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

| Facility Number:     | 10556    |  |   |
|----------------------|----------|--|---|
| Facility Name:       | Riversid | e Community Hospital   | ] |
| Address:             | 4445 Ma  | agnolia Avenue   | ] |
| City:                | Riversio | е  |   |
| Hospital Owner/Lice  | ensee:   | Riverside Healthcare System dba Riverside Community Hospital |   |
| Year of Rep          | orting:  | 2013   |   |
| Contact 1 e-mail Ad  | dress:   |  |   |
| Contact 2 e-mail Ad  | dress:   |  |   |
| Contact 3 e-mail Add | dress::  |  |   |
| Name of Sub          | mitter:  | Jose Torres  |   |
| Submission           | Date:    | 12/10/2013 2:59:10 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.<br>No.  | Building Name     | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|---------------|-------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD-<br>01384 | Building A (Main) | 4445 Magnolia Avenue       | Rebuild                | SPC5                            | 01/01/2019        | 12/31/2018                     |
| BLD-<br>01385 | Building B        | 4445 Magnolia Avenue       | Retrofit               | SPC2                            | 01/01/2020        | 12/31/2018                     |

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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-01384 Building A (Main)                                 | Retrofit/Replacement Yes-Planned Project:                                      |
|--|--|
| Facility Project Sub Scope<br><u>Number Number Num</u>                   | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 10556 I130010-33- 0<br>00  | 6/11/2013 10/01/2014 OPEN No<br>12:00:00<br>AM                                 |
|  |  |
| Building No: BLD-01385 Building B  | Retrofit/Replacement Yes-Submitted Project:                                    |
| Building No: BLD-01385 Building B  Facility Project Sub Scope Number Num | l l l  |

Report Status: Data Last Update: 12/10/2013 Submission Date: 12/10/2013 12/12/2013 1:50 PM Print Date:

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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-01384           | Building Name:           | Building A (Main)           |                            |
|----------------------------|-------------------|--------------------------|-----------------------------|----------------------------|
| 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       | X Clinical Lab              | Emergency                  |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0       | Radiological/ Imaging       | Nuclear<br>Medicine        |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0       | Pharmaceutical   X Dietetic | Rehabilitation Therapy     |
| Intermediate<br>Care       | Inpatient<br>Beds | 0 Inpatient Days 0       | X Administration Support    | Renal Dialysis  Outpatient |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0       | Services                    | Surgery                    |
|                            |                   | Total Beds this Building | 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-01385             | Building Name:         | Building B                        |                             |
|------------------------------|----------------------|------------------------|-----------------------------------|-----------------------------|
| Type of Service Prov         | <u>rided</u>         |                        |                                   |                             |
| X Nursing                    | Inpatient 18<br>Beds | Inpatient 50734 Days   | Surgical                          | Obstetrical<br>Recovery     |
| X IntensiveCare              | Inpatient 2<br>Beds  | 26 Inpatient Days 1560 | Anesthesia                        | X Newborn/<br>WellBaby      |
| X Pediatric/Adol escent      | Inpatient 1<br>Beds  | 6 Inpatient Days 973   | Clinical Lab                      | Emergency                   |
| Psychiatric Nursing          | Inpatient<br>Beds    | 0 Inpatient Days 0     | X Radiological/<br>Imaging        | X Nuclear<br>Medicine       |
| X Obstetrical Ante/Postprtum | Inpatient Beds       | Inpatient Days 6756    | X Pharmaceutical Dietetic         | X Rehabilitation<br>Therapy |
| Intermediate<br>Care         | Inpatient Beds       | 0 Inpatient Days 0     | Administration  X Support         | Renal Dialysis              |
| Skilled Nursing              | Inpatient Beds       | 0 Inpatient Days 0     | X Support Services  X Obstetrical | Outpatient<br>Surgery       |
|                              | Tota<br>Build        | Il Beds this 273       |                                   | X Central Plant             |

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

| Building Number:     | BLD-01384           | Building Name: Buil          | ding A (Main)       |   |  |
|----------------------|---------------------|------------------------------|---------------------|---|--|
| 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 N | Newborn / GYN)      | Burn                         |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                     | intensive Care Ne<br>Nursery | wborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed   | Inpatient 0 Days    | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                     | Rehabilitation<br>Center     |                     | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care        |                     | Chemical<br>Dependency       |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0 Bed              | Inpatient 0<br>Days | 0                                       | 0  |

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

| Building Number:     | BLD-01385                | Building Name: Build          | ding B                 |   |  |
|----------------------|--------------------------|-------------------------------|------------------------|---|--|
| Medical / Surgical ( | Include GYN)             | Acute Respiratory             | Care                   | Acute Psychiatric                       |  |
| Inpatient 186<br>Bed | Inpatient 5073<br>Days 4 | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N | Newborn / GYN)           | Burn                          |                        | Skilled Nursing                         |  |
| Inpatient 45<br>Bed  | Inpatient 6756<br>Days   | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric            |                          | intensive Care Nev<br>Nursery | wborn                  | Intermediate Card                       |  |
| Inpatient 16<br>Bed  | Inpatient 973 Days       | Inpatient 20<br>Bed           | Inpatient 4749<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care       |                          | Rehabilitation<br>Center      |                        | Int. Care / developr<br>Disabled        | ment                                       |
| Inpatient 6<br>Bed   | Inpatient 1560<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       | 273                                     | 273  |

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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-01384          | Building A (Main)               | Rebuild  |
| BLD-01385          | Building B                      | Retrofit                                       |
| BLD-01386          | Building C (Inpatient Building) | Remain   |
| BLD-01387          | Building D                      | Remain   |
| BLD-01388          | Old Radiology Building          | Remain   |
| BLD-03107          | Emergency Generator Enclosure   | Remain   |

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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:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  ClinicalLab  N/A  Building Name: Building A (Main)  Ruilding A (Main)  N/A             |
|---|
| Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Dietetic  N/A  |
| Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Administration  N/A  Building Name: Building A (Main)  Rumber:  Building A (Main)  N/A |

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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-01384              | Building Name: | Building A (Main)        |                            |   |                           |
|------------------|------------------------|----------------|--------------------------|----------------------------|---|---------------------------|
| Type of Servic   | e Provided             |                |                          |                            |   |                           |
|                  |                        |                | Surgical                 | Obstetrical Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                  | Nursing                |                | Anesthesia               |                            |   |                           |
|                  | IntensiveCare          | ,              |                          | Obstetrical Recovery       |   | Renal Dialysis            |
| П                | Pediatric/Ado          | ,   [2         | X Clinical Lab           |                            |   | Outpatient                |
| _                | escent                 |                | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Ш | Surgery                   |
|                  | Psychiatric<br>Nursing | -              | Pharmaceutical           | Emergency                  |   | Central Plant             |
|                  | Obstetrical            |                |                          |                            |   |                           |
| Ш                | Ante/Postprtu          | m [2           | X Dietetic               | Nuclear<br>Medicine        | Ш | Support<br>Services       |
| П                | Intermediate           |                |                          |                            |   |                           |
| Ш                | Care                   |                | X Administration         |                            |   |                           |
|                  | Skilled Nursin         | g              |                          |                            |   |                           |

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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-01385 Buildir        | ng Name: Building B |                                 |                          |
|------------------|--------------------------|---------------------|---------------------------------|--------------------------|
| Type of Servic   | e Provided               | . –                 | _                               |                          |
|                  | Nursing                  | Surgical            | X Obstetrical<br>Cesarean/Deliv | X Rehabilitation Therapy |
| ×                | -                        | Anesthesia          | Obstetrical                     | Renal Dialysis           |
| X                | IntensiveCare            | Clinical Lab        | Recovery                        |                          |
| X                | Pediatric/Adol<br>escent | X Radiological/     | X Newborn/<br>WellBaby          | Outpatient<br>Surgery    |
|                  | Psychiatric<br>Nursing   | Imaging             | Emergency                       | V Control Plant          |
| X                | Obstetrical              | X Pharmaceutical    |                                 | X Central Plant          |
|                  | Ante/Postprtum           | Dietetic            | X Nuclear<br>Medicine           | X Support<br>Services    |
|                  | Intermediate<br>Care     |                     |                                 |                          |
|                  |                          | Administration      |                                 |                          |
|                  | Skilled Nursing          | 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 Number: | BLD-01384                   | Building Nar | me: Building A (Main     | ) |                               |   |  |
|------------------|-----------------------------|--------------|--------------------------|---|-------------------------------|---|--|
| Configuration:   | N/A                         |              |                          |   |                               |   |  |
| Type of Service  | Provided                    |              |                          |   |                               |   |  |
| N                | ursing                      |              | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy  |
| In               | tensiveCare                 |              | Anesthesia               |   | Obstetrical<br>Recovery       |   | Renal Dialysis   |
|                  | ediatric/Adol<br>scent      | X            | Clinical Lab             |   | Recovery                      |   |  |
|                  | sychiatric<br>ursing        |              | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery  |
|                  | bstetrical<br>nte/Postprtum |              | Pharmaceutical           |   | Emergency                     |   | Central Plant  |
|                  | termediate                  | X            | Dietetic                 |   | Lineigonoy                    | _ | Community in the control of the cont |
|                  | are<br>killed Nursing       | X            | Administration           |   | Nuclear Medicine              |   | Support<br>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-01385                 | Building Na | me: Building B           |   |                               |     |                           |
|----------------|-------------------------------|-------------|--------------------------|---|-------------------------------|-----|---------------------------|
| Configuration: | N/A                           |             |                          |   |                               |     |                           |
| Type of Serv   | rice Provided                 |             |                          |   |                               |     |                           |
| X              | Nursing                       |             | Surgical                 | X | Obstetrical<br>Cesarean/Deliv | X   | Rehabilitation<br>Therapy |
| X              | IntensiveCare                 |             | Anesthesia               |   | Obstetrical                   |     | Renal Dialysis            |
| X              | Pediatric/Adol<br>escent      |             | Clinical Lab             |   | Recovery                      |     |                           |
|                | Psychiatric<br>Nursing        | X           | Radiological/<br>Imaging | X | Newborn/<br>WellBaby          |     | Outpatient<br>Surgery     |
| X              | Obstetrical<br>Ante/Postprtum | X           | Pharmaceutical           |   | E                             | [v] | Ocatas Bland              |
|                | Intermediate                  |             | Dietetic                 |   | Emergency                     | X   | Central Plant             |
| Ш              | Care                          |             | Administration           | X | Nuclear Medicine              | X   | Support<br>Services       |
|                | Skilled Nursing               |             | Auministration           |   |                               |     |                           |

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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 | Building Number: BLD-01386 Building Name: Building C (Inpatient Building) |   |                          |   |                               |   |                           |  |  |  |
|----------------|---|---|--------------------------|---|-------------------------------|---|---------------------------|--|--|--|
| Configuration: | N/A   |   |                          |   |                               |   |                           |  |  |  |
| Type of Serv   | rice Provided   |   |                          |   |                               |   |                           |  |  |  |
|                | Nursing   | Х | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |
| X              | IntensiveCare   | Х | Anesthesia               |   | Obstetrical                   | X | Renal Dialysis            |  |  |  |
|                | Pediatric/Adol<br>escent  |   | Clinical Lab             |   | Recovery                      |   |                           |  |  |  |
|                | Psychiatric<br>Nursing  |   | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          | X | Outpatient<br>Surgery     |  |  |  |
|                | Obstetrical<br>Ante/Postprtum   |   | Pharmaceutical           | X | Emergency                     |   | Central Plant             |  |  |  |
|                | Intermediate  |   | Dietetic                 |   | Lineigeney                    |   | Contrait lant             |  |  |  |
|                | Care Skilled Nursing  |   | Administration           |   | Nuclear Medicine              | X | Support<br>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-01387                 | Building Na | me: Building D           |                               |   |                           |
|----------------|-------------------------------|-------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration: | N/A                           |             |                          |                               |   |                           |
| Type of Serv   | rice Provided                 |             |                          |                               |   |                           |
| X              | Nursing                       |             | Surgical                 | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |             | Anesthesia               | Obstetrical                   | X | 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                  |             | Dietetic                 | Lineigency                    |   | Contrair lant             |
|                | Care Skilled Nursing          |             | Administration           | Nuclear Medicine              |   | Support<br>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 | Building Number: BLD-01388 Building Name: Old Radiology Building |   |                          |   |                               |   |                           |  |  |  |
|----------------|--|---|--------------------------|---|-------------------------------|---|---------------------------|--|--|--|
| Configuration  | : N/A  |   |                          |   |                               |   |                           |  |  |  |
| Type of Serv   | vice Provided  |   |                          |   |                               |   |                           |  |  |  |
|                | Nursing  |   | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |
|                | IntensiveCare  |   | Anesthesia               |   | Obstetrical                   |   | Renal Dialysis            |  |  |  |
|                | Pediatric/Adol escent  |   | Clinical Lab             |   | Recovery                      |   |                           |  |  |  |
|                | Psychiatric<br>Nursing   | X | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |  |
|                | Obstetrical<br>Ante/Postprtum                                    |   | Pharmaceutical           |   | Emergency                     |   | Central Plant             |  |  |  |
|                | Intermediate   |   | Dietetic                 | _ | Lineigency                    | _ | Contract Tark             |  |  |  |
|                | Care Skilled Nursing   |   | Administration           |   | Nuclear Medicine              | X | Support<br>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-03107 Building Name: Emergency Generator Enclosure |                               |  |                          |   |                               |   |                           |
|---|-------------------------------|--|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration:  | N/A                           |  |                          |   |                               |   |                           |
| Type of Service   | e Provided                    |  |                          |   |                               |   |                           |
|   | lursing                       |  | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| Ir  | ntensiveCare                  |  | Anesthesia               |   | Obstetrical                   |   | Renal Dialysis            |
|   | Pediatric/Adol<br>scent       |  | Clinical Lab             |   | Recovery                      |   |                           |
|   | Psychiatric<br>Jursing        |  | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|   | Obstetrical<br>Inte/Postprtum |  | Pharmaceutical           | П | Emergency                     | П | Central Plant             |
|   | ntermediate<br>Care           |  | Dietetic                 |   |                               |   | Support                   |
|   | Skilled Nursing               |  | Administration           |   | Nuclear Medicine              |   | Support<br>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)

| Buildi | ng Number: BLI                | D-01386           | Building N | Name: Bu | ilding C (Inpatient E    | Building)                  |                         |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|----------------------------|-------------------------|
| Туре   | e of Service Prov             | <u>ided</u>       |            |          |                          |                            |                         |
|        | Nursing                       | Inpatient<br>Beds | 0          | X        | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy  |
| X      | IntensiveCare                 | Inpatient<br>Beds | 34         | X        | Anesthesia               |                            |                         |
|        | Pediatric/Adol escent         | Inpatient<br>Beds | 0          |          | Clinical Lab             | Obstetrical<br>Recovery    | X 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           | X Emergency                | Central Plant           |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0          |          | Dietetic                 | Nuclear<br>Medicine        | X Support<br>Services   |
|        | Skilled Nursing               | Inpatient<br>Beds | 0          |          | Administration           |                            |                         |
|        | Total Beds this<br>Building   |                   | 34         |          |                          |                            |                         |

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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-01387          | Building N | Name: Building D         |                               |                        |
|-----------------------------|-------------------|------------|--------------------------|-------------------------------|------------------------|
| Type of Service Pro         | vided             |            |                          |                               |                        |
| X Nursing                   | Inpatient<br>Beds | 66         | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare               | Inpatient<br>Beds | 0          | Anesthesia               |                               |                        |
| Pediatric/Adol escent       | Inpatient<br>Beds | 0          | Clinical Lab             | Obstetrical Recovery          | X Renal Dialysis       |
| Psychiatric Nursing         | Inpatient<br>Beds | 0          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient Surgery     |
| Obstetrical Ante/Postprtum  | Inpatient<br>Beds | 0          | Pharmaceutical           | Emergency                     | X 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<br>Building |                   | 66         |                          |                               |                        |

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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 | g Number: BLD                 | D-01388           | Building N | ame: | d Radiology Building     |                            |                        |
|----------|-------------------------------|-------------------|------------|------|--------------------------|----------------------------|------------------------|
| Type o   | of Service Prov               | <u>ided</u>       |            |      |                          |                            |                        |
|          | Nursing                       | Inpatient<br>Beds | 0          |      | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
|          | ntensiveCare                  | Inpatient<br>Beds | 0          |      | Anesthesia               |                            |                        |
|          | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |      | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |
|          | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          | X    | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |
| _        | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |      | Pharmaceutical           | Emergency                  | Central Plant          |
|          | ntermediate<br>Care           | Inpatient<br>Beds | 0          |      | Dietetic                 | Nuclear<br>Medicine        | X Support<br>Services  |
|          | Skilled Nursing               | Inpatient<br>Beds | 0          |      | Administration           |                            |                        |
|          | Fotal Beds this<br>Building   |                   | 0          |      |                          |                            |                        |

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

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

| Building Number: BLD-03107 Building Name: Emergency Generator Enclosure |                               |                   |   |  |                          |                            |                        |  |
|---|-------------------------------|-------------------|---|--|--------------------------|----------------------------|------------------------|--|
| Type of Service Provided  |                               |                   |   |  |                          |                            |                        |  |
|   | Nursing                       | Inpatient<br>Beds | 0 |  | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |
|   | ntensiveCare                  | Inpatient<br>Beds | 0 |  | Anesthesia               |                            |                        |  |
|   | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 |  | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |  |
|   | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 |  | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |
| _   | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 |  | Pharmaceutical           | Emergency                  | Central Plant          |  |
|   | ntermediate<br>Care           | Inpatient<br>Beds | 0 |  | Dietetic                 | Nuclear<br>Medicine        | Support Services       |  |
|   | Skilled Nursing               | Inpatient<br>Beds | 0 |  | Administration           |                            |                        |  |
|   | Fotal Beds this<br>Building   |                   | 0 |  |                          |                            |                        |  |

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| Building Number:      | BLD-01386             | Building Name: Buil          | ding C (Inpatient Building)       |                                  |                                 |  |
|-----------------------|-----------------------|------------------------------|-----------------------------------|----------------------------------|---------------------------------|--|
| Medical / Surgical (I | nclude GYN)           | Acute Respiratory            | / Care                            | Acute Psychiatric                |                                 |  |
| Inpatient 0<br>Bed    | Inpatient 269<br>Days | Inpatient 0 Bed              | Inpatient 0<br>Days               | Inpatient 0<br>Bed               | Inpatient 0<br>Days             |  |
| Perinatal (Exclude N  | lewborn / GYN)        | Burn                         |                                   | Skilled Nursing                  |                                 |  |
| Inpatient 0<br>Bed    | Inpatient Days        | 0 Inpatient 0 Bed            | Inpatient 0<br>Days               | Inpatient 0<br>Bed               | Inpatient 0<br>Days             |  |
| Pediatric             |                       | Intensive Care Ne<br>Nursery | Intensive Care Newborn<br>Nursery |                                  | Intermediate Care               |  |
| Inpatient 0<br>Bed    | Inpatient Days        | 0 Inpatient 0 Bed            | Inpatient 0<br>Days               | Inpatient 0<br>Bed               | Inpatient 0<br>Days             |  |
| Intensive Care        |                       | Rehabilitation<br>Center     |                                   | Int. Care / Developn<br>Disabled | nentally                        |  |
| Inpatient 16<br>Bed   | Inpatient 497<br>Days | Inpatient 0                  | Inpatient 0 Days                  | Inpatient 0<br>Bed               | Inpatient 0<br>Days             |  |
| Coronary Care         |                       | Chemical Depend              | ency                              | Total Beds this<br>Building Per  | Total Beds this<br>Building Per |  |
| Inpatient 18 Bed      | Inpatient 559<br>Days | 7 Inpatient 0<br>Bed         | Inpatient 0<br>Days               | Unit 34                          | Service 34                      |  |

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| Building Number:       | BLD-01387 Build         | ing Name: Build          | ding D              |                                  |                                 |
|------------------------|-------------------------|--------------------------|---------------------|----------------------------------|---------------------------------|
| Medical / Surgical (In | clude GYN)              | Acute Respiratory        | Care                | Acute Psychiatric                |                                 |
| Inpatient 66<br>Bed    | Inpatient 15962<br>Days | Inpatient 0<br>Bed       | Inpatient 0<br>Days |                                  | Inpatient 0<br>Days             |
| Perinatal (Exclude Ne  | ewborn / GYN)           | Burn                     |                     | Skilled Nursing                  |                                 |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days     | Inpatient 0<br>Bed       | Inpatient 0 Days    |                                  | Inpatient 0<br>Days             |
| Pediatric              |                         | Intensive Care New       | wborn               | Intermediate Care                |                                 |
| Inpatient 0<br>Bed     | Inpatient 0 Days        | Inpatient 0<br>Bed       | Inpatient 0<br>Days |                                  | Inpatient 0<br>Days             |
| Intensive Care         |                         | Rehabilitation<br>Center |                     | Int. Care / Developm<br>Disabled | entally                         |
| Inpatient 0            | Inpatient 0 Days        | Inpatient 0<br>Bed       | Inpatient 0 Days    |                                  | Inpatient 0<br>Days             |
| Coronary Care          |                         | Chemical Dependency      |                     | Total Beds this<br>Building Per  | Total Beds this<br>Building Per |
| Inpatient 0<br>Bed     | Inpatient 0 Days        | Inpatient 0              | Inpatient 0 Days    | Unit 66                          | Service 66                      |

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| Building Number:                 | BLD-01388      | Building | g Name: Old R                | Radiology Building |                                 |                                 |
|----------------------------------|----------------|----------|------------------------------|--------------------|---------------------------------|---------------------------------|
| Medical / Surgical (Include GYN) |                |          | Acute Respiratory            | Care               | Acute Psychiatric               |                                 |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0                   | Inpatient 0 Days   | Inpatient 0<br>Bed              | Inpatient 0 Days                |
| Perinatal (Exclude I             | Newborn / GYN) | В        | Burn                         |                    | Skilled Nursing                 |                                 |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0                   | Inpatient 0 Days   | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |
| Pediatric                        |                |          | ntensive Care New<br>Nursery | vborn              | Intermediate Care               |                                 |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0                   | Inpatient 0 Days   | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |
| Intensive Care                   |                |          | Rehabilitation<br>Center     |                    | Int. Care / Develop<br>Disabled | mentally                        |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0                   | Inpatient 0        | Inpatient 0<br>Bed              | Inpatient 0<br>Days             |
| Coronary Care                    |                |          | Chemical Depende             | ncy                | Total Beds this<br>Building Per | Total Beds this<br>Building Per |
| Inpatient 0<br>Bed               | Inpatient Days |          | npatient 0                   | Inpatient 0 Days   | Unit 0                          | Service 0                       |

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| Building Number:     | BLD-03107           | Building Name: Eme         | ergency Generator Enclos | ure                               |                                 |  |
|----------------------|---------------------|----------------------------|--------------------------|-----------------------------------|---------------------------------|--|
| Medical / Surgical ( | nclude GYN)         | Acute Respiratory          | Care                     | Acute Psychiatric                 |                                 |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed         | Inpatient 0<br>Days      |                                   | npatient 0<br>ays               |  |
| Perinatal (Exclude I | Newborn / GYN)      | Burn                       |                          | Skilled Nursing                   |                                 |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed         | Inpatient 0 Days         |                                   | npatient 0<br>ays               |  |
| Pediatric            |                     | Intensive Care New Nursery | wborn                    | Intermediate Care                 |                                 |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed         | Inpatient 0<br>Days      |                                   | npatient 0<br>ays               |  |
| Intensive Care       |                     | Rehabilitation<br>Center   |                          | Int. Care / Developme<br>Disabled | entally                         |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed         | Inpatient 0 Days         |                                   | npatient 0<br>ays               |  |
| <b>Coronary Care</b> |                     | Chemical Depende           | Chemical Dependency      |                                   | Total Beds this<br>Building Per |  |
| Inpatient 0<br>Bed   | Inpatient 0<br>Days | Inpatient 0<br>Bed         | Inpatient 0<br>Days      | Building Per<br>Unit              | Service 0                       |  |