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

	_	
Facility Number:	10468	
Facility Name:	Mission	Hospital Laguna Beach
Address:	31872	Coast Highway
City:	Laguna	Beach
Hospital Owner/Lic	censee:	Mission Hospital Regional Medical Center / St. Joseph Health System
Year of Rep	porting:	2013
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sub	omitter:	Bill Eveloff
Submission	n Date:	12/7/2013 7:17:22 PM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 02434	Nursing Tower	31872 Coast Highway	Retrofit	SPC2	01/01/2020	12/31/2015
BLD- 02437	Radiographic - South	31872 Coast Highway	Retrofit	SPC2	01/01/2015	12/31/2014

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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-024	Nursing Tower	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10468 HL110794-0	0 SB 1661: VSI IMPROVEMENT OF THE NURSING TOWER	4/6/2011 8/20/2013 01/06/2011 12/30/2012 PEND No 12:00:00 12:00:00 AM AM
10468 HL110794-0	0 SB 1661: VSI IMPROVEMENT OF THE NURSING TOWER	4/6/2011 8/20/2013 09/01/2013 PEND No 12:00:00 12:00:00 AM AM
10468 IL080650-0	0 SB 1661: SPC-2 SEISMIC UPGRADE OF SCMC CAMPUS	12/31/2008 12/31/2014 ACTI No 12:00:00
		AM
Building No: BLD-024	Radiographic - South Addition	Retrofit/Replacement Yes-Submitted Project:
Building No: BLD-024 Facility Project Sub Number Number Num	Radiographic - South Addition Scope	Retrofit/Replacement Yes-Submitted
Facility Project Sub		Retrofit/Replacement Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA

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

Building Number: BLD-02434		Building	Building Name:		Nursing Tower			
Type of Service Pro	<u>ovided</u>					_		
X Nursing	Inpatient Beds	85 Inpatient Days	12122		Surgical	Obstetrical Recovery		
X IntensiveCare	Inpatient Beds	10 Inpatient Da	ys 1449		Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient D	ays 0		Clinical Lab	Emergency		
X Psychiatric Nursing	Inpatient Beds	36 Inpatient D	ays 6509		Radiological/ Imaging	Nuclear Medicine		
X Obstetrical Ante/Postprtur	Inpatient n Beds	19 Inpatient D	ays 0		Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient D	ays 0		Administration X Support	X Renal Dialysis Outpatient		
X Skilled Nursing	npatient Beds	29 Inpatient D	ays 0		X Support Services Obstetrical	Surgery		
		Total Beds this Building	179		Cesarean/Deliv	Central Plant		

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

Building Number: BL	.D-02437		Building Na	me:	Radi	ographic - South Addition	
Type of Service Prov	<u>ided</u>						
Nursing	Inpatient Beds	0	Inpatient Days	0		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		X 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
	2000	Total E Buildin	Beds this	0		Obstetrical Cesarean/Deliv	Central Plant

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

Colonal v Cale	Building Number:	BLD-02434	Building Name:	lursing Tower		
Bed Days Bed Days Perinatal (excluse Newborn / GYN) Burn Skilled Nursing Inpatient 19 Inpatient 19 Inpatient 10 Inpatient 10 Inpatient 29 Inpatient 10 Inpatient 29 Inpatient 10 Inpatient 29 Inpatient 10 Inpatient 29 Inpatient 10 Inpatient <t< th=""><th>Medical / Surgical (</th><th>Include GYN)</th><th>Acute Respirate</th><th>ory Care</th><th>Acute Psychiatric</th><th></th></t<>	Medical / Surgical (Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 19 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 29 Inpatient Days Pediatric Intensive Care Newborn Nursery Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Days Intensive Care Newborn Nursery Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Days Intensive Care Rehabilitation Int. Care / development Disabled Inpatient 10 Inpatient 1449 Inpatient 0 Inpatient 0 Inpatient Days Coronary Care Chemical Dependency Inpatient 0 Inpatient 5711 Total Beds this Building Per Unit Service Inpatient 0 Inpatient 0 Inpatient 5711 Total Beds Total Beds Unit Service						
Bed Days Bed Days Pediatric Intensive Care Newborn Intermediate Card Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Days Inpatient 10 Inpatient 0 Inpatient </th <th>Perinatal (excluse I</th> <th>Newborn / GYN)</th> <th>Burn</th> <th></th> <th>Skilled Nursing</th> <th></th>	Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient Days Intensive Care Rehabilitation Center Rehabilitation Center Center	• • •					
Intensive Care Rehabilitation Center Inpatient 10 Inpatient Days Bed Days Bed Days Bed Days Days Int. Care / development Inpatient Disabled Inpatient Disabled Inpatient Days Inpatient Inpatien	Pediatric			Newborn	Intermediate Card	
Center Disabled			· · · · · · · · · · · · · · · · · · ·		·	
Bed Days Bed Days Coronary Care Chemical Dependency Chemical Dependency Inpatient 0 Inpatient 10 Inpatient 5711 Bed Days Total Beds this Building Per Building Service Inpatient 10 Inpatient 5711 Total Beds this Building Service	Intensive Care					nent
Dependency Building Per Unit Building Per Unit Building Service Inpatient 0 Inpatient 10 Inpatient 5711 179	•	' ' '	•			
	Coronary Care				Building Per	Total Beds this Building Per Service
					179	179

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

Building Number:	BLD-02437 Buildi	ng Name:	adiographic - South Addition		
Medical / Surgical (Inc	clude GYN)	Acute Respirato	ory Care	Acute Psychiatric	
	npatient 0 lays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
	npatient 0 lays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	
	apatient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
	patient 0 ays	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
	patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	0	0

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-02433	Original Building	Remain
BLD-02434	Nursing Tower	Retrofit
BLD-02435	Elevator Tower	Remain
BLD-02436	Radiographic	Remain
BLD-02437	Radiographic - South Addition	Retrofit
BLD-02438	Administration Building	Remain
BLD-02439	Mechanical / Central Plant	Remain
BLD-02440	Linear Accelerator Suite (Treatment)	Remain

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Report any SPC-1 per	/ genera Section	ll acute care hosp 130061(c)(4)	ital inpatient serv	rice that is provided i	in an	y ge	enaral acute care h	ospital bu	ilding that is rated
Building Nu	ımber:	BLD-02434 Bu	uilding Name:	lursing Tower					
Type of	Service	Provided							
				Surgical			Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	X	Nursing		Anesthesia					
	X	IntensiveCare					Obstetrical Recovery	X	Renal Dialysis
		Pediatric/Adol escent		Clinical Lab	Γ		Newborn/		Outpatient Surgery
	X	Psychiatric		Radiological/ Imaging			WellBaby		
		Nursing		Pharmaceutical			Emergency		Central Plant
	X	Obstetrical Ante/Postprtum		Dietetic			Nuclear Medicine	X	Support Services
		Intermediate Care		Administration					
	X	Skilled Nursing							

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

Building Number:	BLD-02437	Building Name:	Rad	liographic - South A	ddition			
Type of Service	e Provided		¬ .					B. I. 1997.
				Surgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing			Anesthesia	_		_	
	IntensiveCare	,	_		Ш	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		(Clinical Lab				Outpatient Surgery
		<u> </u>		Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		_	Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtu	m _	_			Nuclear		Support
			_] i	Dietetic		Medicine		Services
	Intermediate Care		_					
				Administration				
	Skilled Nursin	g I						

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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-02433	Building Na	me: Original Build	ing			
Configuration	: N/A						
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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

Building Numbe	er: BLD-02434	Building Na	me: Nursing Tower	r			
Configuration:	N/A						
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Lineigency		Contrair lant
X	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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

Building Number:	BLD-02435	Building Na	me: Elevator Towe	r			
Configuration:	N/A						
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	П	Central Plant
	ntermediate are		Dietetic				Current
	killed Nursing		Administration		Nuclear Medicine		Support Services

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

Building Number	: BLD-02436	Building Na	me: Radiographic				
Configuration:	N/A						
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic		Lineigency	_	Contract Tark
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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

Building Number	Building Number: BLD-02437 Building Name: Radiographic - South Addition									
Configuration:	N/A									
Type of Servi	ce 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		Dietetic							
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services			

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

Building Number: BLD-02438 Building Name: Administration Building										
Configuration:	N/A									
Type of Serv	ice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant			
	Intermediate		Dietetic							
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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

Building Number:	Building Number: BLD-02439 Building Name: Mechanical / Central Plant								
Configuration:	N/A								
Type of Servic	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	itermediate		Dietetic		Lineigency		Comman Ham		
	are killed Nursing		Administration		Nuclear Medicine		Support Services		

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

Building Number:	Building Number: BLD-02440 Building Name: Linear Accelerator Suite (Treatment)									
Configuration:	N/A									
Type of Servic	e Provided									
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant			
	ntermediate care		Dietetic							
	killed Nursing		Administration		Nuclear Medicine		Support Services			

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

Building Number:	BLD-02433	Building I	Name: Original Building		
Type of Service P	<u>rovided</u>				
X Nursing	Inpatient Beds	28	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	e Inpatient Beds	0	X Anesthesia		
Pediatric/Add	ol Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient um Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services
Skilled Nursir	ng Inpatient Beds	0	Administration		
Total Beds th Building	iis	28			

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

Building Numbe	er: BLD-02435	Building N	Name: Elevator Tower		
Type of Service	ce Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensive	Care Inpatient Beds	0	Anesthesia		
Pediatric, escent	'Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatr Nursing	ic Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetric Ante/Pos	•	0	Pharmaceutical	Emergency	Central Plant
Intermed Care	iate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled N	ursing Inpatient Beds	0	Administration		
Total Bed Building	ds this	0			

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

Building Number: BL	D-02436	Building I	Name: Radiographic		
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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

Buildi	ng Number: BLE	D-02438	Building I	Name: A	dministration Buildin	g	
Тур	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	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		0				

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

Building I	Number: BLD	0-02439	Building Nar	ne: Mo	echanical / Central Pla	nt	
Type of	Service Provi	i <u>ded</u>					
Nu	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	tensiveCare	Inpatient Beds	0		Anesthesia		
1 1	ediatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	termediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Sk	killed Nursing	Inpatient Beds	0		Administration		
_	otal Beds this uilding		0				

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

Building I	Building Number: BLD-02440 Building Name: Linear Accelerator Suite (Treatment)							
Type of Service Provided								
☐ Nu	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
Int	tensiveCare	Inpatient Beds	0		Anesthesia			
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	sychiatric ursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
_	bstetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	termediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
Sk	killed Nursing	Inpatient Beds	0		Administration			
_	otal Beds this uilding		0					

Report Status: **Data Last Update:** 12/07/2013 **Submission Date:** 12/07/2013 **Print Date:** 12/9/2013 1:50 PM

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Building Number:	LD-02433 Buildi	ng Name: Origi	nal Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 28 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Perinatal (Exclude Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Pediatric		Intensive Care New Nursery	wborn	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developm Disabled	entally
Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0		Inpatient 0 Days
Coronary Care		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 28	Service 28

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Building Number:	BLD-02435	Building Name:	Elevator Tower		
Medical / Surgical (nclude GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatio Center	n	Int. Care / Developn Disabled	nentally
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical De	pendency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit 0	Service 0

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Building Number:	BLD-02436	Building	g Name: Radio	ographic		
Medical / Surgical (I	nclude GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)			Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	I	Inpatient 0	Inpatient 0 Days	Inpatient 0	Inpatient 0
Pediatric			Intensive Care New Nursery	/born	Intermediate Care	
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / Develope Disabled	mentally
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		(Chemical Depende	ncy	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Unit 0	Service 0

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Building Number:	BLD-02438	Building Name:	Administration E	Building		
Medical / Surgical (nclude GYN)	Acute Res	spiratory Care	А	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		npatient 0	Inpatient 0 Days
Perinatal (Exclude I	Newborn / GYN)	Burn		s	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	ı • ı	npatient 0	Inpatient 0 Days
Pediatric		Intensive Nursery	Care Newborn	lr	ntermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		npatient 0	Inpatient 0 Days
Intensive Care		Rehabilita Center	ition		nt. Care / Developn Disabled	nentally
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		npatient 0	Inpatient 0 Days
Coronary Care		Chemical	Dependency		otal Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		Jnit 0	Service 0

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Building Number:	BLD-02439	Building	g Name: Mech	nanical / Central Plant		
Medical / Surgical (I	nclude GYN)	A	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days		npatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)			Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	ı	npatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			ntensive Care New Nursery	vborn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days		npatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / Develop Disabled	mentally
Inpatient 0 Bed	Inpatient Days		npatient 0	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		C	Chemical Depende	ncy	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	I	npatient 0	Inpatient 0 Days	Unit 0	Service 0

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Building Number:	BLD-02440 B	uilding Name: Line	ar Accelerator Suite (Trea	atment)
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 (Exclude N	lewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Ne Nursery	wborn	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depend	ency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0