2012

12359

University of California - San Diego Medical Center

San Diego

Page:1 of 39

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

Facility Number:	12359	
Facility Name:	Universi	ty of California - San Diego Medical Center
Address:	200 W.	Arbor Dr.
City:	San Die	go
Hospital Owner/Lice	ensee:	University of California at San Diego Medical Center
Year of Rep	orting:	2012
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Gildea
Submission	Date:	10/31/2012 5:50:31 PM

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:2 of 39 Center

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 03305	Chiller Plant	220 W. Arbor Dr.	Retrofit	SPC5	01/01/2013	11/30/2012
BLD- 05175	Utility Line Bridge - South	220 W. Arbor Dr.	Retrofit	SPC2	01/01/2013	11/30/2012

2012

12359

University of California - San Diego Medical Center

San Diego

Page:3 of 39

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-03305 Chiller Plant	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12359 HL081768-0 0 REPLACE EXISTING CHILLER PLANT BUILDING	8/28/2008 6/24/2010 12/01/2010 12/02/2011 FIEL No 12:00:00 12:00:00 AM AM
Building No: BLD-05175 Utility Line Bridge - South	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12359 HL070416-0 0 UCSDMC HILLCREST SEISMIC INPROVEMENT PHASE 1	3/9/2007 9/25/2007 FIEL No 12:00:00 12:00:00 AM AM
12359 P-2012- 0 Voluntary Seismic Improvement of the Utility Cover Bridge(South Bridge	3/2/2012 10/26/2012 11/01/2012 12/15/2012 PEND No 12:00:00 12:00:00 AM AM

Report Year: 12359 San Diego 2012

University of California - San Diego Medical Center Page:4 of 39

# 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-03305	Building Name: Ch	niller Plant	
Type of Service Prov	<u>ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical  Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

2012

12359

University of California - San Diego Medical Center

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Page:5 of 39

## 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-05175	Building Name:	Jtility Line Bridge - South	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical  Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	2003	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant

2012

12359

University of California - San Diego Medical Center

San Diego

Page:6 of 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-03305	Building Name: Chille	er Plant		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2012

12359

University of California - San Diego Medical Center

San Diego

Page:7 of 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-05175	Building Name: Utility Line Bridge - South	th
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Unit Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	0 0

2012

12359

University of California - San Diego Medical Center

San Diego

Page:8 of 39

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-02142	Main Hospital Building	Remain
BLD-02143	Ancillary & Support Services Facili	Remain
BLD-02146	Utility Line Bridge	Remain
BLD-02147	Telecommunications	Remain
BLD-02148	Outpatient Clinic	Remain
BLD-03304	Boiler House and Shops	Remain
BLD-03305	Chiller Plant	Retrofit
BLD-03853	OR Suite Expansion	Remain
BLD-03854	Delivery / Surgery Expansion	Remain
BLD-05175	Utility Line Bridge - South	Retrofit

Report Year:	2012	12359	University of California - San Diego Medical	San Diego	Page:9 of 39
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### List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Utility Rack	

Report Year: 2012 12359	University of California - San Die	ego Medical San Diego	Page:10 of 39
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

Building Number:	BLD-02146 Building Name:	Utility Line Bridge	
Will general acuti	r care services and beds will be re	elocated to a new, Existing or retrofittrd building?	
CentralPlant	N/A		

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:11 of 39

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-03305	Building Name:	Chiller Plant			
Type of Service	Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery
_			Radiological/ Imaging	WellBaby	_	Guigery
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtui	m	☐ Diototio	Nuclear Medicine		Support Services
			Dietetic	Wedelife		Convious
	Intermediate Care		Administration			
	Skilled Nursing	g	_			

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:12 of 39 Center

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-05175 Buildin	g Name:	Itility Line Bridge - Sou	ıth			
Type of Service	e Provided						
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab				Outpatient
_	escent		Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency	X	Central Plant
	Obstetrical	"					
Ш	Ante/Postprtum		Dietetic	Ш	Nuclear Medicine		Support Services
	Intermediate						
_	Care		Administration				
	Skilled Nursing						

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:13 of 39 Center

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: BLD-02142	Building Na	me: Main Hospital	Building			
Configuration:	N/A						
Type of Servi	ce Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X	ntensiveCare	X	Anesthesia	X	Obstetrical	Х	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	П	Central Plant
	ntermediate Care	X	Dietetic				
	Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:14 of 39 Center

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: BLD-02143 Building Name: Ancillary & Support Services Facili									
Configuration:	N/A								
Type of Servic	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic						
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services		

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:15 of 39

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	BLD-02146	BLD-02146 Building Name: Utility Line Bridge								
Configuration:	N/A									
Type of Servic	e Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	ntermediate		Dietetic							
	are killed Nursing		Administration		Nuclear Medicine		Support Services			

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:16 of 39 Center

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: BLD-02147 Building Name: Telecommunications								
Configuration:	N/A							
Type of Service	ce Provided							
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	ntermediate		Dietetic				Contract faint	
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

Report Year:	2012	12359	University of California - San Diego Medical Center	San Diego	Page:17 of 39
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: BLD-02148	Building Na	me: Outpatient Clir	nic			
Configuration:	N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing		Administration		Nucleal Medicine		Support Services

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:18 of 39 Center

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	BLD-03304	Building Na	me: Boiler House a	nd Shops			
Configuration:	N/A						
Type of Service	Provided						
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ermediate		Dietetic				
	are silled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:19 of 39 Center

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	er: BLD-03305	Building Na	me: Chiller Plant				
Configuration	: N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:20 of 39

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	BLD-03853	BLD-03853 Building Name: OR Suite Expansion								
Configuration:	N/A									
Type of Servi	ce Provided						_			
1	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate		Dietetic	_	Lineigency	_	Contract			
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services			

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:21 of 39 Center

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	Building Number: BLD-03854 Building Name: Delivery / Surgery Expansion								
Configuration:	N/A								
Type of Service	ce Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic						
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services		

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:22 of 39 Center

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	Building Number: BLD-05175 Building Name: Utility Line Bridge - South									
Configuration:	N/A									
Type of Serv	rice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	Intermediate Care		Dietetic		Nuclear Medicine		Support			
	Skilled Nursing		Administration		Nacioal Medicine		Services			

2012

12359

University of California - San Diego Medical Center

San Diego

Page:23 of 39

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	g Number: BLD	-02142	Building I	Name: Ma	in Hospital Building		
Type o	of Service Provi	ded					
X N	Nursing	Inpatient Beds	218	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X I	ntensiveCare	Inpatient Beds	102	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	67	X	Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	40	X	Pharmaceutical	X Emergency	Central Plant
	ntermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Fotal Beds this Building		427				

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:24 of 39 Center

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:	Building Number: BLD-02143 Building Name: Ancillary & Support Services Facili									
Type of Service P	rovided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deli	Rehabilitation v Therapy					
IntensiveCare	e Inpatient Beds	0	Anesthes	sia						
Pediatric/Ado	ol Inpatient Beds	0	Clinical L	ab Obstetrical Recovery	X Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiologi Imaging	ical/ Newborn/ WellBaby	X Outpatient Surgery					
Obstetrical Ante/Postprtu	Inpatient um Beds	0	Pharmac	eutical Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursir	ng Inpatient Beds	0	X Administr	ration						
Total Beds th Building	iis	0								

Report Year:	2012	12359	University of California - San Diego Medical		San Diego	Page:25 of 39
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Buildi	Building Number: BLD-02146 Building Name: Utility Line Bridge										
Туре	of Service Prov	<u>ided</u>									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								

Report Year:	2012	12359	University of California - San Diego Medical	San Diego	Page:26 of 39
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Building Number: BL	D-02147	Building N	Name: Telecommunications		
Type of Service Prov	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year:	2012	12359	University of California - San Diego Medical		San Diego	Page:27 of 39	
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Building Number: BL	D-02148	Building N	Name: Ou	tpatient Clinic		
Type of Service Prov	<u>vided</u>					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this Building		0				

Report Year:	2012	12359	University of California - San Diego Medical	San Diego	Page:28 of 39
			Contor		

Buildi	ng Number: BLI	D-03304	Building I	Name: Bo	iler House and Sh	ops	
Туре	e of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Year: 2012 12359 University of California - San Diego Medical San Diego Page:29 of 39	teport Year:	2012 12359	University of California - San Diego Medical	San Diego	Page:29 of 39
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Building Numb	per: BLD-03853	Building N	Name: OR	Suite Expansion		
Type of Serv	<u>rice Provided</u>					
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensiv	eCare Inpatient Beds	0	X	Anesthesia		
Pediatri escent	c/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychia Nursing		0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetr Ante/Po	ical Inpatient ostprtum Beds	0		Pharmaceutical	Emergency	Central Plant
Interme Care	diate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skilled	Nursing Inpatient Beds	0		Administration		
Total Be Building	•	0				

Report Year:
--------------

2012

12359

University of California - San Diego Medical Center

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San	LDI	led	0

Page:30 of 39

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 No	umber: BLD	<b>)-03854</b>	Building N	Name: De	livery / Surgery Expa	insion	
Type of S	Service Prov	<u>ided</u>					
Nurs	sing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inter	nsiveCare	Inpatient Beds	0		Anesthesia		
Pedi esce	iatric/Adol ent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psyc Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	tetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
Inter Care	rmediate e	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skill	led Nursing	Inpatient Beds	0	X	Administration		
Tota Build	al Beds this ding		0				

2012

12359

University of California - San Diego Medical Center

San Diego

Page:31 of 39

Building Number:	BLD-02142 Build	ing Name: Main	Hospital Building		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 211 Bed	Inpatient 84846 Days	Inpatient 7 Bed	Inpatient 0 Days	Inpatient 67	Inpatient 9089 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 40 Bed	Inpatient 8843 Days	Inpatient 8 Bed	Inpatient 2413 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 49 Bed	Inpatient 16690 Days	Inpatient 0 Bed	Inpatient 13621 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	nent
Inpatient 32 Bed	Inpatient 12086 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 13 Bed	Inpatient 4062 Days	Inpatient 0 Bed	Inpatient 0 Days	427	427

2012

12359

University of California - San Diego Medical Center

San Diego

Page:32 of 39

Building Number:	BLD-02143	uilding Name: Anci	llary & Support Services I	Facili	
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn	Burn		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2012

12359

University of California - San Diego Medical Center

San Diego

Page:33 of 39

Building Number:	BLD-02146 B	uilding Name: Utilit	y Line Bridge		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2012

12359

University of California - San Diego Medical Center

San Diego

Page:34 of 39

Building Number:	BLD-02147	Building Name: Tele	ecommunications	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	/ Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit  Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	0 0

2012

12359

University of California - San Diego Medical Center

San Diego

Page:35 of 39

Building Number:	BLD-02148	Building Name: Outp	patient Clinic		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient (	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2012

12359

University of California - San Diego Medical Center

San Diego

Page:36 of 39

Building Number:	BLD-03304	Building Na	me: Boile	er House and	Shops		
Medical / Surgical (I	nclude GYN)	Acu	e Respiratory	Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	cient 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Buri	1			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	ient 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days
Pediatric		inte Nurs	nsive Care Ne	wborn		Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	cient 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Reh Cen	abilitation er			Int. Care / develop	ment
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	cient 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care			mical endency			Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	cient 0	Inpatient Days	0	0	0

2012

12359

University of California - San Diego Medical Center

San Diego

Page:37 of 39

Building Number:	BLD-03853 Bui	Iding Name: OR S	Suite Expansion		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2012

12359

University of California - San Diego Medical Center

San Diego

Page:38 of 39

Building Number:	BLD-03854 Bu	ilding Name: Deliv	very / Surgery Expansion			
Medical / Surgical (Include GYN)		Acute Respiratory	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New	intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center			Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0	0	

2012

12359

University of California - San Diego Medical Center

San Diego

Page:39 of 39