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

Facility Number:	10681	
Facility Name:	Mountains	s Community Hospital
Address:	29101 Ho	spital Road
City:	Lake Arro	whead
Hospital Owner/Lice	ensee:	San Bernardino Mountains Community Hospital District
Year of Rep	orting:	2013
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	San Bernardino Mountains Community Hospital District
Submission	Date:	10/11/2013 10:34:33 AM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	g Extension Date	Anticipated Completion Date
BLD- 01474	Main Building	29101 Hospital Road	Retrofit	SPC2	01/01/2015	04/01/2016
BLD- 01477	Emergency Generator Bldg	29101 Hospital Road	Rebuild	SPC5	01/01/2013	07/01/2006
BLD- 01478	Oxygen Storage Bldg	29101 Hospital Road	Rebuild	SPC5	01/01/2013	07/01/2000

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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-01474 Main Building	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
10681 P-2012- 0 Seismic Joint 000003	1/3/2012 5/31/2013 05/01/2014 09/01/2014 OPEN No 12:00:00 12:00:00 AM AM
Building No: BLD-01477 Emergency Generator Bldg	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
10681 HS022019-0 0 STANDBY EMERGENCY POWER SYSTEM UPGRADE	8/5/2002 8/5/2003 05/19/2005 07/01/2006 CLOS No 12:00:00 12:00:00 AM AM
Building No: BLD-01478 Oxygen Storage Bldg	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

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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: B	LD-01474	Building Name:	Main Building	
Type of Service Pro	<u>vided</u>			_
X Nursing	Inpatient Beds	17 Inpatient 626 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X 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	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis  X Outpatient
X Skilled Nursing	Inpatient Beds	20 Inpatient Days 7014	Services	Surgery
		Total Beds this Building 37	Cesarean/Deliv	X 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: BLD-014	<b>177</b>	Building Nan	ne:	Emerge	ncy Generator Bldg		
Type of Service Provided							
Nursing Inpa	tient 0	Inpatient Days	0		Surgical	1 1 - "	ecovery
IntensiveCare Inpa		Inpatient Days	0		Anesthesia	1 1	ewborn/ ellBaby
Pediatric/Adol Inpa escent Bed	tient 0	Inpatient Days	0		Clinical Lab	En	nergency
Psychiatric Inpa	tient 0	Inpatient Days	0		Radiological/ Imaging		iclear edicine
Obstetrical Inpa	tient 0	Inpatient Days	0		Pharmaceutical Dietetic	1 1	habilitation erapy
Intermediate Inpa Care Bed	tient 0	Inpatient Days	0		Administration		enal Dialysis
Skilled Nursing Inpa		Inpatient Days	0		Support Services  Obstetrical		tpatient rgery
	Total E Buildin	Beds this	0	L	Cesarean/Deliv	X Ce	entral 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-01478	Building Name:	Oxyge	en Storage Bldg	
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	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	0	Cesarean/Deliv	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-01474	Building Name: Mai	n Building		
Medical / Surgical (	Include GYN)	Acute Respiratory	y Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 626 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 7014 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 / develop	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	37	37

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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-0	1477 Building N	Name: Eme	ergency Generator Bldg		
Medical / Surgical (Include	GYN) Ac	ute Respiratory	/ Care	Acute Psychiatric	
Inpatient 0 Inpatier Bed Days	nt 0 Inp	patient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn	n / GYN) Bu	ırn		Skilled Nursing	
Inpatient 0 Inpatier Days	nt 0 Inp	patient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		ensive Care Ne rsery	wborn	Intermediate Card	
Inpatient 0 Inpatier Days	nt 0 Inp.	patient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		habilitation nter		Int. Care / developm Disabled	nent
Inpatient 0 Inpatien Bed Days	nt 0 Inpa	atient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		emical pendency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatien Bed Days	nt 0 Inpa	atient 0	Inpatient 0 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-01478	Building Name:	Oxygen Storage Bldg		
Medical / Surgical (	Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 Bed	0 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 Bed	0 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-01474	Main Building	Retrofit
BLD-01475	Radiology/Lab and ER Addition	Remain
BLD-01477	Emergency Generator Bldg	Rebuild
BLD-01478	Oxygen Storage Bldg	Rebuild
BLD-03687	Emergency Generator Bldg II	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: Emergency Generator Bldg  Emergency Generator Bldg	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
CentralPlant Relocated to new building	
Building BLD-01478 Building Name: Oxygen Storage Bldg	
Number:	
2 70 0	
Number:	
Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	

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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-01474 Buildi	ing Name: Main Building		
Type of Servic	e Provided			
		X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing	X Anesthesia		
	IntensiveCare	Allestificsia	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	Clinical Lab		X Outpatient Surgery
	escent	Radiological/ Imaging	Newborn/ WellBaby	L_J Surgery
Ш	Psychiatric Nursing	X Pharmaceutical	Emergency	X Central Plant
	Obstetrical		Nuclear	X Support
	Ante/Postprtum	X Dietetic	Medicine	Services
	Intermediate Care	X 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-01477	Building Name:	Emergency Ger	nerator Bldg			
Type of Servic	e Provided						
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare		_		Obstetrical Recovery		Renal Dialysis
П	Pediatric/Ado	,   L	Clinical Lab		Newborn/		Outpatient Surgery
_			Radiological Imaging	//	WellBaby		Curgory
	Psychiatric Nursing		Pharmaceut	ical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	ım			Nuclear		Support
	/ inte/1 ostpitu		Dietetic		Medicine		Services
	Intermediate Care		7				
			Administrati	on			
	Skilled Nursin	ng					

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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-01478	Building Name:	Oxygen Storage Bldg			
Type of Servic	e Provided	_				
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
П	Pediatric/Ado escent	,   _	Clinical Lab	Newborn/		Outpatient Surgery
			Radiological/ Imaging	WellBaby		Gurgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Х	Central Plant
	Obstetrical Ante/Postprtu	ım		Nuclear		Support
	Ante/i ostpitu		Dietetic	Medicine	Ш	Services
	Intermediate Care		¬			
_			Administration			
	Skilled Nursin	ng				

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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	uilding Number: BLD-01474 Building Name: Main Building							
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030			
Type of Serv	vice Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant	
	Intermediate Care	X	Dietetic		Nuclear Medicine	x	Support	
X	Skilled Nursing	X	Administration		Nucleal Medicine		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-01475	Building Na	me: Radiology/Lab	o and ER Ado	dition	
Configuration:	Remove from GAC	C service by	1/1/2030			
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	X	Emergency	Central Plant
	Intermediate		Dietetic			osmari an
	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-01477 Building Name: Emergency Generator Bldg								
Configuration:	Remove from GAC	Service by	1/1/2030						
Type of Service	e Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant		
	ntermediate		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:	Building Number: BLD-01478 Building Name: Oxygen Storage Bldg									
Configuration:	Remove from GAC	service by	1/1/2030							
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			
	Dbstetrical ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	ntermediate		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 Numb	uilding Number: BLD-03687 Building Name: Emergency Generator Bldg II									
Configuration	Remove from GAC	Service by	1/1/2030							
Type of Ser	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		Emergency	X	Central Plant			
	Intermediate		Dietetic		Lineigency	^_	Ochilai i lant			
	Care Skilled 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	g Number: BLD	-01475	Building Na	ıme: Ra	diology/Lab and ER A	ddition	
Туре с	of Service Provi	ded					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
☐ Ir	ntensiveCare	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
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
S	Skilled Nursing	Inpatient Beds	0		Administration		
	otal 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)

Buildir	ng Number: BLI	D-03687	Building N	lame: En	nergency Generator B	ildg II	
<u>Type</u>	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 Status: **Data Last Update:** 10/11/2013 **Submission Date:** 10/11/2013 **Print Date:** 10/12/2013 1:50 PM

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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-01475 <b>B</b> u	ilding Name:	Radiology/Lab and ER Addit	ion			
Medical / Surgical (Ir	nclude GYN)	Acute Respirat	ory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		Intensive Care Nursery	Newborn	Intermediate Care			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / Develope Disabled	Int. Care / Developmentally Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
<b>Coronary Care</b>		Chemical Depe	endency	Total Beds this Building Per	Total Beds this Building Per		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0	Unit 0	Service 0		

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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-03687 Build	ding Name: Eme	rgency Generator Bldg II		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	ent 0
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Coronary Care		Chemical Dependency			tal Beds this ilding Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		rvice 0