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

| Facility Number:        | 11114                              |
|-------------------------|------------------------------------|
| Facility Name:          | Fremont Medical Center             |
| Address:                | 970 Plumas Street                  |
| City:                   | Yuba City                          |
| Lisanital Own or // iss | The street Billion of Health Court |
| Hospital Owner/Lice     | Fremont Rideout Health Group       |
| Year of Rep             | orting: 2012                       |
| Contact 1 e-mail Ad     | dress:                             |
| Contact 2 e-mail Ad     | dress:                             |
| Contact 3 e-mail Add    | lress::                            |
| Name of Sub             | mitter: Tony Moddesette            |
| Submission              | Date: 10/29/2012 10:47:04 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 Completion Date |
|---------------|--|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| BLD-<br>01555 | Building B-1A Generator (1957)               | 970 Plumas Street          | Rebuild                | SPC5                            | 01/01/2020        | 07/01/2015                  |
| BLD-<br>01559 | Building D (ICU Addition - 1970)             | 970 Plumas Street          | Rebuild                | SPC5                            | 01/01/2020        | 07/01/2015                  |
| BLD-<br>03081 | Building B-2 1970<br>Addition                | 970 Plumas Street          | Rebuild                | SPC5                            | 01/01/2020        | 07/01/2015                  |
| BLD-<br>03528 | Building B-1B Generator (1957) (Incinerator) | 970 Plumas Street          | Rebuild                | SPC5                            | 01/01/2020        | 07/01/2015                  |

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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-01555 Building B-1A Generator (1957)   | Retrofit/Replacement Yes-Submitted Project:                                    |
|---|--|
| Facility Project Sub Scope<br>Number Number Num         | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11205 IS081773-0 0 PPR-RMH-ADDITIONS & ALTERATIONS      | 10/6/2008 10/01/2011 01/01/2015 ACTI No<br>12:00:00<br>AM                      |
| Building No: BLD-01559 Building D (ICU Addition - 1970) | Retrofit/Replacement Yes-Submitted Project:                                    |
| Facility Project Sub Scope<br>Number Number Num         | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11205 IS081773-0 0 PPR-RMH-ADDITIONS & ALTERATIONS      | 10/6/2008 10/01/2011 01/01/2015 ACTI No<br>12:00:00<br>AM                      |
| Building No: BLD-03081 Building B-2 1970 Addition       | Retrofit/Replacement Yes-Submitted Project:                                    |
| Facility Project Sub Scope<br>Number Num                | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11205 IS081773-0 0 PPR-RMH-ADDITIONS & ALTERATIONS      | 10/6/2008 10/01/2011 01/01/2015 ACTI No<br>12:00:00<br>AM                      |

Fremont Medical Center Yuba City Report Year: 2012 11114 Page:4 of 39 Building No: BLD-03528 Building B-1B Generator (1957) (Incinerator) Retrofit/Replacement Yes-Submitted Project: Facility Project Sub Number Number Num Status CEQA Scope Date Plan Approved Proj. Start Proj. Completed Date Date Date Review 10/6/2008 11205 IS081773-0 0 PPR-RMH-ADDITIONS & ALTERATIONS 10/01/2011 01/01/2015 **ACTI** No 12:00:00 AM

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

| Building Number: BL        | D-01555           | Building Name:           | Building B-1A Generator (1957) |                           |
|----------------------------|-------------------|--------------------------|--------------------------------|---------------------------|
| Type of Service Prov       | <u>rided</u>      |                          |                                |                           |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days       | Surgical                       | Obstetrical Recovery      |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0       | Anesthesia                     | Newborn/<br>WellBaby      |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0       | Clinical Lab                   | Emergency                 |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0       | Radiological/<br>Imaging       | Nuclear<br>Medicine       |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0       | Pharmaceutical Dietetic        | Rehabilitation<br>Therapy |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0       | Administration                 | Renal Dialysis            |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0       | Support Services Obstetrical   | Outpatient<br>Surgery     |
|                            |                   | Total Beds this Building | Cesarean/Deliv                 | X Central Plant           |

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

| Building Number: BL        | .D-01559          | Building Name:           | Building D (ICU Addition - 1970) |                           |
|----------------------------|-------------------|--------------------------|----------------------------------|---------------------------|
| Type of Service Prov       | <u>ided</u>       |                          |                                  |                           |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days       | Surgical                         | Obstetrical Recovery      |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0       | Anesthesia                       | Newborn/<br>WellBaby      |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0       | Clinical Lab                     | Emergency                 |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0       | Radiological/<br>Imaging         | Nuclear<br>Medicine       |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0       | Pharmaceutical Dietetic          | Rehabilitation<br>Therapy |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0       | Administration                   | Renal Dialysis            |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0       | X Support Services Obstetrical   | Outpatient<br>Surgery     |
|                            |                   | Total Beds this Building | Cesarean/Deliv                   | Central Plant             |

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

| Building Number: BL        | .D-03081          | Building Name:           | Building B-2 1970 Addition   |                        |
|----------------------------|-------------------|--------------------------|------------------------------|------------------------|
| Type of Service Prov       | <u>ided</u>       |                          |                              |                        |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days       | Surgical                     | Obstetrical Recovery   |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0       | Anesthesia                   | Newborn/<br>WellBaby   |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0       | Clinical Lab                 | Emergency              |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0       | Radiological/<br>Imaging     | Nuclear<br>Medicine    |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0       | Pharmaceutical Dietetic      | Rehabilitation Therapy |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0       | X Administration             | Renal Dialysis         |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0       | Support Services Obstetrical | Outpatient Surgery     |
|                            |                   | Total Beds this Building | Cesarean/Deliv               | Central Plant          |

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

| Building Number: BL        | D-03528           | Building Name:           | Building B-1B Generator (1957) (Incinerato | or)                   |
|----------------------------|-------------------|--------------------------|--|-----------------------|
| Type of Service Prov       | <u>ided</u>       |                          |  |                       |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days       | I I Suluical I I see                       | etrical<br>overy      |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0       |  | born/<br>Baby         |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0       | Clinical Lab Eme                           | rgency                |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0       | Radiological/ Nucl Med                     |                       |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0       | Pharmaceutical  Dietetic  Reha Ther        | abilitation<br>apy    |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0       |  | al Dialysis<br>atient |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0       | Services Surg                              |                       |
|                            |                   | Total Beds this Building | Cesarean/Deliv X Cent                      | ral Plant             |

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| Building Number:   | BLD-01555           | Building Name: Bui           | Iding B-1A Generator (19 | 957)                                    |  |
|--------------------|---------------------|------------------------------|--------------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respirator             | y 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 No<br>Nursery | ewborn                   | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0 Days    | Inpatient 0<br>Bed           | Inpatient 0 Days         | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center     |                          | Int. Care / developn<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 Bed              | Inpatient 0 Days         | 0                                       | 0  |

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| Building Number:     | BLD-01559           | Building Name: Build          | ling D (ICU Addition - 19 | 70)                                     |  |
|----------------------|---------------------|-------------------------------|---------------------------|---|--|
| Medical / Surgical ( | (Include 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   | 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 Nev<br>Nursery | vborn                     | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 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 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days          | 0                                       | 0  |

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| Building Number:     | BLD-03081           | Building Name: Build          | ling B-2 1970 Addition |   |  |
|----------------------|---------------------|-------------------------------|------------------------|---|--|
| Medical / Surgical ( | (Include 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   | 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 New<br>Nursery | vborn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                     | Rehabilitation<br>Center      |                        | Int. Care / developr<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 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days       | 0                                       | 0  |

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| Perinatal (excluse Newborn / GYN)   Burn   Skilled Nursing   | Building Number:     | BLD-03528      | Building Name: | Building B-1B Generator | (1957) (Incinerator) |  |
|--|----------------------|----------------|----------------|-------------------------|----------------------|--|
| Perinatal (excluse Newborn / GYN)   Burn   Skilled Nursing   | Medical / Surgical ( | Include GYN)   | Acute Respir   | atory Care              | Acute Psychiatric    |  |
| Inpatient 0 Inpatient  |                      |                |                |                         | • •                  | Inpatient 0<br>Days                        |
| Bed       Days       Bed       Days         Pediatric       Intensive Care Newborn Nursery       Intensive Care Newborn Nursery       Intensive Care Newborn Nursery       Inpatient   | Perinatal (excluse I | Newborn / GYN) | Burn           |                         | Skilled Nursing      |  |
| Inpatient   0   Inpatient      |                      |                |                |                         | • •                  | Inpatient 0<br>Days                        |
| Intensive Care   Rehabilitation   Center   Inpatient   O   Inpatient   O   Inpatient   Days   Bed   Days   Bed   Days   Bed   Days   Days   Int. Care / development   O   Inpatient   O   Inpatient   O   Inpatient   O   Inpatient   O   Inpatient   O   Days   Days   O   Days   O   O   O   O   O   O   O   O   O   | Pediatric            |                |                | e Newborn               | Intermediate Card    |  |
| Center   Disabled  |                      |                |                |                         | •                    | Inpatient 0<br>Days                        |
| Bed Days Bed Days Bed Days  Coronary Care  Chemical Dependency  Chemical Dependency  Inpatient 0 Inpatient | Intensive Care       |                |                | 1                       |                      | nent                                       |
| Dependency  Building Per Unit  Building Per Unit  Service  |                      |                |                |                         | ·                    | Inpatient 0<br>Days                        |
|  | Coronary Care        |                |                |                         | <b>Building Per</b>  | Total Beds this<br>Building Per<br>Service |
|  |                      |                |                |                         | 0                    | 0  |

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

| Building<br>Number | Building<br>Name                             | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|--|--|
| BLD-01553          | Building A (1984)                            | Remove   |
| BLD-01554          | Building B (1957 & 1983 Addition)            | Rebuild  |
| BLD-01555          | Building B-1A Generator (1957)               | Rebuild  |
| BLD-01557          | Building C (1959)                            | Rebuild  |
| BLD-01559          | Building D (ICU Addition - 1970)             | Rebuild  |
| BLD-03081          | Building B-2 1970 Addition                   | Rebuild  |
| BLD-03082          | Building C-1 - Med Records (1965)            | Rebuild  |
| BLD-03528          | Building B-1B Generator (1957) (Incinerator) | Rebuild  |

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| Provide the number of inpaient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |  |      |                          |                               |                           |  |  |
|---|--|------|--------------------------|-------------------------------|---------------------------|--|--|
| Building Nrbr: BLD-0158   | Year of Information:                             | 2009 |                          |                               |                           |  |  |
|   | ─ Name:  |      |                          | Information Current As<br>Of: | 10/24/2012                |  |  |
| Type of Services<br>Provided  |  |      |                          |                               |                           |  |  |
| X Nursing   | Inpatient<br>Beds                                | 65   | X Surgical               | Obstetrical Cesarean/Deliv    | Rehabilitation<br>Therapy |  |  |
| X IntensiveCare   | Inpatient<br>Beds                                | 8    | X Anesthesia             |                               |                           |  |  |
| Pediatric/Adol escent   | Inpatient<br>Beds                                | 0    | Clinical Lab             | Obstetrical Recovery          | Renal Dialysis            |  |  |
| Psychiatric 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 Care   | Inpatient<br>Beds                                | 0    | Dietetic                 | Nuclear<br>Medicine           | Support<br>Services       |  |  |
| Skilled Nursing   | Inpatient<br>Beds<br>Total Beds this<br>Building | 73   | Administration           |                               |                           |  |  |

| Report Year: 2012   | 11114 F              | Fremont Medical ( | Center                   | Yuba    | City                          |       | Page:15 of 39             |  |  |
|---|----------------------|-------------------|--------------------------|---------|-------------------------------|-------|---------------------------|--|--|
| Provide the number of inpaient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per Section 130061(c)(2)(D) |                      |                   |                          |         |                               |       |                           |  |  |
| Building Nrbr: BLD-015  | 53 Building<br>Name: | Building A        | (1984)                   |         | Year of Information           | n: 20 | 10                        |  |  |
|   |                      |                   |                          | In<br>O | formation Current As<br>f:    | 10    | /29/2012                  |  |  |
| Type of Services<br>Provided  |                      |                   |                          |         |                               |       |                           |  |  |
| X Nursing   | Inpatient<br>Beds    | 65                | X Surgical               |         | Obstetrical<br>Cesarean/Deliv |       | Rehabilitation<br>Therapy |  |  |
| X IntensiveCare   | Inpatient<br>Beds    | 8                 | X Anesthesia             |         |                               |       |                           |  |  |
| Pediatric/Adol escent   | Inpatient<br>Beds    | 0                 | Clinical Lab             |         | Obstetrical<br>Recovery       |       | Renal Dialysis            |  |  |
| Psychiatric 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 Care   | Inpatient<br>Beds    | 0                 | Dietetic                 |         | Nuclear<br>Medicine           |       | Support<br>Services       |  |  |
| Skilled Nursing   | Inpatient<br>Beds    | 0                 | Administration           |         |                               |       |                           |  |  |
|   | Total Beds this      | 73                |                          |         |                               |       |                           |  |  |

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|--------------|------|-------|------------------------|-----------|---------------|
|--------------|------|-------|------------------------|-----------|---------------|

| Provide the number of in from acute care services |  |              | type of service for the year of 20 | 009, 2  | 2010 and 2011 for buil        | dings  | to be removed             |
|---|--|--------------|------------------------------------|---------|-------------------------------|--------|---------------------------|
| Building Nrbr: BLD-0158                           | Building Name:                                   | Building A ( | (1984)                             |         | Year of Information           | on: 20 | )11                       |
|   |  |              |                                    | Ir<br>C | nformation Current As         | 10     | 0/29/2012                 |
| Type of Services<br>Provided                      |  | ,            |                                    |         |                               |        |                           |
| X Nursing   | Inpatient<br>Beds                                | 65           | X Surgical                         |         | Obstetrical<br>Cesarean/Deliv |        | Rehabilitation<br>Therapy |
| X IntensiveCare                                   | Inpatient<br>Beds                                | 8            | X Anesthesia                       |         |                               |        |                           |
| Pediatric/Adol                                    | Inpatient<br>Beds                                | 0            | Clinical Lab                       |         | Obstetrical<br>Recovery       |        | Renal Dialysis            |
| Psychiatric Nursing                               | Inpatient<br>Beds                                | 0            | Radiological/<br>Imaging           |         | Newborn/<br>WellBaby          | X      | Outpatient<br>Surgery     |
| Obstetrical Ante/Postprtum                        | Inpatient<br>Beds                                | 0            | Pharmaceutical                     |         | Emergency                     |        | Central Plant             |
| Intermediate Care                                 | Inpatient<br>Beds                                | 0            | Dietetic                           |         | Nuclear<br>Medicine           |        | Support<br>Services       |
| Skilled Nursing                                   | Inpatient<br>Beds<br>Total Beds this<br>Building | 73           | Administration                     |         |                               |        |                           |

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Each hospital owner shall alsop report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)

| Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Nursing  Removed from hospital services        |
|---|
| Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Intensive Care  Removed from hospital services |
| Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Surgical  Removed from hospital services       |
| Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Anesthesia  Removed from hospital services     |

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|---|--------------------------|---|-----------------------------|---------------|
| Building<br>Number:<br>Will general acu<br>OutpatientSurge                  | itr care services and be | ing Name: Building A (1984)  eds will be relocated to a new, Existing hospital services | g or retrofittrd building?  |               |
| Building<br>Number:<br>Will general acu<br>Medical/Surgica<br>(Include GYN) | itr care services and be | ing Name: Building A (1984) eds will be relocated to a new, Existing hospital services  | g or retrofittrd building?  |               |
| Building<br>Number:<br>Will general acu<br>Intensive Care                   | itr care services and be | ing Name: Building A (1984) eds will be relocated to a new, Existing hospital services  | ng or retrofittrd building? |               |

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|--------------|------|-------|------------------------|-----|---------|---------------|
|--------------|------|-------|------------------------|-----|---------|---------------|

| Building Number: | BLD-01555 Build               | ing Name: Buildir | ng B-1A Generator (19  | 57)                        |   |                       |
|------------------|-------------------------------|-------------------|------------------------|----------------------------|---|-----------------------|
| Type of Servic   | e Provided                    |                   |                        | 7                          |   | Rehabilitation        |
|                  | Niverina                      |                   | rgical                 | Obstetrical Cesarean/Deliv | Ш | Therapy               |
|                  | Nursing                       | ☐ An              | esthesia               | 7                          |   | Danal Dialysia        |
|                  | IntensiveCare                 |                   | L                      | Obstetrical<br>Recovery    | Ш | Renal Dialysis        |
|                  | Pediatric/Adol escent         | CI                | inical Lab             | Newborn/                   |   | Outpatient<br>Surgery |
|                  | Davobiatria                   |                   | adiological/<br>naging | WellBaby                   |   | 3 7                   |
|                  | Psychiatric<br>Nursing        | Pr                | narmaceutical          | Emergency                  | X | Central Plant         |
|                  | Obstetrical<br>Ante/Postprtum | Di                | etetic                 | Nuclear<br>Medicine        |   | Support<br>Services   |
|                  | Intermediate<br>Care          | Ac                | dministration          |                            |   |                       |
|                  | Skilled Nursing               |                   |                        |                            |   |                       |

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|--------------|------|-------|------------------------|--|-----------|---------------|
|--------------|------|-------|------------------------|--|-----------|---------------|

| Building Number:         | BLD-01559 Buildin             | g Name: Building D (ICU Addition | n - 1970)                  |   |                           |  |  |  |  |
|--------------------------|-------------------------------|----------------------------------|----------------------------|---|---------------------------|--|--|--|--|
| Type of Service Provided |                               |                                  |                            |   |                           |  |  |  |  |
|                          |                               | Surgical                         | Obstetrical Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |  |
|                          | Nursing                       | Anesthesia                       | _                          |   |                           |  |  |  |  |
|                          | IntensiveCare                 |                                  | Obstetrical Recovery       |   | Renal Dialysis            |  |  |  |  |
|                          | Pediatric/Adol escent         | Clinical Lab                     | Newborn/                   |   | Outpatient<br>Surgery     |  |  |  |  |
|                          | Psychiatric                   | Radiological/<br>Imaging         | WellBaby                   |   |                           |  |  |  |  |
|                          | Nursing                       | Pharmaceutical                   | Emergency                  |   | Central Plant             |  |  |  |  |
|                          | Obstetrical<br>Ante/Postprtum | Dietetic                         | Nuclear<br>Medicine        | X | Support<br>Services       |  |  |  |  |
|                          | Intermediate<br>Care          | Administration                   |                            |   |                           |  |  |  |  |
| П                        | Skilled Nursing               |                                  |                            |   |                           |  |  |  |  |

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| Building Number: BLD-03081 Build | ng Name: Building B-2 1970 Addit | iion                       |                        |  |  |  |  |  |  |
|----------------------------------|----------------------------------|----------------------------|------------------------|--|--|--|--|--|--|
| Type of Service Provided         |                                  |                            |                        |  |  |  |  |  |  |
|                                  | Surgical                         | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |  |  |  |
| Nursing                          | Anesthesia                       |                            |                        |  |  |  |  |  |  |
| IntensiveCare                    | <u> </u>                         | Obstetrical Recovery       | Renal Dialysis         |  |  |  |  |  |  |
| Pediatric/Adol escent            | Clinical Lab                     | Navyk awy/                 | Outpatient Surgery     |  |  |  |  |  |  |
| <u> </u>                         | Radiological/<br>Imaging         | Newborn/<br>WellBaby       | Surgery                |  |  |  |  |  |  |
| Psychiatric Nursing              | Pharmaceutical                   | Emergency                  | Central Plant          |  |  |  |  |  |  |
| Obstetrical Ante/Postprtum       |                                  | Nuclear                    | Support                |  |  |  |  |  |  |
| Anon ospitum                     | Dietetic                         | Medicine                   | Services               |  |  |  |  |  |  |
| Intermediate<br>Care             | X Administration                 |                            |                        |  |  |  |  |  |  |
|                                  | X Administration                 |                            |                        |  |  |  |  |  |  |
| Skilled Nursing                  |                                  |                            |                        |  |  |  |  |  |  |

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| Building Number: | BLD-03528                    | Building Name: | Bu | ilding B-1B Generator    | r (1957) | (Incinerator)                 |   |                           |  |
|------------------|------------------------------|----------------|----|--------------------------|----------|-------------------------------|---|---------------------------|--|
| Type of Service  | e Provided                   | _              |    |                          |          |                               |   |                           |  |
|                  |                              |                |    | Surgical                 |          | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |
|                  | Nursing                      |                |    | Anesthesia               |          |                               |   |                           |  |
|                  | IntensiveCare                |                |    |                          |          | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |
| П                | Pediatric/Ado                | L              |    | Clinical Lab             |          | Navda amr/                    |   | Outpatient<br>Surgery     |  |
|                  |                              |                |    | Radiological/<br>Imaging | Ш        | Newborn/<br>WellBaby          |   | Surgery                   |  |
|                  | Psychiatric<br>Nursing       |                |    | Pharmaceutical           |          | Emergency                     | X | Central Plant             |  |
|                  | Obstetrical<br>Ante/Postprtu |                |    | Dietetic                 |          | Nuclear<br>Medicine           |   | Support<br>Services       |  |
|                  | Intermediate<br>Care         |                |    | Administration           |          |                               |   |                           |  |
|                  | Skilled Nursin               | ng             |    |                          |          |                               |   |                           |  |

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| Building Numb | er: BLD-01553                 | Building Na | me: Building A (19       | 984) |                               |   |                           |
|---------------|-------------------------------|-------------|--------------------------|------|-------------------------------|---|---------------------------|
| Configuration | n: N/A                        |             |                          |      |                               |   |                           |
| Type of Ser   | vice Provided                 |             |                          |      |                               |   |                           |
| X             | Nursing                       | X           | Surgical                 |      | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X             | IntensiveCare                 | X           | Anesthesia               |      | Obstetrical                   |   | Renal Dialysis            |
|               | Pediatric/Adol escent         |             | Clinical Lab             |      | Recovery                      |   |                           |
|               | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |      | Newborn/<br>WellBaby          | X | Outpatient<br>Surgery     |
|               | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |      | Emergency                     |   | Central Plant             |
|               | Intermediate                  |             | Dietetic                 | Ш    | Emergency                     |   | Gential Flant             |
|               | Care Skilled Nursing          |             | Administration           |      | Nuclear Medicine              |   | Support<br>Services       |

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| Building Number: | BLD-01554                     | Building Nar | me: Building B (1957     | & 1983 A | ddition)                      |                           |
|------------------|-------------------------------|--------------|--------------------------|----------|-------------------------------|---------------------------|
| Configuration:   | N/A                           |              |                          |          |                               |                           |
| Type of Service  | ce Provided                   |              |                          |          |                               |                           |
|                  | Jursing                       |              | Surgical                 |          | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| Ir               | ntensiveCare                  |              | Anesthesia               |          | Obstetrical                   | Renal Dialysis            |
|                  | Pediatric/Adol<br>escent      | X            | Clinical Lab             |          | Recovery                      |                           |
|                  | Psychiatric<br>Jursing        | X            | Radiological/<br>Imaging |          | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                  | Obstetrical<br>Inte/Postprtum |              | Pharmaceutical           |          | Emergency                     | Central Plant             |
|                  | ntermediate                   | X            | Dietetic                 |          |                               |                           |
|                  | Care<br>Skilled Nursing       | X            | Administration           |          | Nuclear Medicine              | Support<br>Services       |

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| Building Numbe | er: BLD-01555                 | Building Na | me: Building B-1A        | Generator (1 | 957)                          |   |                           |
|----------------|-------------------------------|-------------|--------------------------|--------------|-------------------------------|---|---------------------------|
| 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           | П            | Emergency                     | X | Central Plant             |
|                | Intermediate                  |             | Dietetic                 |              |                               |   |                           |
|                | Care Skilled Nursing          |             | Administration           |              | Nuclear Medicine              |   | Support<br>Services       |

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|--------------|------|-------|------------------------|-----------|---------------|

| Building Number | er: BLD-01557                 | Building Na | me: Building C (19       | 59) |                               |   |                           |
|-----------------|-------------------------------|-------------|--------------------------|-----|-------------------------------|---|---------------------------|
| Configuration   | : N/A                         |             |                          |     |                               |   |                           |
| Type of Ser     | vice Provided                 |             |                          |     |                               |   |                           |
| X               | Nursing                       |             | Surgical                 | X   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X               | IntensiveCare                 |             | Anesthesia               | X   | Obstetrical                   |   | Renal Dialysis            |
| X               | Pediatric/Adol escent         |             | Clinical Lab             |     | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging | X   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
| X               | Obstetrical<br>Ante/Postprtum | X           | Pharmaceutical           |     | Emergency                     |   | Central Plant             |
|                 | Intermediate<br>Care          |             | Dietetic                 |     |                               |   |                           |
|                 | Skilled Nursing               | X           | Administration           |     | Nuclear Medicine              | X | Support<br>Services       |

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|--------------|------|-------|------------------------|-----------|---------------|

| Building Number:         | BLD-01559                   | Building Na | me: Building D (IC       | U Addition - | 1970)                         |   |                           |
|--------------------------|-----------------------------|-------------|--------------------------|--------------|-------------------------------|---|---------------------------|
| Configuration:           | N/A                         |             |                          |              |                               |   |                           |
| Type of Service Provided |                             |             |                          |              |                               |   | _                         |
| N                        | ursing                      |             | Surgical                 |              | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| Ir                       | ntensiveCare                |             | Anesthesia               |              | Obstetrical                   |   | Renal Dialysis            |
|                          | ediatric/Adol<br>scent      |             | Clinical Lab             |              | Recovery                      |   |                           |
|                          | sychiatric<br>ursing        |             | Radiological/<br>Imaging |              | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                          | bstetrical<br>nte/Postprtum |             | Pharmaceutical           |              | Emergency                     |   | Central Plant             |
|                          | ntermediate                 |             | Dietetic                 |              |                               |   |                           |
|                          | are<br>killed Nursing       |             | Administration           |              | Nuclear Medicine              | X | Support<br>Services       |

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| Building Numbe | r: BLD-03081                  | Building Na | me: Building B-2 1       | 970 Addition |                               |                           |
|----------------|-------------------------------|-------------|--------------------------|--------------|-------------------------------|---------------------------|
| Configuration: | N/A                           |             |                          |              |                               |                           |
| Type of Serv   | rice 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           | П            | Emergency                     | Central Plant             |
|                | Intermediate<br>Care          |             | Dietetic                 |              |                               |                           |
|                | Skilled Nursing               | X           | Administration           |              | Nuclear Medicine              | Support<br>Services       |

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| Building Number: | BLD-03082                   | Building Na | me: Building C-1 -       | Med Record | s (1965)                      |   |                           |
|------------------|-----------------------------|-------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration:   | N/A                         |             |                          |            |                               |   |                           |
| Type of Service  | Provided                    |             |                          |            |                               |   |                           |
| Nu               | ursing                      |             | Surgical                 |            | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| Inf              | tensiveCare                 |             | Anesthesia               |            | Obstetrical                   |   | Renal Dialysis            |
|                  | ediatric/Adol<br>scent      |             | Clinical Lab             |            | Recovery                      |   |                           |
|                  | sychiatric<br>ursing        |             | Radiological/<br>Imaging |            | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
| I I              | ostetrical<br>nte/Postprtum |             | Pharmaceutical           | П          | Emergency                     |   | Central Plant             |
|                  | termediate                  |             | Dietetic                 |            |                               |   |                           |
|                  | are<br>killed Nursing       |             | Administration           |            | Nuclear Medicine              | X | Support<br>Services       |

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| Building Number | r: BLD-03528                  | Building Na | me: Building B-1B        | Generator (1 | 1957) (Incinerator)           |   |                           |
|-----------------|-------------------------------|-------------|--------------------------|--------------|-------------------------------|---|---------------------------|
| Configuration:  | N/A                           |             |                          |              |                               |   |                           |
| Type of Servi   | ice 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           |              | Emergency                     | X | Central Plant             |
|                 | Intermediate<br>Care          |             | Dietetic                 |              | Nuclear Medicine              |   | Support                   |
|                 | Skilled Nursing               |             | Administration           |              | Nuclear Medicine              |   | Support<br>Services       |

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| Buildi | Building Number: BLD-01553 Building Name: Building A (1984) |                   |    |   |                          |                               |                         |  |  |  |  |
|--------|---|-------------------|----|---|--------------------------|-------------------------------|-------------------------|--|--|--|--|
| Туре   | e of Service Prov   | <u>ided</u>       |    |   |                          |                               |                         |  |  |  |  |
| X      | Nursing   | Inpatient<br>Beds | 65 | X | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy  |  |  |  |  |
| X      | IntensiveCare   | Inpatient<br>Beds | 8  | X | Anesthesia               |                               |                         |  |  |  |  |
|        | Pediatric/Adol escent                                       | Inpatient<br>Beds | 0  |   | Clinical Lab             | Obstetrical 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                                 |                   | 73 |   |                          |                               |                         |  |  |  |  |

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| Building Number:            | Building Number: BLD-01554 Building Name: Building B (1957 & 1983 Addition) |   |   |                          |                            |                        |  |  |  |  |  |
|-----------------------------|---|---|---|--------------------------|----------------------------|------------------------|--|--|--|--|--|
| Type of Service Pro         | <u>ovided</u>   |   |   |                          |                            |                        |  |  |  |  |  |
| Nursing                     | Inpatient<br>Beds   | 0 |   | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |  |  |
| IntensiveCare               | Inpatient<br>Beds   | 0 |   | Anesthesia               |                            |                        |  |  |  |  |  |
| Pediatric/Adol escent       | Inpatient<br>Beds   | 0 | X | Clinical Lab             | Obstetrical<br>Recovery    | Renal Dialysis         |  |  |  |  |  |
| Psychiatric Nursing         | Inpatient<br>Beds   | 0 | X | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |  |  |  |  |
| Obstetrical Ante/Postprtur  | Inpatient<br>n Beds   | 0 |   | Pharmaceutical           | Emergency                  | Central Plant          |  |  |  |  |  |
| Intermediate Care           | Inpatient<br>Beds   | 0 | X | Dietetic                 | Nuclear<br>Medicine        | Support<br>Services    |  |  |  |  |  |
| Skilled Nursino             | g<br>Inpatient<br>Beds  | 0 | X | Administration           |                            |                        |  |  |  |  |  |
| Total Beds this<br>Building | 6   | 0 |   |                          |                            |                        |  |  |  |  |  |

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| Buildir | ng Number: Bl                 | _D-01557          | Building N | Name: Bu | ilding C (1959)          |                              |                        |
|---------|-------------------------------|-------------------|------------|----------|--------------------------|------------------------------|------------------------|
| Type    | of Service Pro                | ovided            |            |          |                          |                              |                        |
| X       | Nursing                       | Inpatient<br>Beds | 25         |          | Surgical                 | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X       | IntensiveCare                 | Inpatient<br>Beds | 4          |          | Anesthesia               |                              |                        |
| X       | Pediatric/Adol escent         | Inpatient<br>Beds | 14         |          | Clinical Lab             | X Obstetrical<br>Recovery    | Renal Dialysis         |
|         | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |          | Radiological/<br>Imaging | X Newborn/<br>WellBaby       | Outpatient Surgery     |
| X       | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 16         | X        | 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          | X        | Administration           |                              |                        |
|         | Total Beds this<br>Building   |                   | 59         |          |                          |                              |                        |

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| Building Number: BLD-03082 Building Name: Building C-1 - Med Records (1965) |                   |   |            |                    |                            |                        |  |
|---|-------------------|---|------------|--------------------|----------------------------|------------------------|--|
| Type of Service Provided  |                   |   |            |                    |                            |                        |  |
| Nursing   | Inpatient<br>Beds | 0 | Sur        | gical              | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |
| IntensiveCare   | Inpatient<br>Beds | 0 | Ane        | sthesia            |                            |                        |  |
| Pediatric/Adol escent   | Inpatient<br>Beds | 0 | Clin       | ical Lab           | Obstetrical Recovery       | Renal Dialysis         |  |
| Psychiatric Nursing   | Inpatient<br>Beds | 0 | Rad<br>Ima | iological/<br>ging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |
| Obstetrical Ante/Postprtum  | Inpatient<br>Beds | 0 | Pha        | rmaceutical        | Emergency                  | Central Plant          |  |
| Intermediate Care   | Inpatient<br>Beds | 0 | Diet       | etic               | Nuclear<br>Medicine        | X Support<br>Services  |  |
| Skilled Nursing   | Inpatient<br>Beds | 0 | Adm        | ninistration       |                            |                        |  |
| Total Beds this<br>Building   |                   | 0 |            |                    |                            |                        |  |

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| Building Number:      | BLD-01553         | Building Name:         | Building A (1984) |   |  |  |
|-----------------------|-------------------|------------------------|-------------------|---|--|--|
| Medical / Surgical (I | nclude GYN)       | Acute Resp             | oiratory Care     | Acute Psychiatric                       | Acute Psychiatric                          |  |
| Inpatient 65<br>Bed   | Inpatient<br>Days | 0 Inpatient Bed        | 0 Inpatient Days  | 0 Inpatient 0 Bed                       | Inpatient 0<br>Days                        |  |
| Perinatal (excluse N  | ewborn / GYN)     | Burn                   |                   | Skilled Nursing                         | Skilled Nursing                            |  |
| Inpatient 0<br>Bed    | Inpatient<br>Days | 0 Inpatient Bed        | 0 Inpatient Days  | 0 Inpatient 0 Bed                       | Inpatient 0<br>Days                        |  |
| Pediatric             |                   | intensive C<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        |                   | Rehabilitati<br>Center | on                | Int. Care / develop<br>Disabled         | nent                                       |  |
| Inpatient 8<br>Bed    | Inpatient Days    | 0 Inpatient Bed        | 0 Inpatient Days  | 0 Inpatient 0<br>Bed                    | Inpatient 0<br>Days                        |  |
| Coronary Care         |                   | Chemical<br>Dependenc  | у                 | 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 Days  | 0 73                                    | 73   |  |

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| Building Number:       | BLD-01554 Build     | ing Name: Building B (1957 & 198  | 33 Addition)   |
|------------------------|---------------------|-----------------------------------|--|
| Medical / Surgical (In | clude GYN)          | Acute Respiratory Care            | Acute Psychiatric  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0 Inpatient Days        | 0 Inpatient 0 Inpatient 0 Bed Days                                     |
| Perinatal (excluse Ne  | ewborn / GYN)       | Burn                              | Skilled Nursing  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0 Inpatient Days        | 0 Inpatient 0 Inpatient 0 Days   |
| Pediatric              |                     | intensive Care Newborn<br>Nursery | Intermediate Card  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0 Inpatient Days        | 0 Inpatient 0 Inpatient 0 Days   |
| Intensive Care         |                     | Rehabilitation<br>Center          | Int. Care / development<br>Disabled                                    |
| Inpatient 0<br>Bed     | Inpatient 0 Days    | Inpatient 0 Inpatient Days        | 0 Inpatient 0 Inpatient 0 Days   |
| Coronary Care          |                     | Chemical<br>Dependency            | Total Beds this Total Beds this Building Per Building Per Unit Service |
| Inpatient 0<br>Bed     | Inpatient 0 Days    | Inpatient 0 Inpatient Days        | 0 0 0  |

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| Building Number:      | BLD-01557 Build     | ling Name: Build         | ling C (1959)         |   |  |
|-----------------------|---------------------|--------------------------|-----------------------|---|--|
| Medical / Surgical (I | nclude GYN)         | Acute Respiratory        | Care                  | Acute Psychiatric                       |  |
| Inpatient 25<br>Bed   | Inpatient 74 Days   | Inpatient 0<br>Bed       | Inpatient 0<br>Days   | Inpatient 0                             | Inpatient 0<br>Days                        |
| Perinatal (excluse N  | ewborn / GYN)       | Burn                     |                       | Skilled Nursing                         |  |
| Inpatient 16<br>Bed   | Inpatient 4738 Days | Inpatient 0<br>Bed       | Inpatient 0 Days      | Inpatient 0                             | Inpatient 0<br>Days                        |
| Pediatric             |                     | intensive Care New       | wborn                 | Intermediate Card                       |  |
| Inpatient 14<br>Bed   | Inpatient 0<br>Days | Inpatient 4<br>Bed       | Inpatient 937<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care        |                     | Rehabilitation<br>Center |                       | Int. Care / develop                     | nent                                       |
| Inpatient 0<br>Bed    | Inpatient 0<br>Days | Inpatient 0<br>Bed       | Inpatient 0 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           | 59                                      | 59   |

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| Building Number:        | BLD-03082 Build     | ing Name: Building       | g C-1 - Med Records (1 | 965)   |  |
|-------------------------|---------------------|--------------------------|------------------------|--|--|
| Medical / Surgical (Inc | clude GYN)          | Acute Respiratory Ca     | are                    | Acute Psychiatric  |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    |                          | Inpatient 0<br>Days    | Inpatient 0 Inpatient 0 Days   |  |
| Perinatal (excluse Nev  | wborn / GYN)        | Burn                     |                        | Skilled Nursing  |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days |                          | Inpatient 0<br>Days    | Inpatient 0 Inpatient 0 Days   |  |
| Pediatric               |                     | intensive Care Newbo     | oorn                   | Intermediate Card  |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days |                          | Inpatient 0 Days       | Inpatient 0 Inpatient 0 Days   |  |
| Intensive Care          |                     | Rehabilitation<br>Center |                        | Int. Care / development<br>Disabled                                    |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    |                          | Inpatient 0 Days       | Inpatient 0 Inpatient 0 Days   |  |
| Coronary Care           |                     | Chemical<br>Dependency   |                        | Total Beds this Building Per Unit Total Beds this Building Per Service |  |
| Inpatient 0<br>Bed      | Inpatient 0 Days    |                          | Inpatient 0            | 0 0  |  |

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