| Report Year: 2013 |
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Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number: | 10694 | | | |
|--|-------------------------------|--|--|--|
| Facility Name: | St. Bernardine Medical Center | | | |
| Address: | 2101 North Waterman Avenue | | | |
| City: | San Bernardino | | | |
| Hospital Owner/Lice Year of Rep Contact 1 e-mail Ad Contact 2 e-mail Ad Contact 3 e-mail Ade | rting: 2013 Iress: | | | |
| Name of Sub | nitter: Robert Omens | | | |
| Submission | Date: 12/10/2013 11:39:44 AM | | | |
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| Report Year: | 2013 10694 | St. Bernardine Medical Center | | San Bernardino | Page:2 of 38 |
|--------------|------------|-------------------------------|--|----------------|--------------|
|--------------|------------|-------------------------------|--|----------------|--------------|

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- 01814 | Main Hospital | 2101 North Waterman Avenue | Rebuild | SPC5 | 01/01/2020 | 12/30/2014 |
| BLD- 01815 | South Wing | 2101 North Waterman Avenue | Remove | N/A | 01/01/2015 | 12/30/2014 |
| BLD- 01817 | Central Tower | 2101 North Waterman Avenue | Retrofit | SPC2 | 01/01/2020 | 07/01/2019 |

| Report Year: | 2013 10694 | St. Bernardine Medical Center | San Bernardino | Page:3 of 38 |
|--------------|------------|-------------------------------|----------------|--------------|
|--------------|------------|-------------------------------|----------------|--------------|

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-01814 | 4 | Main Hospital | | Retrofit/F Project: | Replacem | ent Yes- | Submitte | d |
|---------------------------|---------------------------|---|--|--------------------------------|---------------------------------|--------------------|-------------------------|----------|----------------|
| Facility <u>Number</u> | Project Sub Number Num | | Scope | Date Pl in | Approved P Date | roj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 10694 | H131460-36 -00 | 0 | IT Services Building | 7/8/20 ⁷ 12:00:0 | 10/4/2013 12:00:00 AM | 00,01,20 | 14 05/31/2015 | OPEN | No |
| 10694 | P-2012- 02402 | 0 | SPC-1 Decommissioning- Main Wing- Bldg 01 | 11/9/201 12:00:0 | 4/24/2013 12:00:00 AM | | 16 | PEND | No |

| Building No: BLD-01817 Central Tower | Retrofit/Replacement Yes-Submitted Project: |
|--|--|
| Facility Project Sub Scope Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review |
| 10694 IL082842-0 0 PPR- CENTRAL TOWER - PATIENT TOWER SEISMIC UPGRADE | 12/23/2008 04/06/2012 01/02/2014 ACTI No 12:00:00 AM |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: **BLD-01814** Building Name: Main Hospital **Type of Service Provided** Obstetrical Nursing Inpatient 0 Surgical 0 Inpatient Recovery Days Beds Newborn/ IntensiveCare Inpatient Inpatient Days 0 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Pediatric/Adol Inpatient Inpatient Days 0 0 escent Beds Nuclear Radiological/ Medicine Imaging Psychiatric Inpatient Inpatient Days 0 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days Inpatient 0 Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration X Inpatient Inpatient Days 0 Intermediate 0 Beds Care Support Outpatient Services Surgery **Skilled Nursing** Inpatient Days Inpatient 0 0 Beds Obstetrical Total Beds this Cesarean/Deliv 0 **Central Plant** Building

Report Status:Data Last Update:12/09/2013Submission Date:12/10/2013Print Date:

int Date: 12/11/2013 1:50 PM

St. Bernardine Medical Center

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: **BLD-01815 Building Name:** South Wing **Type of Service Provided** X Obstetrical Surgical 85 Nursing Inpatient Inpatient 0 Recovery Beds Days Newborn/ IntensiveCare Inpatient Inpatient Days 0 0 Anesthesia WellBaby Beds **Clinical Lab** Emergency Inpatient Inpatient Days 0 Pediatric/Adol 0 escent Beds Nuclear Radiological/ Medicine Imaging 36 Inpatient Days Х Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient Days Intermediate Inpatient 0 0 Care Beds Support Outpatient Services Surgery Inpatient Days **Skilled Nursing** Inpatient 0 0 Beds Obstetrical Total Beds this 121 Cesarean/Deliv Central Plant Building

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: **BLD-01817 Building Name: Central Tower Type of Service Provided** X Х Obstetrical Surgical 105 18061 Nursing Inpatient Inpatient Recovery Beds Days Newborn/ X 7818 IntensiveCare Inpatient 27 Inpatient Days Anesthesia X WellBaby Beds **Clinical Lab** Emergency Х 786 Inpatient Inpatient Days Pediatric/Adol 20 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 4943 Inpatient Х Obstetrical 32 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** X Administration Inpatient Days 0 Intermediate Inpatient 0 Care Beds Support Outpatient Services Surgery **Skilled Nursing** Inpatient Inpatient Days 0 0 Beds Obstetrical Total Beds this 184 Cesarean/Deliv Central Plant Building

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-01814 | Building Name: Mair | Hospital | | |
|--------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Nev Nursery | wborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | nent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 |

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

| Report Year: | |
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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-01815 | Building Name: Sour | th Wing | | |
|---------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 85 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 36 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care New Nursery | wborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop Disabled | ment |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 121 | 121 |

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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-01817 | Building Name: Cen | tral Tower | | |
|----------------------|--------------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 105 Bed | Inpatient 1806 Days 1 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 32 Bed | Inpatient 4943 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care New Nursery | wborn | Intermediate Card | |
| Inpatient 20 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop Disabled | ment |
| Inpatient 27 Bed | Inpatient 7818 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 | 184 | 184 |

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-01814 | Main Hospital | Rebuild |
| BLD-01815 | South Wing | Remove |
| BLD-01816 | Emergency Building | Remain |
| BLD-01817 | Central Tower | Retrofit |
| BLD-01818 | North Tower | Remain |
| BLD-01819 | Service Building | Remain |
| BLD-01820 | Ancillary Building | Remain |

 Report Status:
 Data Last Update:
 12/09/2013
 Submission Date:
 12/10/2013
 Print Date:
 12/11/2013
 1:50 PM

| Report Year: | 2013 10694 St. Bernardi | ne Medical Center San Bernardino | Page:11 of 38 |
|--------------------|------------------------------------|---------------------------------------|---------------|
| Lis | st ALL proposed new buildings to b | e constructd at this or another site. | |
| Building Number | Building Name | New Site | |
| N_1 | IT Building | | |

| Report Year: 2013 10694 St. Bernardine Medical Center | San Bernardino | Page:12 of 38 |
|---|----------------|---------------|
|---|----------------|---------------|

 Report Status:
 Data Last Update:
 12/09/2013
 Submission Date:
 12/10/2013
 Print Date:
 12/11/2013
 1:50 PM

St. Bernardine Medical Center

| Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D) | ent days per unit for the year of 2010, 2011 and | d 2012 for buildings to be removed from acute |
|--|---|---|
| Building Nrbr: BLD-01815 Building Name: | South Wing | Year of Information: 2010 |
| Unit Type | I | nformation Current As Of: |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 85 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 36 Patient 0 Beds Days |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disabled |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days |
| Coronary Care Inpatient 0 Patient 0 Beds Days | Chemical Dependency Inpatient 0 Patient 0 Beds Days | Total Beds this 121 Building per Unit |
| | - , - | Total Beds this 121 Building per Service |

12/10/2013 **Print Date:** 12/11/2013 1:50 PM

| Report Year: 2013 10694 St. B | ernardine Medical Center | San Bernardino | Page:14 of 38 | | | | |
|---|--------------------------------|--------------------------------------|---------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nrbr: BLD-01815 Building Name: | South Wing | Year of Information: 20 |)11 | | | | |
| <u>Unit Type</u> | | Information Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 85 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Inpatient 36 Patie Beds Days | nt 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Inpatient 0 Patie Beds Days | nt 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Inpatient 0 Patie Beds Days | nt 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally I | Disabled | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Inpatient 0 Patie Beds Days | nt 0 | | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Building per Unit | 121 | | | | |
| | | Total Beds this Building per Serv | vice 0 | | | | |

| Report Year: 2013 10694 St. B | ernardine Medical Center | San Bernardino | Page:15 of 38 |
|--|--|--------------------------------------|----------------|
| Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D) | ent days per unit for the year of 2010, 201 | 1 and 2012 for buildings to be remo | ved from acute |
| Building Nrbr: BLD-01815 Building Name: | South Wing | Year of Information: 20 | 12 |
| Unit Type | | Information Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 85 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Inpatient 36 Patien Beds Days | nt 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Inpatient 0 Patien Beds Days | nt 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Inpatient 0 Patien Beds Days | nt O |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally I | Disabled |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 Inpatient 0 Patien Beds Days | nt O |
| Coronary Care Inpatient 0 Patient 0 Beds Days | Chemical Dependency Inpatient 0 Patient Beds Days | 0 Total Beds this | 121 |
| | | Total Beds this Building per Serv | ice 121 |

St. Bernardine Medical Center

| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | |
|--|---------------------|--------------------------|---|--|--|--|
| Building Nrbr: BLD-01815 Building Name: | South Wing | | Year of Information: 2010 | | | |
| Type of Services Provided | | | nformation Current As | | | |
| X Nursing Inpatient 85 Beds | Patient 0 [Days | Surgical | Obstetrical Cesarean/Deliv Rehabilitation Therapy | | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical Renal Dialysis | | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Recovery | | | |
| X Psychiatric Inpatient 36 Nursing Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ Outpatient WellBaby Surgery | | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical | Emergency Central Plant | | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic | Nuclear Support Medicine Services | | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administration | | | | |
| Total Beds this Building per service 121 | | | | | | |

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

| Report Year: 2013 10694 St. B | ernardine Medical Center | San Bernardino | Page:17 of 38 | | | | |
|--|--------------------------|--|---------------------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nrbr: BLD-01815 Building Name: | South Wing | Year of Information: | 2011 | | | | |
| Type of Services Provided | | Information Current As Of: | | | | | |
| X Nursing Inpatient 85 Beds | Patient 0 Days | Surgical Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Renal Dialysis | | | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | | | | | |
| X Psychiatric Inpatient 36 Nursing Beds | Patient 0 Days | Radiological/ Newborn/ Imaging WellBaby | Outpatient Surgery | | | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical Emergency | Central Plant | | | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic Nuclear [| Support Services | | | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this Building per service | 121 | | | | | | |

| Report Year: 2013 10694 St. B | ernardine Medical Center | San Bernardino | Page:18 of 38 | | | | |
|--|--------------------------|---|---------------------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
| Building Nrbr: BLD-01815 Building Name: | South Wing | Year of Information: | 2012 | | | | |
| <u>Type of Services</u> <u>Provided</u> | | Information Current As Of: | | | | | |
| X Nursing Inpatient 85 Beds | Patient 0 Days | Surgical Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Renal Dialysis | | | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | | | | | |
| X Psychiatric Inpatient 36 Nursing Beds | Patient 0 Days | Radiological/ Newborn/ [maging WellBaby | Outpatient Surgery | | | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical Emergency | Central Plant | | | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic Nuclear [| Support Services | | | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this Building per service | 121 | | | | | | |

| Report Year: | 2013 | 10694 | St. Bernardine Medical Center | | San Bernardino | Page:19 of 38 |
|--------------|------|-------|-------------------------------|--|----------------|---------------|
|--------------|------|-------|-------------------------------|--|----------------|---------------|

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 BL Number: | D-01814 Building Name: Main Hospital | |
|------------------------|---|--|
| Will general acute ca | e services and beds will be relocated to a new, Existing or retrofitted building? | |
| Administration | N/A | |
| | | |

Each hospital owner shall also preport for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)

| Building BLD-01815 Building Name: South Wing Number: |
|---|
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? |
| Nursing N/A |
| |
| Building BLD-01815 Building Name: South Wing Number: |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? |
| Psychiatric Nursing N/A |
| |

| Report Year: 2 | 013 10694 St. Ber | nardine Medical Center | San Bernardino | Page:20 of 38 |
|----------------|---|--|----------------------|---------------|
| Number: | D-01815 Building Name e services and beds will be N/A | : South Wing e relocated to a new, Existing or re | etrofitted building? | |
| Number: | D-01815 Building Name e services and beds will be N/A | : South Wing e relocated to a new, Existing or re | etrofitted building? | |

| Report Year: | 2013 | 10694 | St. Bernardine Medical Center | San Bernardino | Page:21 of 38 |
|--------------|------|-------|-------------------------------|----------------|---------------|
|--------------|------|-------|-------------------------------|----------------|---------------|

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-01814 E | Building Name: | Ma | ain Hospital | | | |
|------------------|-------------------------------|----------------|----|-------------------------------|---|-------------------------|---------------------------|
| Type of Servic | e Provided | [| | Surgical | | Obstetrical | Rehabilitation Therapy |
| | Nursing | | | Anesthesia | _ | Cesarean/Deliv | |
| | IntensiveCare | | _ | | | Obstetrical Recovery | Renal Dialysis |
| | Pediatric/Adol escent | | | Clinical Lab Radiological/ | | Newborn/ WellBaby | Outpatient Surgery |
| | Psychiatric Nursing | | | Imaging Pharmaceutical | | Emergency | Central Plant |
| | Obstetrical Ante/Postprtum | | | Dietetic | | Nuclear Medicine | Support Services |
| | Intermediate Care | | X | Administration | | | |
| | Skilled Nursing | | | | | | |

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

| Report Year: | 2013 10694 | St. Bernardine Medical Center | San Bernardino | Page:22 of 38 |
|--------------|------------|-------------------------------|----------------|---------------|
|--------------|------------|-------------------------------|----------------|---------------|

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-01815 Build | ing Name: South Wing | | |
|------------------|-------------------------------|---------------------------|-------------------------|---------------------------|
| Type of Servic | e Provided | Surgical | Obstetrical | Rehabilitation Therapy |
| X | Nursing | Anesthesia | Cesarean/Deliv | |
| | IntensiveCare | | Obstetrical Recovery | Renal Dialysis |
| | Pediatric/Adol escent | Clinical Lab | Newborn/ WellBaby | Outpatient Surgery |
| X | Psychiatric Nursing | Imaging Pharmaceutical | Emergency | Central Plant |
| | Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | Support Services |
| | Intermediate Care | Administration | | |
| | Skilled Nursing | | | |

| Report Year: | 2013 10694 | St. Bernardine Medical Center | San Bernardino | Page:23 of 38 |
|--------------|------------|-------------------------------|----------------|---------------|
|--------------|------------|-------------------------------|----------------|---------------|

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-01817 Buildin | g Name: Central Tower | | | | | | | |
|--------------------------|-------------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|--|
| Type of Service Provided | | | | | | | | | |
| _ | Nursing | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | |
| X | Nursing | Anesthesia | Obstetrical | Renal Dialysis | | | | | |
| X | IntensiveCare | Clinical Lab | Recovery | | | | | | |
| X | Pediatric/Adol escent | | X Newborn/ | Outpatient Surgery | | | | | |
| | Psychiatric | Radiological/ Imaging | WellBaby | | | | | | |
| _ | Nursing | Pharmaceutical | Emergency | Central Plant | | | | | |
| X | Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | Support Services | | | | | |
| | Intermediate Care | X Administration | | | | | | | |
| | Skilled Nursing | | | | | | | | |

| Report Year: | 2013 | 10694 | St. Bernardine Medical Center | | San Bernardino | Page:24 of 38 |
|--------------|------|-------|-------------------------------|--|----------------|---------------|
|--------------|------|-------|-------------------------------|--|----------------|---------------|

| Building Numbe | er: BLD-01814 | Building Na | me: Main Hospital | | |
|----------------|--------------------------|-------------|--------------------------|-------------------------------|---------------------------|
| Configuration | : Remove from GAC | service by | 1/1/2020 | | |
| Type of Serv | vice Provided | | | | |
| | Nursing | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | Obstetrical | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | Recovery | |
| | Psychiatric Nursing | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical | | 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 | 10694 | St. Bernardine Medical Center | | San Bernardino | Page:25 of 38 |
|--------------|------|-------|-------------------------------|--|----------------|---------------|
|--------------|------|-------|-------------------------------|--|----------------|---------------|

| Building Number | : BLD-01815 | Building Na | me: South Wing | | | | | | |
|-----------------|-------------------------------|-----------------------|--------------------------|--|-------------------------------|--|---------------------------|--|--|
| Configuration: | Remove from GAC | C service by 1/1/2015 | | | | | | | |
| Type of Servi | ce Provided | | | | | | | | |
| X | 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 | | Central Plant | | |
| | Intermediate | | Dietetic | | | | | | |
| _ | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | | |

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

| Report Year: | 2013 10694 | St. Bernardine Medical Center | San Bernardino | Page:26 of 38 |
|--------------|------------|-------------------------------|----------------|---------------|
|--------------|------------|-------------------------------|----------------|---------------|

| Building Number: | BLD-01816 | Building Na | me: Emergency Build | ing | | | |
|------------------|--------------------------|---------------|--------------------------|-----|-------------------------------|---|---------------------------|
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Servic | ce Provided | | | | | | |
| | lursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| l lı | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | _ | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Dbstetrical | | Pharmaceutical | _ | | _ | |
| F | Ante/Postprtum | | | X | Emergency | | Central Plant |
| | ntermediate Care | | Dietetic | | | | _ |
| _ | Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

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

| Report Year: | 2013 10694 | St. Bernardine Medical Center | | San Bernardino | Page:27 of 38 |
|--------------|------------|-------------------------------|--|----------------|---------------|
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| Building Numb | er: BLD-01817 | Building Na | me: Central Tower | | | |
|---------------|--------------------------|-------------|--------------------------|---|-------------------------------|---------------------------|
| Configuration | Remove from GAC | Service by | 1/1/2030 | | | |
| Type of Ser | vice Provided | | | | | |
| X | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis |
| X | Pediatric/Adol escent | | Clinical Lab | | Recovery | |
| | Psychiatric Nursing | | Radiological/ Imaging | X | Newborn/ WellBaby | Outpatient Surgery |
| X | 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 10694 | St. Bernardine Medical Center | | San Bernardino | Page:28 of 38 |
|--------------|------------|-------------------------------|--|----------------|---------------|
|--------------|------------|-------------------------------|--|----------------|---------------|

| Building Numbe | er: BLD-01818 | Building Na | me: North Tower | | | | |
|----------------|--------------------------|---------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Serv | vice Provided | | | | | | |
| X | Nursing | | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | | Obstetrical | X | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| X | Obstetrical | | Pharmaceutical | | | | |
| | Ante/Postprtum | | | | Emergency | | Central Plant |
| | Intermediate | Х | Dietetic | | | | |
| | Care | | | | Nuclear Medicine | | Support Services |
| | Skilled Nursing | | Administration | | | | |

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

| Report Year: | 2013 | 10694 | St. Bernardine Medical Center | | San Bernardino | Page:29 of 38 |
|--------------|------|-------|-------------------------------|--|----------------|---------------|
|--------------|------|-------|-------------------------------|--|----------------|---------------|

| Building Number | r: BLD-01819 | Building Na | me: Service Building | | | | | |
|-----------------|--------------------------|-------------------------------|--------------------------|---|-------------------------------|---|---------------------------|--|
| Configuration: | Retrofit Conformin | ng building to NPC 4 or NPC 5 | | | | | | |
| 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 | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | |
| | Obstetrical | | Pharmaceutical | | | | | |
| | Ante/Postprtum | | | | Emergency | X | Central Plant | |
| | Intermediate | | Dietetic | _ | | _ | | |
| | Care | | | | Nuclear Medicine | | Support Services | |
| | Skilled Nursing | | Administration | | | | | |

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

| Report Year: | 2013 | 10694 | St. Bernardine Medical Center | | San Bernardino | Page:30 of 38 |
|--------------|------|-------|-------------------------------|--|----------------|---------------|
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| Building Number | : BLD-01820 | Building Na | me: Ancillary Building |) | | | |
|-----------------|--------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration: | Remove from GAC | Service by | 1/1/2030 | | | | |
| Type of Servi | ce Provided | | | | | | |
| | 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 | | Outpatient Surgery |
| | Obstetrical | X | Pharmaceutical | _ | | | |
| | Ante/Postprtum | _ | | | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | | | |
| _ | Skilled Nursing | | Administration | X | Nuclear Medicine | X | Support Services |

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

| Report Year: | 2013 | 10694 | St. Bernardine Medical Center |
|--------------|------|-------|-------------------------------|
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San Bernardino

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-01816 | Building | Name: En | nergency Building | | | | | |
|--------|-------------------------------|-------------------|----------|----------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре | Type of Service Provided | | | | | | | | | |
| | 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 | 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 | | | | | | | |

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

Submission Date: 12/10/2013

Print Date: 12/11/2013 1:50 PM

| Report Year: | 2 |
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San Bernardino

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 | Building Number: BLD-01818 Building Name: North Tower | | | | | | | | | |
|--------|---|-------------------|-----|---|--------------------------|---------------------------------|---------------------------|--|--|--|
| Туре | Type of Service Provided | | | | | | | | | |
| Х | Nursing | Inpatient Beds | 104 | | Surgical | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| X | IntensiveCare | Inpatient Beds | 40 | | Anesthesia | | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | X Renal Dialysis | | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| X | Obstetrical Ante/Postprtum | Inpatient Beds | 14 | | 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 | | 158 | | | | | | | |

| Report Year: | 20 |
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St. Bernardine Medical Center

San Bernardino

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-01819 Building Name: Service Building | | | | | | | |
|--|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|
| 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 | | 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: 12/09/2013

| Report Year: | 2 |
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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: BLI | D-01820 | Building N | Name: An | cillary Building | | |
|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|-----------------------|
| Type of Service Prov | <u>vided</u> | | | | | |
| Nursing | Inpatient Beds | 0 | X | Surgical | Obstetrical Cesarean/Deliv | Rehabilitatio |
| IntensiveCare | Inpatient Beds | 0 | X | Anesthesia | | |
| Pediatric/Adol | Inpatient Beds | 0 | X | Clinical Lab | Obstetrical Recovery | Renal Dialy |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X | Pharmaceutical | Emergency | Central Pla |
| Intermediate | Inpatient Beds | 0 | | Dietetic | X Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | |
| Total Beds this Building | | 0 | | | | |
| | | | | | | |

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: | LD-01816 Build | ing Name: Eme | rgency Building | | |
|-------------------------|---------------------|-------------------------------|---------------------|---------------------------------|---------------------------------|
| Medical / Surgical (Inc | lude GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (Exclude Nev | vborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | Intensive Care New Nursery | vborn | Intermediate Care | |
| 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 Disabled | nentally |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | 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 0 | Service 0 |

| Report Year: | |
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St. Bernardine Medical Center

San Bernardino

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-01818 Bu | ilding Name: | North Tower | | |
|-----------------------|-------------------------|---------------------------|---------------------------|---------------------------------|---------------------------------|
| Medical / Surgical (I | nclude GYN) | Acute Respira | tory Care | Acute Psychiatric | |
| Inpatient 104 Bed | Inpatient 31500 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (Exclude N | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 14 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 | 20 Inpatient 3537 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / Develop Disabled | mentally |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dep | endency | Total Beds this Building Per | Total Beds this Building Per |
| Inpatient 20 Bed | Inpatient 5685 Days | Inpatient Bed | 0 Inpatient 0 Days | Unit 158 | Service |

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

| Report Year: | 2 |
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St. Bernardine Medical Center

San Bernardino

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-01819 | Buildi | ing Name: | ervice Building | | |
|------------------------|----------------|--------|-----------------------------|-----------------------|---------------------------------|---------------------------------|
| Medical / Surgical (Ir | nclude GYN) | | Acute Respirato | ory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (Exclude N | ewborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | | Intensive Care I Nursery | lewborn | Intermediate Care | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | | Rehabilitation Center | | Int. Care / Develop Disabled | mentally |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | | Chemical Deper | ndency | 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 |

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

| Report Year: | 1 |
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St. Bernardine Medical Center

San Bernardino

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-01820 | Buildir | ng Name: Anci | llary Building | | |
|-----------------------|-------------------|---------|-------------------------------|---------------------|----------------------------------|---------------------------------|
| Medical / Surgical (I | nclude GYN) | | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (Exclude N | lewborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | | Intensive Care New Nursery | wborn | Intermediate Care | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | | Rehabilitation Center | | Int. Care / Developn Disabled | nentally |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | | Chemical Depende | ency | Total Beds this Building Per | Total Beds this Building Per |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Unit 0 | Service 0 |

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