Report Year:	
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2013 10529

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

, L	Corona Regional Medical Center-Main
Address:	
	800 South Main Street
City:	Corona
Hospital Owner/Licens Year of Report Contact 1 e-mail Addre Contact 2 e-mail Addre Contact 3 e-mail Addre Name of Submi	ting: 2013 ress: ress: ress: ress: ress: ress: ress:

Report Year:	2013	10529		Corona Regional Medical Center-Main		Corona	Page:2 of 21
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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- 01367	Original Hospital - Main	800 South Main Street	Retrofit	SPC2	01/01/2015	12/31/2014

Report Year:	2013 10529	Corona Regional Medical Center-Main	Corona	Page:3 of 21
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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-01367	Original Hospital - Main	Retrofit/Replacement Hazu Project:	is-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
10529 HL110092-0 0		1/12/2011 10/5/2011 11/04/2011 12/31/2014 12:00:00 12:00:00 AM AM	PEND No

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-01367	Building Name:	Original Hospital - Main			
Type of Service Prov	<u>vided</u>					
X Nursing	Inpatient Beds	121 Inpatient 21365 Days	X Surgical	X Obstetrical Recovery		
X IntensiveCare	Inpatient Beds	4 Inpatient Days 799	X Anesthesia	X Newborn/ WellBaby		
X Pediatric/Adol escent	Inpatient Beds	5 Inpatient Days 590	Clinical Lab	X Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	X Nuclear Medicine		
X Obstetrical Ante/Postprtum	Inpatient Beds	12 Inpatient Days 3158	X Pharmaceutical	X Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services X Obstetrical	Outpatient Surgery		
		Total Beds this 142 Building	Cesarean/Deliv	Central Plant		

Report Status: Data Last Update: 12/09/2013

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

Building Number:	BLD-01367 Bui	ilding Name: Origin	nal Hospital - Main		
Medical / Surgical (, , , , , , , , , , , , , , , , , , ,	Acute Respiratory		Acute Psychiatric	
Inpatient 121 Bed	Inpatient 2136 Days 5	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 12 Bed	Inpatient 3156 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	born	Intermediate Card	
Inpatient 5 Bed	Inpatient 590 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 4 Bed	Inpatient 799 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	142	142

Report Status: Data Last Update: 12/09/2013

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

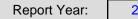
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01367	Original Hospital - Main	Retrofit
BLD-01368	Ancillary - Main	Remain
BLD-01369	Surgery & Delivery - Main	Remain
BLD-03594	Generator Building	Remain

Report Year:	2013 10529	Corona Regional Medical Center-Main]	Corona	Page:7 of 21
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Report Year:	2013 10529	Corona Regional Medical Center-Main][Corona	Page:8 of 21
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Report Year:	2013 10529	Corona Regional Medical Center-Main		Corona	Page:10 of 21
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Report Status:Data Last Update: 12/09/2013Submission Date: 12/11/2013Print Date: 12/12/2013 1:50 PM



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-01367 Buildin	g Name: O	priginal Hospital - Main					
Type of Service Provided								
		×	Surgical	Х	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing	X	Anesthesia					
X	IntensiveCare			X	Obstetrical Recovery		Renal Dialysis	
X	Pediatric/Adol escent		Clinical Lab				Outpatient	
			Radiological/ Imaging	X	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing	x	Pharmaceutical	X	Emergency		Central Plant	
X	Obstetrical							
	Ante/Postprtum		Dietetic	X	Nuclear Medicine		Support Services	
	Intermediate							
	Care	X	Administration					
	Skilled Nursing							

Report Status: Data Last Update: 12/09/2013

Building Number:	BLD-01367	Building Nar	ame: Original Hospital - Main				
Configuration:	Retrofit Non-Confo	rming buildir	ig to SPC 2 and NPC 3 a	and rem	ove from service by 2030		
Type of Service	e Provided						
X N	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X In	tensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X O	bstetrical	X	Pharmaceutical				
1/1	nte/Postprtum			X	Emergency		Central Plant
	termediate		Dietetic				
	are			X	Nuclear Medicine		Support Services
SI SI	killed Nursing	X	Administration				

Report Status: Data Last Update: 12/09/2013

Report Year:	2013 10529	Corona Regional Medical Center-Main] [Corona	Page:13 of 21
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Building Numbe	er: BLD-01368	Building Na	me: Ancillary - Main			
Building Numbe	BLD-01300	Dulluling Na	me. Ancillary - Main			
Configuration:	N/A					
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical		Pharmaceutical	_		
	Ante/Postprtum				Emergency	Central Plant
	Intermediate Care	X	Dietetic			
	Cale				Nuclear Medicine	Support Services
	Skilled Nursing		Administration			

Report Status: Data Last Update: 12/09/2013

2013 10529	Corona Regional Medical Center-Main	Corona	Page:14 of 21
	2013 10529	2013 10529 Corona Regional Medical Center-Main	2013 10529 Corona Regional Medical Center-Main Corona

Building Number	:: BLD-01369	Building Na	me: Surgery & Delivery	y - Main		
Configuration:	N/A					
Type of Servi	ice Provided					
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	x	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical		Pharmaceutical			
	Ante/Postprtum				Emergency	Central Plant
	Intermediate		Dietetic			
	Care				Nuclear Medicine	Support Services
	Skilled Nursing	X	Administration			

Report Status: Data Last Update: 12/09/2013

Report Year:	2013 10529	Corona Regional Medical Center-Main		Corona	Page:15 of 21
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Building Number: BLD-035	94 Building Na	me: Generator Buildi	ng			
Configuration: N/A						
Type of Service Provided	I					
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCar	e 🗌	Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Add escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical		Pharmaceutical				
Ante/Postprt	um			Emergency	Х	Central Plant
Intermediate		Dietetic				
Care				Nuclear Medicine		Support Services
Skilled Nursi	ng	Administration				

Report Status: Data Last Update: 12/09/2013

Report Year:	2
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Corona

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

Buildi	ng Number: BLI	D-01368	Building Na	ame: An	cillary - Main		
Туре	e of Service Prov	ided					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	X	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	X	Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Status: Data Last Update: 12/09/2013

Report Year:	2
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Corona

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: BL	D-01369	Building I	Name: <mark>Su</mark>	rgery & Delivery - Ma	ain		
Type of Service Provided								
	Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
Х	IntensiveCare	Inpatient Beds	18	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X 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	Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		18					

Report Status: Data Last Update: 12/09/2013

Submission Date: 12/11/2013

Print Date: 12/12/2013 1:50 PM

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)

	D-03594	Building Na	ame: Ge	enerator Building		
Type of Service Pro	vided	[_	
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitati Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
			_	Clinical Lab	Obstetrical Recovery	Renal Dialy
Pediatric/Adol escent	Inpatient Beds	0			Receivery	
Psychiatric	Inpatient	0		Radiological/	Newborn/	Outpatient
Nursing	Beds			Imaging	WellBaby	Surgery
Obstetrical	Inpatient	0		Pharmaceutical	— -	Central Pla
Ante/Postprtum					Emergency	
Intermediate	Inpatient	0		Dietetic	Nuclear	Support
Care	Beds				Medicine	Services
Skilled Nursing				Administration		
	Inpatient Beds	0				
Total Beds this		0				
Building						

Report Status: Data Last Update: 12/09/2013

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

Building Number:	BLD-01368 Build	ing Name: Anci	llary - Main			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 's	
Perinatal (Exclude Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 's	
Pediatric		Intensive Care Net Nursery	wborn	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 's	
Intensive Care		Rehabilitation Center		Int. Care / Development Disabled	ally	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 's	
Coronary Care		Chemical Depende	ency		otal Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Service 0	

Report Year:	2
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Corona

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

Building Number:	BLD-01369	Building Name	: Surge	ery & Delivery - Main			
Medical / Surgical (Acute R	espiratory (Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	t 0	Inpatient 0 Days		Inpatient 0 Days	
Perinatal (Exclude I	Burn			Skilled Nursing			
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	t 0	Inpatient 0 Days		Days	
Pediatric		Intensiv Nursery	ve Care New	born	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	t 0	Inpatient 0 Days		Inpatient 0 Days	
Intensive Care		Rehabil Center	itation		Int. Care / Developm Disabled	entally	
Inpatient 14 Bed	Inpatient Days	2797 Inpatient Bed	t 0	Inpatient 0 Days		Inpatient 0 Days	
Coronary Care	Chemic	······································		Total Beds this Building Per			
Inpatient 4 Bed	Inpatient Days	0 Inpatient Bed	t O	Inpatient 0 Days	Unit 18	Service 18	

Report Status: Data Last Update: 12/09/2013

Report Year:	2
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Corona Regional Medical Center-Main

Corona

Page:21 of 21

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

Building Number:	BLD-03594	Buildir	ng Name:	enerator Building				
Medical / Surgical (Include GYN)			Acute Respirate	ory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient Days	0 Inpatient (Bed	Inpatient 0 Days		
Perinatal (Exclude Newborn / GYN)			Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient Days	0 Inpatient (Bed	Inpatient 0 Days		
Pediatric			Intensive Care Nursery	Newborn	Intermediate Care	2		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient Days	0 Inpatient (Bed	Inpatient 0 Days		
Intensive Care			Rehabilitation Center		Int. Care / Develo Disabled	pmentally		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care			Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0 Inpatient Days	0 Unit 0	Service 0		

Report Status: Data Last Update: 12/09/2013