/2014                     |

Submission Date: 10/17/2012

Print Date: 11/5/2012 1:25 PM

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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-01833 Auditorium &             | Administration |                              | Retrofit/F                   | Replacem           | ent                | Yes-Submit | tted              |
|---|----------------|------------------------------|------------------------------|--------------------|--------------------|------------|-------------------|
| Facility Project Sub Scope<br>Number Number Num |                | Date Plan<br>in              | Approved P<br>Date           | roj. Start<br>Date | Proj. Comp<br>Date |            | us CEQA<br>Review |
| 10696 HS022859-0 0 SEISMIC UPGRAD               | E SPC2/NPC 3   | 10/28/2002<br>12:00:00<br>AM | 11/14/2007<br>12:00:00<br>AM |                    | 05 11/14/2         | 012 FIEL   | . No              |
| Building No: BLD-01834 Latimer Wing             |                |                              | Retrofit/F<br>Project:       | Replacem           | ent                | Yes-Submi  | tted              |
| Facility Project Sub Scope<br>Number Number Num |                | Date Plan<br>in              | Approved P<br>Date           | roj. Start<br>Date | Proj. Comp<br>Date |            | us CEQA<br>Review |
| 10696 HS022859-0 0 SEISMIC UPGRAD               | E SPC2/NPC 3   | 10/28/2002<br>12:00:00<br>AM | 11/14/2007<br>12:00:00<br>AM |                    | 14 10/10/2         | 014 FIEL   | . No              |
| Building No: BLD-01835 Maternity                |                |                              | ] Retrofit/F<br>Project:     | Replacem           | ent                | Yes-Submi  | tted              |
| Facility Project Sub Scope<br>Number Num        |                | Date Plan<br>in              | Approved P<br>Date           | roj. Start<br>Date | Proj. Comp<br>Date |            | us CEQA<br>Review |
| 10696 HS022859-0 0 SEISMIC UPGRAD               | E SPC2/NPC 3   | 10/28/2002<br>12:00:00       | 11/14/2007<br>12:00:00       | 11/15/20           | 12 07/14/2         | 013 FIEL   | . No              |

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| Building Number: BI           | LD-01833          |   | Building Name: |   | Auditorium & Administration |   |                         |
|-------------------------------|-------------------|---|----------------|---|-----------------------------|---|-------------------------|
| Type of Service Prov          | vided             |   |                |   |                             |   |                         |
| Nursing                       | Inpatient<br>Beds | 0 | Inpatient Days | 0 | Surgical                    |   | Obstetrical<br>Recovery |
| IntensiveCare                 | Inpatient<br>Beds | 0 | Inpatient Days | 0 | Anesthesia                  |   | Newborn/<br>WellBaby    |
| Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 | Inpatient Days | 0 | Clinical Lab                |   | Emergency               |
| Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 | Inpatient Days | 0 | Radiological/<br>Imaging    |   | Nuclear<br>Medicine     |
|                               |                   |   |                |   | Pharmaceutical              | _ |                         |
| Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 | Inpatient Days | 0 | Dietetic                    |   | Rehabilitat<br>Therapy  |
| Intermediate<br>Care          | Inpatient<br>Beds | 0 | Inpatient Days | 0 | X Administration            |   | Renal Dial              |
| _                             | Deas              |   | _              |   | X Support<br>Services       |   | Outpatient<br>Surgery   |
| Skilled Nursing               | Inpatient<br>Beds | 0 | Inpatient Days | 0 | Obstetrical                 |   | 0,1                     |

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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: **BLD-01834 Building Name:** Latimer Wing **Type of Service Provided Obstetrical** X Surgical 39 8504 Nursing Inpatient Inpatient Recovery Beds Days Newborn/ IntensiveCare Inpatient 0 **Inpatient Days** 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Intermediate Inpatient Days Inpatient 0 0 Care Beds Outpatient Support Services Surgery Skilled Nursing Inpatient 0 Inpatient Days 0 Beds Obstetrical Total Beds this 39 Cesarean/Deliv Central Plant Building

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| Provide the number of           | inpaient bee      | ds and patient days per type of servio | ce per building per Section 13       | 30061(c)(1)(F)            |
|---------------------------------|-------------------|--|--------------------------------------|---------------------------|
| Building Number: BL             | .D-01835          | Building Name:                         | laternity                            |                           |
| Type of Service Prov            | <u>rided</u>      |  |                                      |                           |
| Nursing                         | Inpatient<br>Beds | 0 Inpatient 0<br>Days                  | Surgical                             | Obstetrical<br>Recovery   |
| IntensiveCare                   | Inpatient<br>Beds | 0 Inpatient Days 0                     | Anesthesia                           | X Newborn/<br>WellBaby    |
| Pediatric/Adol<br>escent        | Inpatient<br>Beds | 0 Inpatient Days 0                     | Clinical Lab                         | Emergency                 |
| Psychiatric<br>Nursing          | Inpatient<br>Beds | 0 Inpatient Days 0                     | Radiological/<br>Imaging             | Nuclear<br>Medicine       |
| X Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 22 Inpatient Days 4172                 | Pharmaceutical     Dietetic          | Rehabilitation<br>Therapy |
| Intermediate<br>Care            | Inpatient<br>Beds | 0 Inpatient Days 0                     |                                      | Renal Dialysis            |
| Skilled Nursing                 | Inpatient<br>Beds | 0 Inpatient Days 0                     | Support<br>Services<br>X Obstetrical | Outpatient<br>Surgery     |
|                                 |                   | Total Beds this 22<br>Building         | Cesarean/Deliv                       | Central Plant             |

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

| Building Number:   | BLD-01833           | Building Name:              | uditorium & Administration |   |  |
|--------------------|---------------------|-----------------------------|----------------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respirato             | ory Care                   | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)      | Burn                        |                            | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric          |                     | intensive Care N<br>Nursery | lewborn                    | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center    |                            | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>Days        | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency      |                            | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed          | Inpatient 0<br>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-01834              | Building Name:               | imer Wing           |   |  |  |  |
|----------------------------------|------------------------|------------------------------|---------------------|---|--|--|--|
| Medical / Surgical (Include GYN) |                        | Acute Respirator             | y Care              | e Acute Psychiatric                     |  |  |  |
| Inpatient 39<br>Bed              | Inpatient 8504<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |
| Perinatal (excluse               | Newborn / GYN)         | Burn                         |                     | Skilled Nursing                         |  |  |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days    | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |
| Pediatric                        |                        | intensive Care Ne<br>Nursery | ewborn              | Intermediate Card                       |  |  |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days    | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |
| Intensive Care                   |                        | Rehabilitation<br>Center     |                     | Int. Care / develop<br>Disabled         | ment                                       |  |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days    | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |
| Coronary Care                    |                        | Chemical<br>Dependency       |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |  |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days    | Inpatient 0<br>Bed           | Inpatient 0<br>Days | 39                                      | 39   |  |  |

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

| Building Number:    | BLD-01835              | Building Name:          | Maternity             |   |  |  |
|---------------------|------------------------|-------------------------|-----------------------|---|--|--|
| Medical / Surgical  | (Include GYN)          | Acute Respi             | ratory Care           | Acute Psychiatric                       | chiatric                                   |  |
| Inpatient 0<br>Bed  | Inpatient 0<br>Days    | Inpatient Bed           | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |
| Perinatal (excluse  | Newborn / GYN)         | Burn                    |                       | Skilled Nursing                         |  |  |
| Inpatient 22<br>Bed | Inpatient 4172<br>Days | Inpatient Bed           | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |
| Pediatric           |                        | intensive Ca<br>Nursery | re Newborn            | Intermediate Card                       |  |  |
| Inpatient 0<br>Bed  | Inpatient 0<br>Days    | Inpatient Bed           | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |
| Intensive Care      |                        | Rehabilitatio<br>Center | n                     | Int. Care / develop<br>Disabled         | ment                                       |  |
| Inpatient 0<br>Bed  | Inpatient 0<br>Days    | Inpatient Bed           | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |
| Coronary Care       |                        | Chemical<br>Dependency  |                       | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |  |
| Inpatient 0<br>Bed  | Inpatient 0<br>Days    | Inpatient Bed           | 0 Inpatient 0<br>Days | 22                                      | 22   |  |

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building  | Building                    | Building to be               |
|-----------|-----------------------------|------------------------------|
| Number    | Name                        | Removed / Replaced / Rebuilt |
| BLD-01833 | Auditorium & Administration | Retrofit                     |

| BLD-01833 | Auditorium & Administration         | Retrofit |
|-----------|-------------------------------------|----------|
| BLD-01834 | Latimer Wing                        | Retrofit |
| BLD-01835 | Maternity                           | Retrofit |
| BLD-01836 | Power Plant                         | Remain   |
| BLD-01837 | Laundry Building                    | Remain   |
| BLD-01838 | Main Building                       | Remain   |
| BLD-01839 | Increment II, Phase 1 - East        | Remain   |
| BLD-01840 | Increment II                        | Remain   |
| BLD-01841 | Maternity Addition                  | Remain   |
| BLD-01842 | Mental Health - South               | Remain   |
| BLD-01843 | Increment II - Phase 2 East&Middle  | Remain   |
| BLD-01844 | Modular Unit                        | Remain   |
| BLD-01845 | NICU Addition                       | Remain   |
| BLD-03020 | Increment II - Phase 2 West Section | Remain   |
| BLD-03542 | Mental Health - North               | Remain   |
| BLD-03548 | Increment II, Phase 1 - North       | Remain   |

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|                   |                |                       |                        |  |                                |
| Report any gene   | ral acute care | hospital inpatient se | ervice that is provide | ed in any genaral acute care               | hospital building that is rate |
|                   |                |                       | •                      |  | •                              |
| SPC-1 per Section | on 130061(c)(4 | )                     |                        |  |                                |
| Building Number:  | BLD-01833      | ,<br>                 | Auditorium & Admin     | istration                                  |                                |
| •                 | BLD-01833      | ,<br>                 | Auditorium & Admin     | istration                                  |                                |
| Building Number:  | BLD-01833      | ,<br>                 | Auditorium & Admin     | istration<br>Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy      |

|   |                          |   | Surgical                 | Obstetrical<br>Cesarean/Deliv |   | Therapy        |
|---|--------------------------|---|--------------------------|-------------------------------|---|----------------|
|   | Nursing                  |   | Anesthesia               |                               |   |                |
|   | IntensiveCare            |   |                          | Obstetrical<br>Recovery       |   | Renal Dialysis |
|   | Pediatric/Adol<br>escent |   | Clinical Lab             |                               |   | Outpatient     |
|   |                          |   | Radiological/<br>Imaging | Newborn/<br>WellBaby          |   | Surgery        |
|   | Psychiatric<br>Nursing   |   | Pharmaceutical           | Emergency                     |   | Central Plant  |
|   | Obstetrical              |   |                          | Nuclear                       | X | Support        |
|   | Ante/Postprtum           |   | Dietetic                 | Medicine                      |   | Services       |
|   | Intermediate<br>Care     |   |                          |                               |   |                |
| _ |                          | X | 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-01834 Buildin             | g Name: Latimer Wing   |                         |                       |  |  |  |  |  |
|--|-------------------------------|------------------------|-------------------------|-----------------------|--|--|--|--|--|
| Type of Service Provided Surgical Obstetrical Rehabilitation |                               |                        |                         |                       |  |  |  |  |  |
| X  | Nursing                       | Anesthesia             | Cesarean/Deliv          | └── Therapy           |  |  |  |  |  |
|  | IntensiveCare                 | Clinical Lab           | Obstetrical<br>Recovery | Renal Dialysis        |  |  |  |  |  |
|  | Pediatric/Adol<br>escent      | Radiological/          | Newborn/<br>WellBaby    | Outpatient<br>Surgery |  |  |  |  |  |
|  | Psychiatric<br>Nursing        | Imaging Pharmaceutical | Emergency               | Central Plant         |  |  |  |  |  |
|  | Obstetrical<br>Ante/Postprtum | Dietetic               | Nuclear<br>Medicine     | Support<br>Services   |  |  |  |  |  |
|  | Intermediate<br>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-01835                    | Building Name: | Μ | aternity                                   |   |                         |  |                       |  |
|--|------------------------------|----------------|---|--|---|-------------------------|--|-----------------------|--|
| Type of Service Provided           Surgical         X         Obstetrical         Rehabilitation |                              |                |   |  |   |                         |  |                       |  |
|  | Nursing                      |                |   | Anesthesia                                 |   | Cesarean/Deliv          |  | Therapy               |  |
|  | IntensiveCare                |                |   |  |   | Obstetrical<br>Recovery |  | Renal Dialysis        |  |
|  | Pediatric/Ado<br>escent      |                |   | Clinical Lab                               | X | Newborn/<br>WellBaby    |  | Outpatient<br>Surgery |  |
|  | Psychiatric<br>Nursing       |                |   | Radiological/<br>Imaging<br>Pharmaceutical |   | Emergency               |  | Central Plant         |  |
| X  | Obstetrical<br>Ante/Postprtu | m              |   | Dietetic                                   |   | Nuclear<br>Medicine     |  | Support<br>Services   |  |
|  | Intermediate<br>Care         |                |   | Administration                             |   |                         |  |                       |  |
|  | Skilled Nursin               | g              |   |  |   |                         |  |                       |  |

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| Building Number: | BLD-01833                   | Building Nar  | ne: Auditorium & Admi    | nistratio | n                             |   |                           |
|------------------|-----------------------------|---------------|--------------------------|-----------|-------------------------------|---|---------------------------|
| Configuration:   | Retrofit Non-Confo          | rming buildir | ng to SPC 2 and NPC 3 a  | and rem   | ove from service by 2030      |   |                           |
| Type of Service  | Provided                    |               |                          |           |                               |   |                           |
|                  | ursing                      |               | Surgical                 |           | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| Int              | tensiveCare                 |               | Anesthesia               |           | Obstetrical                   |   | Renal Dialysis            |
|                  | ediatric/Adol<br>scent      |               | Clinical Lab             |           | Recovery                      |   |                           |
|                  | sychiatric<br>ursing        |               | Radiological/<br>Imaging |           | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                  |                             |               | Pharmaceutical           |           |                               |   |                           |
| -                | ostetrical<br>hte/Postprtum |               |                          |           | Emergency                     |   | Central Plant             |
|                  | termediate<br>are           |               | Dietetic                 |           | M. J. S. MARINA               |   |                           |
|                  |                             |               |                          |           | Nuclear Medicine              | X | Support<br>Services       |
| Sk Sk            | killed Nursing              | X             | Administration           |           |                               |   |                           |

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| Building Number: | BLD-01834                     | Building Na    | me: Latimer Wing         |         |                               |                           |
|------------------|-------------------------------|----------------|--------------------------|---------|-------------------------------|---------------------------|
| Configuration:   | Retrofit Non-Confo            | orming buildir | ng to SPC 2 and NPC 3    | and rem | ove from service by 2030      |                           |
| Type of Servic   | e Provided                    |                |                          |         |                               |                           |
| XN               | lursing                       |                | Surgical                 |         | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| lr Ir            | ntensiveCare                  |                | Anesthesia               |         | Obstetrical                   | Renal Dialysis            |
|                  | Pediatric/Adol<br>scent       |                | Clinical Lab             |         | Recovery                      |                           |
|                  | Psychiatric<br>Iursing        |                | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                  | Dbstetrical<br>Inte/Postprtum |                | Pharmaceutical           |         | Emerana                       | Central Plant             |
| lr               | ntermediate                   |                | Dietetic                 |         | Emergency                     | Central Plant             |
| _                | care<br>Skilled Nursing       |                | Administration           |         | Nuclear Medicine              | Support<br>Services       |

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| Building Numbe | r: BLD-01835             | Building Na   | me: Maternity            |         |                               |                           |
|----------------|--------------------------|---------------|--------------------------|---------|-------------------------------|---------------------------|
| Configuration: | Retrofit Non-Confo       | orming buildi | ng to SPC 2 and NPC 3    | and rem | ove from service by 2030      |                           |
| Type of Serv   | ice Provided             |               |                          |         |                               |                           |
|                | Nursing                  |               | Surgical                 | X       | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare            |               | Anesthesia               |         | Obstetrical                   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |               | Clinical Lab             |         | Recovery                      |                           |
|                | Psychiatric<br>Nursing   |               | Radiological/<br>Imaging | X       | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
| X              | Obstetrical              |               | Pharmaceutical           |         |                               |                           |
|                | Ante/Postprtum           |               |                          |         | Emergency                     | Central Plant             |
|                | Intermediate             |               | Dietetic                 |         |                               |                           |
|                | Care                     |               |                          |         | Nuclear Medicine              | Support<br>Services       |
|                | Skilled Nursing          |               | Administration           |         |                               |                           |

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| Building Numbe | er: BLD-01836            | Building Na | me: Power Plant          |                               |   |                           |
|----------------|--------------------------|-------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration: | N/A                      |             |                          |                               |   |                           |
| Type of Serv   | vice Provided            |             |                          |                               |   |                           |
|                | Nursing                  |             | Surgical                 | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare            |             | Anesthesia               | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |             | Clinical Lab             | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical              |             | Pharmaceutical           |                               |   |                           |
|                | Ante/Postprtum           |             |                          | Emergency                     | Х | Central Plant             |
|                | Intermediate             |             | Dietetic                 |                               |   |                           |
|                | Care                     |             |                          | Nuclear Medicine              |   | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |                               |   |                           |

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| Building Numbe | er: BLD-01837            | Building Na | me: Laundry Building     |   |                               |   |                           |
|----------------|--------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration: | N/A                      |             |                          |   |                               |   |                           |
| Type of Serv   | vice Provided            |             |                          |   |                               |   |                           |
|                | Nursing                  |             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare            |             | Anesthesia               |   | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |             | Clinical Lab             |   | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical              |             | Pharmaceutical           |   |                               |   |                           |
|                | Ante/Postprtum           |             |                          |   | Emergency                     |   | Central Plant             |
|                | Intermediate             |             | Dietetic                 | _ |                               |   |                           |
|                | Care                     |             |                          |   | Nuclear Medicine              | Х | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |   |                               |   |                           |

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| Building Numbe | er: BLD-01838            | Building Na | me: Main Building        |                               |                           |
|----------------|--------------------------|-------------|--------------------------|-------------------------------|---------------------------|
| Configuration  | : N/A                    |             |                          |                               |                           |
| Type of Serv   | vice Provided            |             |                          |                               |                           |
| X              | Nursing                  | X           | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| X              | IntensiveCare            |             | Anesthesia               | Obstetrical                   | Renal Dialysis            |
| X              | Pediatric/Adol<br>escent |             | Clinical Lab             | Recovery                      |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                | Obstetrical              |             | Pharmaceutical           |                               |                           |
|                | Ante/Postprtum           |             |                          | Emergency                     | Central Plant             |
|                | Intermediate             |             | Dietetic                 |                               |                           |
|                | Care                     |             |                          | Nuclear Medicine              | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |                               | 00111003                  |

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| Building Number | : BLD-01839              | Building Na | me: Increment II, Phas   | e 1 - Ea | st                            |   |                           |
|-----------------|--------------------------|-------------|--------------------------|----------|-------------------------------|---|---------------------------|
| Configuration:  | N/A                      |             |                          |          |                               |   |                           |
| Type of Servi   | ce Provided              |             |                          |          |                               |   |                           |
|                 | Nursing                  |             | Surgical                 |          | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                 | IntensiveCare            |             | Anesthesia               |          | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                 | Pediatric/Adol<br>escent |             | Clinical Lab             |          | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging |          | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                 | Obstetrical              |             | Pharmaceutical           |          |                               |   |                           |
|                 | Ante/Postprtum           |             |                          |          | Emergency                     |   | Central Plant             |
|                 | Intermediate<br>Care     |             | Dietetic                 |          |                               |   |                           |
|                 | Cale                     |             |                          |          | Nuclear Medicine              | Х | Support<br>Services       |
|                 | Skilled Nursing          |             | Administration           |          |                               |   |                           |

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| Building Numbe | er: BLD-01840            | Building Na | me: Increment II         |   |                               |   |                           |
|----------------|--------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration  | : N/A                    |             |                          |   |                               |   |                           |
| Type of Serv   | vice Provided            |             |                          |   |                               |   |                           |
|                | Nursing                  |             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare            |             | Anesthesia               |   | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |             | Clinical Lab             |   | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical              |             | Pharmaceutical           |   |                               |   |                           |
|                | Ante/Postprtum           |             |                          |   | Emergency                     |   | Central Plant             |
|                | Intermediate             |             | Dietetic                 | _ |                               |   |                           |
|                | Care                     |             |                          |   | Nuclear Medicine              | Х | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |   |                               |   | 00111003                  |

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|            | 2012 10696                     | 2012 10696 San Antonio Community Hospital | 2012 10696 San Antonio Community Hospital | 2012     10696     San Antonio Community Hospital     Upland |

| Building Numbe | r: BLD-01841             | Building Na | me: Maternity Addition   |   |                               |                           |
|----------------|--------------------------|-------------|--------------------------|---|-------------------------------|---------------------------|
| Configuration: | N/A                      |             |                          |   |                               |                           |
| Type of Serv   | ice Provided             |             |                          |   |                               |                           |
|                | Nursing                  |             | Surgical                 | X | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare            |             | Anesthesia               |   | Obstetrical<br>Recovery       | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |             | Clinical Lab             |   | Recovery                      |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
| x              | Obstetrical              |             | Pharmaceutical           |   |                               |                           |
| ~              | Ante/Postprtum           |             |                          |   | Emergency                     | Central Plant             |
|                | Intermediate             |             | Dietetic                 |   |                               |                           |
|                | Care                     |             |                          |   | Nuclear Medicine              | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |   |                               |                           |

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|            | 2012 10696                     | 2012 10696 San Antonio Community Hospital | 2012   10696   San Antonio Community Hospital | 2012     10696     San Antonio Community Hospital     Upland |

| Building Numbe | r: BLD-01842             | Building Na | me: Mental Health - S    | outh |                               |   |                           |
|----------------|--------------------------|-------------|--------------------------|------|-------------------------------|---|---------------------------|
| Configuration: | N/A                      |             |                          |      |                               |   |                           |
| Type of Serv   | rice Provided            |             |                          |      |                               |   |                           |
|                | Nursing                  |             | Surgical                 |      | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare            |             | Anesthesia               |      | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |             | Clinical Lab             |      | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging |      | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical              |             | Pharmaceutical           |      |                               |   |                           |
|                | Ante/Postprtum           |             |                          |      | Emergency                     |   | Central Plant             |
|                | Intermediate             |             | Dietetic                 |      |                               |   |                           |
|                | Care                     |             |                          |      | Nuclear Medicine              | X | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |      |                               |   |                           |

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| Building Numbe | er: BLD-01843            | Building Na | me: Increment II - Ph    | ase 2 Eas | t&Middle                      |   |                           |
|----------------|--------------------------|-------------|--------------------------|-----------|-------------------------------|---|---------------------------|
| Configuration: | N/A                      |             |                          |           |                               |   |                           |
| Type of Serv   | vice Provided            |             |                          |           |                               |   |                           |
|                | Nursing                  |             | Surgical                 |           | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare            |             | Anesthesia               |           | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |             | Clinical Lab             |           | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging |           | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical              |             | Pharmaceutical           |           |                               |   |                           |
|                | Ante/Postprtum           |             |                          |           | Emergency                     |   | Central Plant             |
|                | Intermediate             |             | Dietetic                 |           |                               |   |                           |
|                | Care                     |             |                          |           | Nuclear Medicine              | Х | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |           |                               |   | 00111003                  |

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| Building Numbe | er: BLD-01844                 | Building Na | me: Modular Unit         |   |                               |   |                           |
|----------------|-------------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration  | : N/A                         |             |                          |   |                               |   |                           |
| Type of Serv   | vice Provided                 |             |                          |   |                               |   |                           |
|                | Nursing                       |             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |             | Anesthesia               |   | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |             | Clinical Lab             |   | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           | _ |                               | _ |                           |
|                | Ante/Postphum                 |             |                          |   | Emergency                     |   | Central Plant             |
|                | Intermediate                  |             | Dietetic                 | _ |                               |   |                           |
|                | Care                          |             |                          |   | Nuclear Medicine              | Х | Support<br>Services       |
|                | Skilled Nursing               |             | Administration           |   |                               |   | 2011000                   |

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| Building Numbe | er: BLD-01845            | Building Na | me: NICU Addition        |   |                               |   |                           |
|----------------|--------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration  | : N/A                    |             |                          |   |                               |   |                           |
| Type of Ser    | vice Provided            |             |                          |   |                               |   |                           |
|                | Nursing                  |             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X              | IntensiveCare            |             | Anesthesia               |   | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent |             | Clinical Lab             |   | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing   |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical              |             | Pharmaceutical           |   |                               |   |                           |
|                | Ante/Postprtum           |             |                          |   | Emergency                     |   | Central Plant             |
|                | Intermediate             |             | Dietetic                 | _ |                               | _ |                           |
|                | Care                     |             |                          |   | Nuclear Medicine              |   | Support<br>Services       |
|                | Skilled Nursing          |             | Administration           |   |                               |   |                           |

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| Building Number:         BLD-03020         Building Name:         Increment II - Phase 2 West Section |                          |  |                          |  |                               |   |                           |  |  |
|---|--------------------------|--|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Configuration:  | N/A                      |  |                          |  |                               |   |                           |  |  |
| Type of Serv  | vice Provided            |  |                          |  |                               |   |                           |  |  |
|   | Nursing                  |  | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |
|   | IntensiveCare            |  | Anesthesia               |  | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |  |
|   | Pediatric/Adol<br>escent |  | Clinical Lab             |  | Recovery                      |   |                           |  |  |
|   | Psychiatric<br>Nursing   |  | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |
|   | Obstetrical              |  | Pharmaceutical           |  |                               |   |                           |  |  |
|   | Ante/Postprtum           |  |                          |  | Emergency                     |   | Central Plant             |  |  |
|   | Intermediate             |  | Dietetic                 |  |                               |   |                           |  |  |
|   | Care                     |  |                          |  | Nuclear Medicine              | Х | Support<br>Services       |  |  |
|   | Skilled Nursing          |  | Administration           |  |                               |   | 20.000                    |  |  |

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| Building Number: BLD-03542 Building Name: Mental Health - North |                          |  |                          |  |                               |   |                           |  |  |
|---|--------------------------|--|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Configuration   | : N/A                    |  |                          |  |                               |   |                           |  |  |
| Type of Serv  | vice Provided            |  |                          |  |                               |   |                           |  |  |
| X   | Nursing                  |  | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |
|   | IntensiveCare            |  | Anesthesia               |  | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |  |
|   | Pediatric/Adol<br>escent |  | Clinical Lab             |  | Recovery                      |   |                           |  |  |
|   | Psychiatric<br>Nursing   |  | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          | Х | Outpatient<br>Surgery     |  |  |
|   | Obstetrical              |  | Pharmaceutical           |  |                               |   |                           |  |  |
|   | Ante/Postprtum           |  |                          |  | Emergency                     |   | Central Plant             |  |  |
|   | Intermediate             |  | Dietetic                 |  |                               |   |                           |  |  |
|   | Care                     |  |                          |  | Nuclear Medicine              |   | Support<br>Services       |  |  |
|   | Skilled Nursing          |  | Administration           |  |                               |   |                           |  |  |

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| Building Number:         BLD-03548         Building Name:         Increment II, Phase 1 - North |                          |  |                          |  |                               |   |                           |  |  |
|---|--------------------------|--|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Configuration:  | N/A                      |  |                          |  |                               |   |                           |  |  |
| Type of Serv  | vice Provided            |  |                          |  |                               |   |                           |  |  |
|   | Nursing                  |  | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |
|   | IntensiveCare            |  | Anesthesia               |  | Obstetrical                   |   | Renal Dialysis            |  |  |
|   | Pediatric/Adol<br>escent |  | Clinical Lab             |  | Recovery                      |   |                           |  |  |
|   | Psychiatric<br>Nursing   |  | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |
|   | Obstetrical              |  | Pharmaceutical           |  |                               |   |                           |  |  |
|   | Ante/Postprtum           |  |                          |  | Emergency                     |   | Central Plant             |  |  |
|   | Intermediate             |  | Dietetic                 |  |                               |   |                           |  |  |
|   | Care                     |  |                          |  | Nuclear Medicine              | Х | Support<br>Services       |  |  |
|   | Skilled Nursing          |  | Administration           |  |                               |   | 00111003                  |  |  |

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

| Buildi | ng Number: BLI                | D-01836           | Building I | Name: Po | ower Plant               |                               |                           |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|---------------------------|
| Туре   | e of Service Prov             | ided              |            |          |                          |                               |                           |
|        | Nursing                       | Inpatient<br>Beds | 0          |          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |          | Anesthesia               |                               |                           |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |          | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |          | Pharmaceutical           | Emergency                     | X Central Plant           |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |          | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |          | Administration           |                               |                           |
|        | Total Beds this<br>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)

| Buildir | ng Number: BL                 | D-01837           | Building I | Name: La | undry Building           |                               |                           |  |  |  |
|---------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре    | Type of Service Provided      |                   |            |          |                          |                               |                           |  |  |  |
|         | Nursing                       | Inpatient<br>Beds | 0          |          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
|         | IntensiveCare                 | Inpatient<br>Beds | 0          |          | Anesthesia               |                               |                           |  |  |  |
|         | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |          | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|         | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |
|         | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |          | Pharmaceutical           | Emergency                     | Central Plant             |  |  |  |
|         | Intermediate<br>Care          | Inpatient<br>Beds | 0          |          | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |  |  |
|         | Skilled Nursing               | Inpatient<br>Beds | 0          |          | Administration           |                               |                           |  |  |  |
|         | Total Beds this<br>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-01838 Building Name: Main Building |                               |                   |     |   |                          |                               |                           |  |
|---|-------------------------------|-------------------|-----|---|--------------------------|-------------------------------|---------------------------|--|
| Туре  | Type of Service Provided      |                   |     |   |                          |                               |                           |  |
| X   | Nursing                       | Inpatient<br>Beds | 139 | X | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
| X   | IntensiveCare                 | Inpatient<br>Beds | 24  |   | Anesthesia               |                               |                           |  |
| X   | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 25  |   | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0   |   | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0   |   | Pharmaceutical           | Emergency                     | Central Plant             |  |
|   | Intermediate<br>Care          | Inpatient<br>Beds | 0   |   | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0   |   | Administration           |                               |                           |  |
|   | Total Beds this<br>Building   |                   | 188 |   |                          |                               |                           |  |

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

| Buildi | ng Number: BLC                | 0-01839           | Building N | Name: Inc | crement II, Phase 1      | - East                        |                           |  |
|--------|-------------------------------|-------------------|------------|-----------|--------------------------|-------------------------------|---------------------------|--|
| Туре   | Type of Service Provided      |                   |            |           |                          |                               |                           |  |
|        | Nursing                       | Inpatient<br>Beds | 0          |           | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |           | Anesthesia               |                               |                           |  |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |           | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |           | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |           | Pharmaceutical           | Emergency                     | Central Plant             |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |           | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |           | Administration           |                               |                           |  |
|        | Total Beds this<br>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)

| Buildi | ng Number: BLI                | D-01840           | Building I | Name: Inc | crement II               |                               |                           |
|--------|-------------------------------|-------------------|------------|-----------|--------------------------|-------------------------------|---------------------------|
| Туре   | e of Service Prov             | ided              |            |           |                          |                               |                           |
|        | Nursing                       | Inpatient<br>Beds | 0          |           | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |           | Anesthesia               |                               |                           |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |           | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |           | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |           | Pharmaceutical           | Emergency                     | Central Plant             |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |           | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |           | Administration           |                               |                           |
|        | Total Beds this<br>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)

| Buildi | Building Number: BLD-01841 Building Name: Maternity Addition |                   |    |  |                          |                                 |                           |  |
|--------|--|-------------------|----|--|--------------------------|---------------------------------|---------------------------|--|
| Туре   | Type of Service Provided                                     |                   |    |  |                          |                                 |                           |  |
|        | Nursing  | Inpatient<br>Beds | 0  |  | Surgical                 | X Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
|        | IntensiveCare  | Inpatient<br>Beds | 0  |  | Anesthesia               |                                 |                           |  |
|        | Pediatric/Adol<br>escent                                     | Inpatient<br>Beds | 0  |  | Clinical Lab             | Obstetrical<br>Recovery         | Renal Dialysis            |  |
|        | Psychiatric<br>Nursing                                       | Inpatient<br>Beds | 0  |  | Radiological/<br>Imaging | Newborn/<br>WellBaby            | Outpatient<br>Surgery     |  |
| X      | Obstetrical<br>Ante/Postprtum                                | Inpatient<br>Beds | 10 |  | Pharmaceutical           | Emergency                       | Central Plant             |  |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0  |  | Dietetic                 | Nuclear<br>Medicine             | Support<br>Services       |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0  |  | Administration           |                                 |                           |  |
|        | Total Beds this<br>Building                                  |                   | 10 |  |                          |                                 |                           |  |

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

| Buildi | ng Number: BLI                | D-01842           | Building N | ame: <mark>Me</mark> | ntal Health - South      |                               |                           |  |  |  |
|--------|-------------------------------|-------------------|------------|----------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре   | Type of Service Provided      |                   |            |                      |                          |                               |                           |  |  |  |
|        | Nursing                       | Inpatient<br>Beds | 0          |                      | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |                      | Anesthesia               |                               |                           |  |  |  |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |                      | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |                      | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |                      | Pharmaceutical           | Emergency                     | Central Plant             |  |  |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |                      | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |  |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |                      | Administration           |                               |                           |  |  |  |
|        | Total Beds this<br>Building   |                   | 0          |                      |                          |                               |                           |  |  |  |

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|              |        |      |     |         |       |         |          |  |   |        |  | 141 1 |            |    |

| Buildi | ng Number: BL                 | D-01843           | Building | Name: In | crement II - Phase 2     | 2 East&Middle                 |                           |
|--------|-------------------------------|-------------------|----------|----------|--------------------------|-------------------------------|---------------------------|
| Туре   | e of Service Prov             | <u>vided</u>      |          |          |                          |                               |                           |
|        | Nursing                       | Inpatient<br>Beds | 0        |          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|        | IntensiveCare                 | Inpatient<br>Beds | 0        |          | Anesthesia               |                               |                           |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0        |          | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0        |          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0        |          | Pharmaceutical           | Emergency                     | Central Plant             |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0        |          | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |
|        | Skilled Nursing               | Inpatient<br>Beds | 0        |          | Administration           |                               |                           |
|        | Total Beds this<br>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)

| Buildi | Building Number: BLD-01844 Building Name: Modular Unit |                   |   |  |                          |                               |                           |  |  |  |
|--------|--|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре   | Type of Service Provided                               |                   |   |  |                          |                               |                           |  |  |  |
|        | Nursing  | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
|        | IntensiveCare  | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |  |  |
|        | Pediatric/Adol<br>escent                               | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|        | Psychiatric<br>Nursing                                 | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |
|        | Obstetrical<br>Ante/Postprtum                          | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | Central Plant             |  |  |  |
|        | Intermediate<br>Care                                   | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |  |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |  |  |
|        | Total Beds this<br>Building                            |                   | 0 |  |                          |                               |                           |  |  |  |

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| Buildi | ng Number: BLI                | D-01845           | Building N | Name: Ni | CU Addition              |                               |                           |  |  |  |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре   | Type of Service Provided      |                   |            |          |                          |                               |                           |  |  |  |
|        | Nursing                       | Inpatient<br>Beds | 0          |          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
| X      | IntensiveCare                 | Inpatient<br>Beds | 20         |          | Anesthesia               |                               |                           |  |  |  |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |          | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |          | Pharmaceutical           | Emergency                     | Central Plant             |  |  |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |          | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |  |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |          | Administration           |                               |                           |  |  |  |
|        | Total Beds this<br>Building   |                   | 20         |          |                          |                               |                           |  |  |  |

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|              |            |                                |        |               |

| Building Number: BLD-03020 Building Name: Increment II - Phase 2 West Section |                               |                   |   |  |                          |                               |                           |  |  |  |
|---|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре  | Type of Service Provided      |                   |   |  |                          |                               |                           |  |  |  |
|   | Nursing                       | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
|   | IntensiveCare                 | Inpatient<br>Beds | 0 |  | Anesthesia               |                               |                           |  |  |  |
|   | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |
|   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                     | Central Plant             |  |  |  |
|   | Intermediate<br>Care          | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |  |  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0 |  | Administration           |                               |                           |  |  |  |
|   | Total Beds this<br>Building   |                   | 0 |  |                          |                               |                           |  |  |  |

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| Buildi | ng Number: BLI                | D-03542           | Building I | Name: Me | ental Health - North     |                               |                           |  |  |  |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре   | Type of Service Provided      |                   |            |          |                          |                               |                           |  |  |  |
| X      | Nursing                       | Inpatient<br>Beds | 0          |          | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |          | Anesthesia               |                               |                           |  |  |  |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |          | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | X Outpatient<br>Surgery   |  |  |  |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |          | Pharmaceutical           | Emergency                     | Central Plant             |  |  |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |          | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |  |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |          | Administration           |                               |                           |  |  |  |
|        | Total Beds this<br>Building   |                   | 0          |          |                          |                               |                           |  |  |  |

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|              |            |                                |        |               |

| Buildi | ng Number: BL                 | D-03548           | Building N | Name: | ncrement II, Phase 1     | - North                       |                           |
|--------|-------------------------------|-------------------|------------|-------|--------------------------|-------------------------------|---------------------------|
| Туре   | e of Service Prov             | <u>vided</u>      |            |       |                          |                               |                           |
|        | Nursing                       | Inpatient<br>Beds | 0          |       | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|        | IntensiveCare                 | Inpatient<br>Beds | 0          |       | Anesthesia               |                               |                           |
|        | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |       | Clinical Lab             | Obstetrical<br>Recovery       | Renal Dialysis            |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |       | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |       | Pharmaceutical           | Emergency                     | Central Plant             |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |       | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |       | Administration           |                               |                           |
|        | Total Beds this<br>Building   |                   | 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-01836      | Building Name:         | Power Plant         |                                       |   |
|----------------------|----------------|------------------------|---------------------|---------------------------------------|---|
| Medical / Surgical ( | Include GYN)   | Acute Res              | piratory Care       | Acute Psychia                         | atric   |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient<br>Bed     | 0 Inpatient<br>Days | 0 Inpatient<br>Bed                    | 0 Inpatient 0<br>Days                         |
| Perinatal (excluse N | lewborn / GYN) | Burn                   |                     | Skilled Nursin                        | g   |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient Bed        | 0 Inpatient Days    | 0 Inpatient Bed                       | 0 Inpatient 0<br>Days                         |
| Pediatric            |                | intensive (<br>Nursery | Care Newborn        | Intermediate (                        | Card  |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient Bed        | 0 Inpatient<br>Days | 0 Inpatient Bed                       | 0 Inpatient 0<br>Days                         |
| Intensive Care       |                | Rehabilitat<br>Center  | ion                 | Int. Care / dev<br>Disabled           | elopment                                      |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient Bed        | 0 Inpatient Days    | 0 Inpatient<br>Bed                    | 0 Inpatient 0<br>Days                         |
| Coronary Care        |                | Chemical<br>Dependenc  | cy                  | Total Beds th<br>Building Per<br>Unit | is Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient Bed        | 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-01837      | Building N    | ame: Laur               | ndry Building       |   |  |
|-----------------------|----------------|---------------|-------------------------|---------------------|---|--|
| Medical / Surgical (I | nclude GYN)    | Ас            | ite Respiratory         | Care                | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed    | Inpatient Days | 0 Inpa<br>Bec | atient 0                | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N  | lewborn / GYN) | Bu            | n                       |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed    | Inpatient Days | 0 Inpa<br>Bec | atient 0                | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric             |                |               | ensive Care New<br>sery | wborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed    | Inpatient Days | 0 Inpa<br>Bec | atient 0                | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care        |                | Rel<br>Cer    | abilitation<br>iter     |                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed    | Inpatient Days | 0 Inpa<br>Bec | atient 0                | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care         |                |               | emical<br>bendency      |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed    | Inpatient Days | 0 Inpa<br>Bec | atient 0                | Inpatient 0<br>Days | 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-01838 Build         | ling Name: Ma               | ain Building          |   |  |
|----------------------|-------------------------|-----------------------------|-----------------------|---|--|
| Medical / Surgical ( | Include GYN)            | Acute Respirato             | ry Care               | Acute Psychiatric                       |  |
| Inpatient 139<br>Bed | Inpatient 32910<br>Days | Inpatient (<br>Bed          | ) Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N | Newborn / GYN)          | Burn                        |                       | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days     | Inpatient (                 | Days                  | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                         | intensive Care N<br>Nursery | ewborn                | Intermediate Card                       |  |
| Inpatient 25<br>Bed  | Inpatient 2336<br>Days  | Inpatient (<br>Bed          | ) Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                         | Rehabilitation<br>Center    |                       | Int. Care / developi<br>Disabled        | nent                                       |
| Inpatient 12<br>Bed  | Inpatient 3661<br>Days  | Inpatient (                 | ) Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                         | Chemical<br>Dependency      |                       | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 12<br>Bed  | Inpatient 3428<br>Days  | Inpatient (                 | ) Inpatient 0<br>Days | 188                                     | 188  |

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|               |             | on the number<br>er Section 1300 |                       | pe of unit provided by | / buildings that are class | sified as SPC-2, SPC-3, |
| Building N    | lumber:     | BLD-01839                        | Building Name:        | Increment II, Phase    | 1 - East                   |                         |
| Medical / S   | Surgical (I | nclude GYN)                      | Acute Res             | piratory Care          | Acute Psychi               | iatric                  |
| Inpatient Bed | 0           | Inpatient Days                   | 0 Inpatient Bed       | 0 Inpatient Days       | 0 Inpatient<br>Bed         | 0 Inpatient 0<br>Days   |

| Medical / Surgical (Incl | ude GYN)            | Acute Respiratory             | Care                | Acute Psychiatric                       |  |
|--------------------------|---------------------|-------------------------------|---------------------|---|--|
| Inpatient 0<br>Bed       | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse New   | /born / GYN)        | Burn                          |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed       | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric                |                     | intensive Care New<br>Nursery | vborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed       | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care           |                     | Rehabilitation<br>Center      |                     | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed       | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care            |                     | Chemical<br>Dependency        |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed       | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | 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-01840         | Building Name:         | Increment II     |   |  |
|-----------------------|-------------------|------------------------|------------------|---|--|
| Medical / Surgical (I | nclude GYN)       | Acute Res              | piratory Care    | Acute Psychia                           | ric  |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpatient Bed        | 0 Inpatient Days | 0 Inpatient<br>Bed                      | 0 Inpatient 0<br>Days                        |
| Perinatal (excluse N  | lewborn / GYN)    | Burn                   |                  | Skilled Nursing                         | I  |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpatient Bed        | 0 Inpatient Days | 0 Inpatient<br>Bed                      | 0 Inpatient 0<br>Days                        |
| Pediatric             |                   | intensive C<br>Nursery | Care Newborn     | Intermediate C                          | ard  |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpatient Bed        | 0 Inpatient Days | 0 Inpatient Bed                         | 0 Inpatient 0<br>Days                        |
| Intensive Care        |                   | Rehabilitat<br>Center  | ion              | Int. Care / deve<br>Disabled            | lopment                                      |
| Inpatient 0<br>Bed    | Inpatient<br>Days | 0 Inpatient Bed        | 0 Inpatient Days | 0 Inpatient<br>Bed                      | 0 Inpatient 0<br>Days                        |
| Coronary Care         |                   | Chemical<br>Dependenc  | cy               | Total Beds this<br>Building Per<br>Unit | 5 Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed    | Inpatient Days    | 0 Inpatient<br>Bed     | 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-01841           | Building Name:          | Maternity Addition |   |  |
|----------------------|---------------------|-------------------------|--------------------|---|--|
| Medical / Surgical ( | Include GYN)        | Acute Resp              | iratory Care       | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed   | Inpatient Days      | 0 Inpatient<br>Bed      | 0 Inpatient Days   | 0 Inpatient 0<br>Bed                    | Inpatient 0<br>Days                        |
| Perinatal (excluse N | Newborn / GYN)      | Burn                    |                    | Skilled Nursing                         |  |
| Inpatient 10<br>Bed  | Inpatient 1<br>Days | 897 Inpatient Bed       | 0 Inpatient Days   | 0 Inpatient 0<br>Bed                    | Inpatient 0<br>Days                        |
| Pediatric            |                     | intensive Ca<br>Nursery | are Newborn        | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient Days      | 0 Inpatient Bed         | 0 Inpatient Days   | 0 Inpatient 0<br>Bed                    | Inpatient 0<br>Days                        |
| Intensive Care       |                     | Rehabilitatio<br>Center | on                 | Int. Care / develop<br>Disabled         | nent                                       |
| Inpatient 0<br>Bed   | Inpatient<br>Days   | 0 Inpatient Bed         | 0 Inpatient Days   | 0 Inpatient 0<br>Bed                    | Inpatient 0<br>Days                        |
| Coronary Care        |                     | Chemical<br>Dependency  | /                  | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient<br>Days   | 0 Inpatient Bed         | 0 Inpatient Days   | 0 10                                    | 10   |

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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-01842      | Build | ing Name:                | Ment  | al Health - South   |   |  |
|-----------------------|----------------|-------|--------------------------|-------|---------------------|---|--|
| Medical / Surgical (I | nclude GYN)    |       | Acute Respira            | atory | Care                | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed    | Inpatient Days | 0     | Inpatient<br>Bed         | 0     | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N  | ewborn / GYN)  |       | Burn                     |       |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed    | Inpatient Days | 0     | Inpatient                | 0     | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric             |                |       | intensive Car<br>Nursery | e Nev | vborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed    | Inpatient Days | 0     | Inpatient Bed            | 0     | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care        |                |       | Rehabilitatior<br>Center | ı     |                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed    | Inpatient Days | 0     | Inpatient                | 0     | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care         |                |       | Chemical<br>Dependency   |       |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed    | Inpatient Days | 0     | Inpatient Bed            | 0     | Inpatient 0<br>Days | 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-01843       Building Name:       Increment II - Phase 2 East&Middle  |                                     |                                    |  |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care              | Acute Psychiatric                  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient<br>Bed Days | 0 Inpatient 0 Inp<br>Bed Da        | atient 0<br>ys                             |  |  |  |  |  |
| Perinatal (excluse Newborn / GYN)   | Burn                                | Skilled Nursing                    |  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient Bed Days    | 0 Inpatient 0 Inp<br>Bed Da        | atient 0<br>ys                             |  |  |  |  |  |
| Pediatric   | intensive Care Newborn<br>Nursery   | Intermediate Card                  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient Bed Days    | 0 Inpatient 0 Inp<br>Bed Da        | atient 0<br>ys                             |  |  |  |  |  |
| Intensive Care  | Rehabilitation<br>Center            | Int. Care / developmen<br>Disabled | t  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient Bed Days    | 0 Inpatient 0 Inp<br>Bed Da        | atient 0<br>ys                             |  |  |  |  |  |
| Coronary Care   | Chemical<br>Dependency              | Building Per                       | Total Beds this<br>Building Per<br>Service |  |  |  |  |  |

0

0

Inpatient Days

Inpatient Bed

**Submission Date:** 10/17/2012

0

Inpatient Days

0

Inpatient Bed

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-01844      | Building Name:         | Modular Unit        |                |                         |  |
|----------------------|----------------|------------------------|---------------------|----------------|-------------------------|--|
| Medical / Surgical ( | Include GYN)   | Acute Res              | piratory Care       | Acut           | e Psychiatric           |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient<br>Bed     | 0 Inpatient<br>Days | 0 Inpat<br>Bed | ient 0                  | Inpatient 0<br>Days                        |
| Perinatal (excluse N | lewborn / GYN) | Burn                   |                     | Skill          | ed Nursing              |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient Bed        | 0 Inpatient<br>Days | 0 Inpat<br>Bed | ient 0                  | Inpatient 0<br>Days                        |
| Pediatric            |                | intensive (<br>Nursery | Care Newborn        | Inter          | mediate Card            |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient<br>Bed     | 0 Inpatient<br>Days | 0 Inpat<br>Bed | ient 0                  | Inpatient 0<br>Days                        |
| Intensive Care       |                | Rehabilitat<br>Center  | tion                | Int. C<br>Disa | care / develop<br>bled  | ment                                       |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient Bed        | 0 Inpatient<br>Days | 0 Inpat<br>Bed | ient 0                  | Inpatient 0<br>Days                        |
| Coronary Care        |                | Chemical<br>Dependen   | су                  |                | l Beds this<br>ding Per | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatient Bed        | 0 Inpatient<br>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-01845      | Building Name     | e: NICL          | J Addition             |   |  |
|----------------------|----------------|-------------------|------------------|------------------------|---|--|
| Medical / Surgical ( | Include GYN)   | Acute             | Respiratory      | Care                   | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatier<br>Bed | nt 0             | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N | lewborn / GYN) | Burn              |                  |                        | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatier<br>Bed | nt 0             | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                | intensi<br>Nurser | ve Care Nev<br>y | vborn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatier<br>Bed | nt 20            | Inpatient 3811<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                | Rehabi<br>Center  | litation         |                        | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatier<br>Bed | nt O             | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                | Chemic<br>Depend  |                  |                        | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient Days | 0 Inpatier<br>Bed | nt 0             | Inpatient 0<br>Days    | 20                                      | 20   |

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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-03020       Building Name:       Increment II - Phase 2 West Section   |                                   |  |  |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care            | Acute Psychiatric  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient Days      | 0 Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |  |
| Perinatal (excluse Newborn / GYN)   | Burn                              | Skilled Nursing  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient Days      | 0 Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |  |
| Pediatric   | intensive Care Newborn<br>Nursery | Intermediate Card  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient Bed Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |  |
| Intensive Care  | Rehabilitation<br>Center          | Int. Care / development<br>Disabled  |  |  |  |  |  |  |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient Days      | 0 Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |  |
| Coronary Care   | Chemical<br>Dependency            | Total Beds this Total Beds this<br>Building Per Building Per<br>Unit Service |  |  |  |  |  |  |

0

Inpatient Days

Inpatient Bed

0

Inpatient Days

0

Inpatient Bed

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-03542      | Buildir | ng Name: Ment                 | al Health - North   |   |  |
|----------------------|----------------|---------|-------------------------------|---------------------|---|--|
| Medical / Surgical ( | Include GYN)   |         | Acute Respiratory             | Care                | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0       | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N | lewborn / GYN) |         | Burn                          |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0       | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                |         | intensive Care Nev<br>Nursery | vborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient Days | 0       | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                |         | Rehabilitation<br>Center      |                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed   | Inpatient Days | 0       | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                |         | Chemical<br>Dependency        |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient Days | 0       | Inpatient 0<br>Bed            | Inpatient 0<br>Days | 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-03548 Building   |                |                  | ing Name: Increment II, Phase |          |                   | I - North |                    |                   |       |
| Medical / Su  | rgical (Includ | e GYN)           | Acute Respir                  | ratory   | Care              |           | Acute Psychiatric  |                   |       |
| Inpatient Bed   |                | patient 0<br>ays | Inpatient Bed                 | 0        | Inpatient Days    | 0         | Inpatient 0<br>Bed | Inpatient<br>Days | 0     |
| Perinatal (ex   | cluse Newbo    | rn / GYN)        | Burn                          |          |                   |           | Skilled Nursing    |                   |       |
| Inpatient Bed   |                | patient 0<br>ays | Inpatient Bed                 | 0        | Inpatient<br>Days | 0         | Inpatient 0<br>Bed | Inpatient<br>Days | 0     |
| Pediatric   |                |                  | intensive Car<br>Nurserv      | re New   | /born             |           | Intermediate Card  |                   |       |

|                    |                     | Null Sel y               |                     |   |  |
|--------------------|---------------------|--------------------------|---------------------|---|--|
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed       | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center |                     | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed       | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency   |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed       | Inpatient 0<br>Days | 0                                       | 0  |

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