## Office of Statewide Health Planning and Development Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

| Facility Number:  | 10048                                    |  |
|---|--|--|
| Facility Name:  | John Muir Medical Center, Concord Campus |  |
| Address:  | 2540 East Street                         |  |
| City:   | Concord                                  |  |
| Year of Re Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A | Address:  Address:                       |  |
| Name of Su  | ubmitter: Steve Hoffman                  |  |
| Submissio   | ion Date: 12/11/2014 9:44:23 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.<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>02472 | Original Hospital | 2540 East Street           | Rebuild                | SPC5                            | 01/01/2020        | 07/01/2019                     |
| BLD-<br>02476 | D Wing            | 2540 East Street           | Rebuild                | SPC5                            | 01/01/2020        | 07/01/2019                     |

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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           | ding No: BLD-02472 Original Hospital |            |  | Retrofit/Reproject:        | Yes-Sub                     | Yes-Submitted |                          |        |                |
|--------------------|--------------------------------------|------------|--|----------------------------|-----------------------------|---------------|--------------------------|--------|----------------|
| Facility<br>Number | Project<br>Number                    | Sub<br>Num | Scope                                      | Date In                    | Plan<br>Approved<br>Date    | Start Date    | Project<br>Complete<br>d | Status | CEQA<br>Review |
| 10048              | HS050491-0                           | 0          | CONSTRUCTION OF NEW TOWER AND REMODEL WORK | 3/3/2005<br>12:00:00<br>AM | 2/26/2008<br>12:00:00<br>AM | 02/07/2008    | 11/30/2010               | CLOS   | No             |
| 10048              | IM-2012-<br>00005                    | 0          | Master - Elevator Tower Retrofit           | 3/8/2012<br>12:00:00       |                             | 02/03/2014    | 01/09/2017               | ACTI   | No             |

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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          | ding No: BLD-02476 D Wing |              |       | Retrofit/Re<br>Project:      | placement                   | Yes-Pla    | ]                        |        |                |
|-------------------|---------------------------|--------------|-------|------------------------------|-----------------------------|------------|--------------------------|--------|----------------|
| Facility<br>Numbe | Project<br>r Number       | Sub<br>Num S | Scope | Date In                      | Plan<br>Approved<br>Date    | Start Date | Project<br>Complete<br>d | Status | CEQA<br>Review |
| 10048             | HS050491-0                | 0            |       | 3/3/2005<br>12:00:00<br>AM   | 2/26/2008<br>12:00:00<br>AM | 02/07/2008 | 11/30/2010               | CLOS   | No             |
| 10048             | \$142860-07<br>-00        | 0            |       | 12/10/2014<br>12:00:00<br>AM |                             | 09/01/2016 | 07/01/2019               | OPEN   | No             |

12/11/2014 OSHPD FDD SB499 Report Data Last Update: Submission Date: 12/11/2014 Printed: 12/13/2014 6:25 AM

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|----------------------------|-------------------|--|-------------------------------|------------------------|
| Provide the number of      | f inpatient bed   | ds and patient days per type of service pe | er building per Section 13006 | I(c)(1)(F)             |
| Building Number: BL        | _D-02472          | Building Name: Ori                         | iginal Hospital               |                        |
| 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                         | Clinical Lab                  | Emergency              |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                         | Radiological/<br>Imaging      | Nuclear<br>Medicine    |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                         | Pharmaceutical Dietetic       | Rehabilitation Therapy |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Administration              | Renal Dialysis         |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0                         | Support Services              | Outpatient Surgery     |
|                            | beus              | Total Beds this Building                   | Obstetrical Cesarean/Deliv    | Central Plant          |
|                            |                   |  |                               |                        |
|                            |                   |  |                               |                        |
|                            |                   |  |                               |                        |

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|---------------------------------------|-------------------|--|-------------------------------|------------------------|
| Provide the number of                 | of inpatient be   | ds and patient days per type of service pe | er building per Section 13006 | 1(c)(1)(F)             |
| Building Number:  Type of Service Pro |                   | Building Name:                             | Wing                          |                        |
| Nursing                               | Inpatient<br>Beds | 0 Inpatient 0 Days                         | Surgical                      | Obstetrical Recovery   |
| IntensiveCare                         | Inpatient<br>Beds | 0 Inpatient Days 0                         | Anesthesia                    | Newborn/ WellBaby      |
| Pediatric/Adol escent                 | Inpatient<br>Beds | 0 Inpatient Days 0                         | Clinical Lab                  | Emergency              |
| Psychiatric Nursing                   | Inpatient<br>Beds | 0 Inpatient Days 0                         | Radiological/<br>Imaging      | Nuclear<br>Medicine    |
| Obstetrical Ante/Postprtum            | Inpatient<br>Beds | 0 Inpatient Days 0                         | Pharmaceutical Dietetic       | Rehabilitation Therapy |
| Intermediate Care                     | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Administration              | Renal Dialysis         |
| Skilled Nursing                       | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Support<br>Services         | Outpatient Surgery     |
|                                       | Deas              | Total Beds this Building                   | Obstetrical Cesarean/Deliv    | Central Plant          |
|                                       |                   |  |                               |                        |
|                                       |                   |  |                               |                        |
|                                       |                   |  |                               |                        |

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:6 of 65 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02472 **Building Number: Building Name:** Original Hospital Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:7 of 65 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02476 D Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 0 Inpatient Inpatient Inpatient ol Days Days Bed Bed

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

| Building<br>Number | Building Name                   | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|---------------------------------|--|
| BLD-02472          | Original Hospital               | Rebuild  |
| BLD-02473          | C Wing                          | Remain   |
| BLD-02476          | D Wing                          | Rebuild  |
| BLD-02478          | C Wing Addition                 | Remain   |
| BLD-02479          | Linear Accelerator              | Remain   |
| BLD-02480          | B Wing / Surgery Equipment Room | Remain   |
| BLD-02482          | Cancer Center                   | Remain   |
| BLD-02483          | Emergency Room                  | Remain   |
| BLD-02485          | A Wing                          | Remain   |
| BLD-02486          | Linear Accelerator              | Remain   |
| BLD-02487          | Central Plant                   | Remain   |
| BLD-02488          | Boiler Plant                    | Remain   |
| BLD-02939          | Canopy 1                        | Remain   |
| BLD-02940          | Ambulance Canopy                | Remain   |
| BLD-02941          | Canopy 2                        | Remain   |
| BLD-02946          | Canopy 3                        | Remain   |
| BLD-05223          | E Tower                         | Remain   |

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| Report Y                                | ear: 2014  | 10048 J  | ohn Muir Medical Center,  | Concord Ca                    | mpus   | oncord<br>———————————————————————————————————— |  | Page:10 of 65 |
|---|--|--|---|-------------------------------|--|--|--|---------------|
| The project replaced The plant replaced | ected date or date<br>or rebuild building<br>ned uses of the b<br>or rebuild building  | s the building<br>gs as well.<br>uilding or build<br>gs as well. | ed, rebuilt, removed from will be removed from servelings to be removed from a in the building or buildings | vice per Sect<br>acute care s | tion 130061 (c)(2)   | )(A) and provide s<br>n 130061(c)(2)(B)        |  |               |
| Building I                              | Number: BLD-(  | )2472  | Original Hospita  | al                            |  | Removal Date:                                  | 07/01/2019   | ]             |
| Planned                                 | Uses for the build   | ing to be remo   | oved from acute care servi  | ice:                          |  |  |  |               |
| Planned                                 | use for building:  |  |   |                               |  |  |  |               |
| Inpatient                               | Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing | delivered in t   | he building: Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration  |                               | Obstetrical<br>Cesarean/Deliv<br>Obstetrical<br>Recovery<br>Newborn/<br>WellBaby<br>Emergency<br>Nuclear<br>Medicine |  | Rehabilitation<br>Therapy  Renal Dialysis  Outpatient Surgery  Central Plant  Support Services |               |
|   |  |  |   |                               |  |  |  |               |

| Report Y                                | ear: 2014 1   | 0048 Joh  | nn Muir Medical Ce       | enter, Concord Ca | mpus                                     | oncord                                |                           | Page:11 of 65 |
|---|---|---|--------------------------|-------------------|--|---------------------------------------|---------------------------|---------------|
| The project replaced The plant replaced | uilding or buildings tected date or dates to rebuild buildings ned uses of the build or rebuild buildings tient service currentle | he building wi<br>as well.<br>ding or buildin<br>as well. | ill be removed fron      | n service per Sec | tion 130061 (c)(2<br>service per Section | 2)(A) and provide and 130061(c)(2)(B) |                           |               |
| Building I                              | Number: BLD-024   | 176   | D Wing                   |                   |  | Removal<br>Date:                      | 07/01/2019                |               |
| Planned                                 | Uses for the building   | g to be remov   | ed from acute care       | e service:        |  |                                       |                           |               |
| Planned                                 | use for building:   | ledical Office  | Building                 | Jurisdiction:     | OSHPD                                    |                                       |                           |               |
| <u>Inpatient</u>                        | services currently d  | elivered in the   | e building:              |                   |  |                                       |                           |               |
|   | Nursing   |   | Surgical                 |                   | Obstetrical<br>Cesarean/Deliv            | ,                                     | Rehabilitation<br>Therapy |               |
|   | IntensiveCare   |   | Anesthesia               |                   | Obstatuisal                              |                                       |                           |               |
|   | Pediatric/Adol escent   |   | Clinical Lab             |                   | Obstetrical<br>Recovery                  | Ш                                     | Renal Dialysis            | ;             |
|   | Psychiatric<br>Nursing  |   | Radiological/<br>Imaging |                   | Newborn/<br>WellBaby                     |                                       | Outpatient<br>Surgery     |               |
|   | Obstetrical<br>Ante/Postprtum   |   | Pharmaceutical           |                   | ,  |                                       | Central Plant             |               |
|   | Intermediate<br>Care  |   | Dietetic                 |                   | Emergency                                |                                       | Central Plant             |               |
|   | Skilled Nursing   | X   | Administration           |                   | Nuclear<br>Medicine                      | X                                     | Support<br>Services       |               |
|   |   |   |                          |                   |  |                                       |                           |               |
|   |   |   |                          |                   |  |                                       |                           |               |
|   |   |   |                          |                   |  |                                       |                           |               |

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:12 of 65 No data reported for Section 130061(c)(2)(D).

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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?  Radiological/Imaging  Relocated to other building  |   |
| 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?  Administration  N/A  |   |
| 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?  Support Services  N/A  |   |

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|--|--|---|------------------|
|  | ervices and beds will be relocated to a new, existings with a Building Resolution of "Rebuild" or "R |   |                  |
| Building BLD-02476 Building Number:  | Name: D Wing   |   |                  |
| Will general acute care services and beds  | s will be relocated to a new, Existing or retrofitted  | l building?   |                  |
| Nuclear Medicine Relocated to other  | er building  | 1   |                  |
| _  |  | _   |                  |
| Report whether the general acute care se building sites or project numbers for build | rvices and beds will be relocated to a new, existings with a Building Resolution of "Rebuild" or "R  | ing or retrofitted building and any co<br>teplace" per Section 130061(c)(2)(E | rresponding<br>) |
| Building BLD-02472 Building Number:  | Name: Original Hospital  |   |                  |
| Will general acute care services and beds  | s will be relocated to a new, Existing or retrofitted  | l building?   |                  |
| Administration N/A   |  | 7   |                  |
|  |  | -   |                  |
|  |  |   |                  |
|  |  |   |                  |
|  |  |   |                  |
|  |  |   |                  |
|  |  |   |                  |

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| ding Number:    | BLD-02472 Buildin        | ng Name: O | riginal Hospital |   |                               |   |                           |
|-----------------|--------------------------|------------|------------------|---|-------------------------------|---|---------------------------|
| Type of Service | e Provided               |            | Surgical         |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                 | Nursing                  |            | Anesthesia       | _ |                               |   |                           |
|                 | IntensiveCare            |            | Clinical Lab     |   | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                 | Pediatric/Adol<br>escent |            | Radiological/    |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                 | Psychiatric<br>Nursing   |            | Imaging          |   | ·                             |   | Occupati Plant            |
|                 | Obstetrical              |            | Pharmaceutical   |   | Emergency                     |   | Central Plant             |
|                 | Ante/Postprtum           |            | Dietetic         | Ш | Nuclear<br>Medicine           | Ш | Support<br>Services       |
|                 | Intermediate<br>Care     | X          | Administration   |   |                               |   |                           |
|                 | Skilled Nursing          |            |                  |   |                               |   |                           |

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|---------------------------------------|------------------------------------|-------------------|-----------------------|-----------|-------------------------------|------------|---------------------------|
| Report any general per Section 130061 | acute care hospital inpa<br>(c)(4) | itient service th | at is provided in any | genaral a | acute care hospital           | building t | hat is rated SPC-1        |
| Building Number:                      | BLD-02476 Buildin                  | g Name: D         | Wing                  |           |                               |            |                           |
| Type of Service                       | e Provided                         |                   |                       |           |                               |            |                           |
|                                       |                                    |                   | Surgical              |           | Obstetrical<br>Cesarean/Deliv |            | Rehabilitation<br>Therapy |
|                                       | Nursing                            |                   | Anesthesia            |           |                               |            | Daniel Dielveie           |
|                                       | IntensiveCare                      |                   | Clinical Lab          |           | Obstetrical<br>Recovery       |            | Renal Dialysis            |
|                                       | Pediatric/Adol escent              |                   | Radiological/         |           | Newborn/<br>WellBaby          |            | Outpatient<br>Surgery     |
|                                       | Psychiatric<br>Nursing             |                   | Imaging               |           | ·                             |            |                           |
|                                       |                                    |                   | Pharmaceutical        |           | Emergency                     |            | Central Plant             |
|                                       | Obstetrical<br>Ante/Postprtum      |                   | Dietetic              |           | Nuclear<br>Medicine           | X          | Support<br>Services       |
|                                       | Intermediate<br>Care               | X                 | Administration        |           |                               |            |                           |
|                                       | Skilled Nursing                    |                   |                       |           |                               |            |                           |
|                                       |                                    |                   |                       |           |                               |            |                           |
|                                       |                                    |                   |                       |           |                               |            |                           |
|                                       |                                    |                   |                       |           |                               |            |                           |
|                                       |                                    |                   |                       |           |                               |            |                           |

| Report Year: 2014 1004  Report the final configuration of requirements whether by retrofi | John Muir Medical Center, Concordal buildings on the hospital campus shot or by replacement and the type of service. | wing how each building will comply | Page:19 of 65 with the SPC-5/NPC-4 or 5 eral actue care hospital building |
|---|--|------------------------------------|---|
| per Section 130061(c)(5)  |  |                                    |   |
| Building Number: BLD-02472  | Building Name: Original Hospita  | al                                 |   |
| Configuration: Rebuild (Pe  | er SB90 Definition for Rebuild) with new S   | SPC5 and NPC4 or NPC5 building.    |   |
| Type of Service Provided  |  |                                    |   |
| Nursing   | Surgical   | Obstetrical<br>Cesarean/Deliv      | Rehabilitation Therapy  |
| IntensiveCare   | Anesthesia   | Obstetrical Recovery               | Renal Dialysis  |
| Pediatric/Adol escent   | Clinical Lab   | ,                                  |   |
| Psychiatric Nursing   | Radiological/<br>Imaging   | Newborn/<br>WellBaby               | Outpatient<br>Surgery   |
| Obstetrical Ante/Postprtum  | Pharmaceutical   | Emergency                          | Central Plant   |
| Intermediate  | Dietetic   | Lineigency                         | Gentian lant  |
| Care Skilled Nursing  | X Administration   | Nuclear Medicine                   | X Support<br>Services   |
|   |  |                                    |   |

| Section 130061  |                          | nacement    | and the type of service  | that will t | oe provided in each gene      | rai actue c | are nospital building     |
|-----------------|--------------------------|-------------|--------------------------|-------------|-------------------------------|-------------|---------------------------|
| ilding Number:  | BLD-02473 B              | uilding Na  | me: C Wing               |             |                               |             |                           |
| Configuration:  | Retrofit Non-Conform     | ning buildi | ng to SPC 5 and NPC 4    | or NPC      | 5                             |             |                           |
| Type of Service | Provided                 |             |                          |             |                               |             |                           |
| X Nur           | rsing                    |             | Surgical                 |             | Obstetrical<br>Cesarean/Deliv |             | Rehabilitation<br>Therapy |
| Inte            | ensiveCare               |             | Anesthesia               |             | Obstetrical<br>Recovery       |             | Renal Dialysis            |
| Pec<br>esc      | diatric/Adol<br>ent      |             | Clinical Lab             |             | Recovery                      |             |                           |
|                 | rchiatric<br>sing        |             | Radiological/<br>Imaging |             | Newborn/<br>WellBaby          |             | Outpatient<br>Surgery     |
|                 | stetrical<br>e/Postprtum |             | Pharmaceutical           |             | Emorgonou                     |             | Central Plant             |
| Inte            | rmediate                 |             | Dietetic                 |             | Emergency                     |             |                           |
| Car Skil        | e<br>led Nursing         | X           | Administration           |             | Nuclear Medicine              | X           | Support<br>Services       |

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|--|---------------------------|--------------|--------------------------|--------|---|---|---------------------------|--|--|--|--|
|  | ner by retrofit or by re  |              |                          |        | ach building will comply wo<br>be provided in each genera |   |                           |  |  |  |  |
| Building Number:                                   | BLD-02476                 | Building Nar | me: D Wing               |        |   |   |                           |  |  |  |  |
| Configuration: Remove from GAC service by 1/1/2020 |                           |              |                          |        |   |   |                           |  |  |  |  |
| Type of Service                                    | Provided                  |              |                          |        |   |   |                           |  |  |  |  |
| Nu   | rsing                     |              | Surgical                 |        | Obstetrical<br>Cesarean/Deliv                             |   | Rehabilitation<br>Therapy |  |  |  |  |
| Inte   | ensiveCare                |              | Anesthesia               |        | Obstetrical<br>Recovery                                   |   | Renal Dialysis            |  |  |  |  |
|  | diatric/Adol<br>cent      |              | Clinical Lab             |        | Recovery  |   |                           |  |  |  |  |
|  | ychiatric<br>rsing        |              | Radiological/<br>Imaging |        | Newborn/<br>WellBaby                                      |   | Outpatient<br>Surgery     |  |  |  |  |
|  | stetrical<br>te/Postprtum |              | Pharmaceutical           |        | Emergency   |   | Central Plant             |  |  |  |  |
| Inte   | ermediate<br>re           |              | Dietetic                 |        | Nuclear Medicine  | X | Support                   |  |  |  |  |
| Ski  | illed Nursing             | X            | Administration           |        |   |   | 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-02478                 | Building Nar  | ne: C Wing Addition      |        |                               |   |                           |  |  |  |  |
| Configuration:  | Retrofit Non-Confo        | rming buildin | g to SPC 5 and NPC 4     | or NPC | 5                             |   |                           |  |  |  |  |
| Type of Service   | Provided                  |               |                          |        |                               |   |                           |  |  |  |  |
| Nui   | rsing                     |               | Surgical                 |        | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |  |
| Inte  | ensiveCare                |               | Anesthesia               |        | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |  |  |  |
|   | diatric/Adol<br>cent      |               | Clinical Lab             |        | recovery                      |   |                           |  |  |  |  |
|   | ychiatric<br>rsing        |               | Radiological/<br>Imaging |        | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |  |  |
|   | stetrical<br>te/Postprtum |               | Pharmaceutical           |        |                               |   |                           |  |  |  |  |
| Alli  | le/Fosipitum              |               |                          | Ш      | Emergency                     |   | Central Plant             |  |  |  |  |
| Inte<br>Car   | ermediate<br>re           |               | Dietetic                 |        | Nuclear Medicine              | X | Support<br>Services       |  |  |  |  |
| Ski   | lled Nursing              | X             | Administration           |        |                               |   | 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: B  | LD-02479 Bui          | ding Nam    | e: Linear Accelerator    |         |                               |   |                           |  |  |  |  |
| Configuration:  | etrofit Non-Conformin | ng building | to SPC 5 and NPC 4 o     | r NPC 5 | 5                             |   |                           |  |  |  |  |
| Type of Service Pr  | rovided               |             |                          |         |                               |   |                           |  |  |  |  |
| Nursi   | ng                    |             | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |  |
| Intens  | siveCare              |             | Anesthesia               |         | Obstetrical<br>Recovery       | F | Renal Dialysis            |  |  |  |  |
| Pedia<br>escer  | atric/Adol<br>nt      |             | Clinical Lab             |         | . Necestary                   |   |                           |  |  |  |  |
| Psych<br>Nursi  |                       |             | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |  |  |
| Obste   | etrical<br>Postprtum  |             | Pharmaceutical           |         | _                             |   |                           |  |  |  |  |
| , witch   | Cotpitum              |             | Dietetic                 | Ш       | Emergency                     |   | Central Plant             |  |  |  |  |
| Intern<br>Care  | nediate               |             | Dietetic                 | X       | Nuclear Medicine              |   | Support<br>Services       |  |  |  |  |
| Skille  | d Nursing             | X           | Administration           |         |                               |   | CCIVIOCO                  |  |  |  |  |
|   |                       |             |                          |         |                               |   |                           |  |  |  |  |
|   |                       |             |                          |         |                               |   |                           |  |  |  |  |
|   |                       |             |                          |         |                               |   |                           |  |  |  |  |

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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-02480 Building Name: B Wing / Surgery Equipment Room   |                             |              |                          |       |                               |   |                           |  |  |  |  |  |
| Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5   |                             |              |                          |       |                               |   |                           |  |  |  |  |  |
| Type of Service   | e Provided                  |              |                          |       |                               |   |                           |  |  |  |  |  |
| X Nu  | ursing                      | Х            | Surgical                 |       | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |  |  |
| X Int   | tensiveCare                 | X            | Anesthesia               |       | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |  |  |  |  |
|   | ediatric/Adol<br>scent      | X            | Clinical Lab             |       | recovery                      |   |                           |  |  |  |  |  |
|   | sychiatric<br>ursing        | X            | Radiological/<br>Imaging |       | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |  |  |  |
|   | bstetrical<br>nte/Postprtum | X            | Pharmaceutical           |       | Emergency                     |   | Central Plant             |  |  |  |  |  |
|   | termediate<br>are           | X            | Dietetic                 |       | Nuclear Medicine              | X | Support                   |  |  |  |  |  |
| Sk  | killed Nursing              | X            | Administration           |       | Nacioni Wedionie              |   | 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-02482                  | Building Nar  | ne: Cancer Center        |        |                               |   |                           |  |  |  |  |
| Configuration:  | Retrofit Non-Confo         | rming buildir | ng to SPC 5 and NPC 4    | or NPC | 5                             |   |                           |  |  |  |  |
| Type of Service   | Provided                   |               |                          |        |                               |   |                           |  |  |  |  |
| Nu  | ırsing                     |               | Surgical                 |        | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |  |
| Inte  | ensiveCare                 |               | Anesthesia               |        | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |  |  |  |
|   | diatric/Adol<br>cent       |               | Clinical Lab             |        | reserving                     |   |                           |  |  |  |  |
|   | ychiatric<br>Irsing        | X             | Radiological/<br>Imaging |        | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |  |  |
|   | ostetrical<br>te/Postprtum |               | Pharmaceutical           |        | Emergency                     |   | Central Plant             |  |  |  |  |
|   | ermediate                  |               | Dietetic                 |        |                               |   |                           |  |  |  |  |
| Ca  | ire<br>illed Nursing       |               | Administration           |        | Nuclear Medicine              | X | Support<br>Services       |  |  |  |  |
|   | •                          | 1             |                          |        |                               |   |                           |  |  |  |  |
|   |                            |               |                          |        |                               |   |                           |  |  |  |  |
|   |                            |               |                          |        |                               |   |                           |  |  |  |  |

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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-02483            | Building Nar  | me: Emergency Room       |       |                               |  |                           |  |  |  |  |
| Configuration:  | Retrofit Conformin   | g building to | NPC 4 or NPC 5           |       |                               |  |                           |  |  |  |  |
| Type of Service   | Provided             |               |                          |       |                               |  |                           |  |  |  |  |
| Nu  | rsing                |               | Surgical                 |       | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |  |  |
| Inte  | ensiveCare           |               | Anesthesia               |       | Obstetrical<br>Recovery       |  | Renal Dialysis            |  |  |  |  |
|   | diatric/Adol<br>cent |               | Clinical Lab             |       | recovery                      |  |                           |  |  |  |  |
|   | ychiatric<br>rsing   | X             | Radiological/<br>Imaging |       | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |  |  |  |  |
|   | stetrical            |               | Pharmaceutical           |       |                               |  |                           |  |  |  |  |
| Ant   | te/Postprtum         |               |                          |       | Emergency                     |  | Central Plant             |  |  |  |  |
| Inte<br>Car   | ermediate<br>re      |               | Dietetic                 |       | Nuclear Medicine              |  | Support                   |  |  |  |  |
| Ski   | illed Nursing        | X             | Administration           |       |                               |  | Services                  |  |  |  |  |
|   |                      |               |                          |       |                               |  |                           |  |  |  |  |
|   |                      |               |                          |       |                               |  |                           |  |  |  |  |
|   |                      |               |                          |       |                               |  |                           |  |  |  |  |

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|---|--------------------------|-------------|--------------------------|-------|--|---|---------------------------|--|--|--|--|
|   | er by retrofit or by rep |             |                          |       | ach building will comply wit<br>be provided in each genera |   |                           |  |  |  |  |
| Building Number:  | BLD-02485 B              | uilding Nar | ne: A Wing               |       |  |   |                           |  |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 |                          |             |                          |       |  |   |                           |  |  |  |  |
| Type of Service F   | Provided                 |             |                          |       |  |   |                           |  |  |  |  |
| X Nurs  | sing                     |             | Surgical                 |       | Obstetrical<br>Cesarean/Deliv                              |   | Rehabilitation<br>Therapy |  |  |  |  |
| Inter   | nsiveCare                |             | Anesthesia               |       | Obstetrical<br>Recovery                                    |   | Renal Dialysis            |  |  |  |  |
| Pedi<br>esce  | iatric/Adol<br>ent       |             | Clinical Lab             |       | Recovery   |   |                           |  |  |  |  |
| Psyc<br>Nurs  | chiatric<br>sing         |             | Radiological/<br>Imaging |       | Newborn/<br>WellBaby                                       |   | Outpatient<br>Surgery     |  |  |  |  |
|   | tetrical<br>e/Postprtum  |             | Pharmaceutical           |       | Emergency  |   | Central Plant             |  |  |  |  |
| Inter<br>Care   | rmediate                 |             | Dietetic                 |       | Nuclear Medicine   | Х | Support                   |  |  |  |  |
| Skille  | ed Nursing               | X           | Administration           |       |  |   | Services                  |  |  |  |  |
|   |                          |             |                          |       |  |   |                           |  |  |  |  |
|   |                          |             |                          |       |  |   |                           |  |  |  |  |
|   |                          |             |                          |       |  |   |                           |  |  |  |  |

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|---|---------------------------|--------------|--------------------------|-------|---|---|---------------------------|--|--|--|--|
|   | ner by retrofit or by re  |              |                          |       | ach building will comply wind provided in each genera |   |                           |  |  |  |  |
| Building Number:  | BLD-02486                 | Building Nar | me: Linear Accelerator   | ,     |   |   |                           |  |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 |                           |              |                          |       |   |   |                           |  |  |  |  |
| Type of Service   | Provided                  |              |                          |       |   |   |                           |  |  |  |  |
| Nu  | rsing                     |              | Surgical                 |       | Obstetrical<br>Cesarean/Deliv                         |   | Rehabilitation<br>Therapy |  |  |  |  |
| Inte  | ensiveCare                |              | Anesthesia               |       | Obstetrical<br>Recovery                               |   | Renal Dialysis            |  |  |  |  |
|   | diatric/Adol<br>cent      |              | Clinical Lab             |       | Recovery  |   |                           |  |  |  |  |
|   | ychiatric<br>rsing        |              | Radiological/<br>Imaging |       | Newborn/<br>WellBaby                                  |   | Outpatient<br>Surgery     |  |  |  |  |
|   | stetrical<br>te/Postprtum |              | Pharmaceutical           |       | Emergency   |   | Central Plant             |  |  |  |  |
| Inte<br>Cal   | ermediate<br>re           |              | Dietetic                 | X     | Nuclear Medicine                                      | X | Support                   |  |  |  |  |
| Ski   | illed Nursing             |              | Administration           |       |   | _ | Services                  |  |  |  |  |
|   |                           |              |                          |       |   |   |                           |  |  |  |  |
|   |                           |              |                          |       |   |   |                           |  |  |  |  |
|   |                           |              |                          |       |   |   |                           |  |  |  |  |

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|------------------|-----------------------|---------------|--------------------------|--------|---|---|---------------------------|
|                  | ner by retrofit or by |               |                          |        | ach building will comply w<br>be provided in each gener |   |                           |
| Building Number: | BLD-02487             | Building Nar  | me: Central Plant        |        |   |   |                           |
| Configuration:   | Retrofit Conformin    | g building to | NPC 4 or NPC 5           |        |   |   |                           |
| Type of Service  | Provided              |               |                          |        |   |   |                           |
| Nu               | ırsing                |               | Surgical                 |        | Obstetrical<br>Cesarean/Deliv                           |   | Rehabilitation<br>Therapy |
| Inte             | ensiveCare            |               | Anesthesia               |        | Obstetrical<br>Recovery                                 |   | Renal Dialysis            |
|                  | diatric/Adol<br>cent  |               | Clinical Lab             |        | Recovery  |   |                           |
|                  | ychiatric<br>ırsing   |               | Radiological/<br>Imaging |        | Newborn/<br>WellBaby                                    |   | Outpatient<br>Surgery     |
|                  | ostetrical            |               | Pharmaceutical           |        |   |   |                           |
| An               | te/Postprtum          |               |                          |        | Emergency   | X | Central Plant             |
| Into Ca          | ermediate<br>ire      |               | Dietetic                 |        | Nuclear Medicine  | X | Support                   |
| Sk               | illed Nursing         |               | Administration           |        |   |   | 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-02488 Building Name: Boiler Plant  |                          |             |                          |        |                               |   |                           |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |                          |             |                          |        |                               |   |                           |  |  |
| Type of Service   | Type of Service Provided |             |                          |        |                               |   |                           |  |  |
| Nur   | rsing                    |             | Surgical                 |        | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |
| Inte  | ensiveCare               |             | Anesthesia               |        | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |  |
| Ped   | diatric/Adol<br>ent      |             | Clinical Lab             |        | recovery                      |   |                           |  |  |
|   | vchiatric<br>rsing       |             | Radiological/<br>Imaging |        | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |
|   | Obstetrical              |             | Pharmaceutical           |        |                               |   |                           |  |  |
| ☐ Ant   | e/Postprtum              |             |                          |        | Emergency                     | X | Central Plant             |  |  |
| Inte<br>Car   | ermediate<br>re          |             | Dietetic                 |        | Nuclear Medicine              | X | Support                   |  |  |
| Skil  | lled Nursing             | X           | Administration           |        |                               |   | Services                  |  |  |
|   |                          |             |                          |        |                               |   |                           |  |  |
|   |                          |             |                          |        |                               |   |                           |  |  |
|   |                          |             |                          |        |                               |   |                           |  |  |

| John Muir Medical Center, Concord   | d Campus Concord   | Page:31 of 65   |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|
| 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-02939 Building Name: Canopy 1  |  |   |  |  |  |  |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |  |   |  |  |  |  |  |  |  |
| Type of Service Provided  |  |   |  |  |  |  |  |  |  |
| Surgical  | Obstetrical<br>Cesarean/Deliv  | Rehabilitation Therapy  |  |  |  |  |  |  |  |
| Anesthesia  | Obstetrical Recovery   | Renal Dialysis  |  |  |  |  |  |  |  |
| Clinical Lab  | Receivery  |   |  |  |  |  |  |  |  |
| Radiological/<br>Imaging  | Newborn/<br>WellBaby   | Outpatient<br>Surgery   |  |  |  |  |  |  |  |
| Pharmaceutical  | ☐ Emorgonov  | Central Plant   |  |  |  |  |  |  |  |
| Dietetic  | Enlergency   | Central Flant   |  |  |  |  |  |  |  |
| Administration  | Nuclear Medicine   | Support<br>Services   |  |  |  |  |  |  |  |
| _   |  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   | Buildings on the hospital campus show replacement and the type of service.  Building Name: Canopy 1  Ing building to NPC 4 or NPC 5  Surgical Anesthesia Clinical Lab Radiological/Imaging Pharmaceutical Dietetic | Buildings on the hospital campus showing how each building will comply replacement and the type of service that will be provided in each gen  Building Name: Canopy 1  Ing building to NPC 4 or NPC 5  Surgical Obstetrical Cesarean/Deliv  Anesthesia Obstetrical Recovery  Clinical Lab  Radiological/ Imaging Newborn/ WellBaby  Pharmaceutical  Emergency  Dietetic  Nuclear Medicine |  |  |  |  |  |  |  |

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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-02940 Building Name: Ambulance Canopy  |                            |             |                          |        |                               |  |                           |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |                            |             |                          |        |                               |  |                           |  |  |
| Type of Service   | Type of Service Provided   |             |                          |        |                               |  |                           |  |  |
| Nu  | rsing                      |             | Surgical                 |        | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |
| Inte  | ensiveCare                 |             | Anesthesia               |        | Obstetrical<br>Recovery       |  | Renal Dialysis            |  |  |
|   | diatric/Adol<br>cent       |             | Clinical Lab             |        | Recovery                      |  |                           |  |  |
|   | ychiatric<br>Irsing        |             | Radiological/<br>Imaging |        | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |  |  |
|   | ostetrical<br>te/Postprtum |             | Pharmaceutical           |        | Emergency                     |  | Central Plant             |  |  |
| Inte  | ermediate<br>ire           |             | Dietetic                 |        | Nuclear Medicine              |  | Support                   |  |  |
| Ski   | illed Nursing              |             | Administration           |        |                               |  | 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-02941 Building Name: Canopy 2  |                               |             |                          |        |                               |      |                        |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |                               |             |                          |        |                               |      |                        |  |  |
| Type of Service   | ce Provided                   |             |                          |        |                               |      |                        |  |  |
|   | Nursing                       |             | Surgical                 |        | Obstetrical<br>Cesarean/Deliv |      | ehabilitation<br>erapy |  |  |
| Ir  | ntensiveCare                  |             | Anesthesia               |        | Obstetrical<br>Recovery       | Re   | enal Dialysis          |  |  |
|   | Pediatric/Adol<br>escent      |             | Clinical Lab             |        | Receivery                     |      |                        |  |  |
|   | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |        | Newborn/<br>WellBaby          |      | ntpatient<br>rgery     |  |  |
|   | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |        | Emergency                     | □ Ce | entral Plant           |  |  |
|   | ntermediate                   |             | Dietetic                 | _      | Lineigency                    | _    | That i lain            |  |  |
|   | Care<br>Skilled Nursing       |             | Administration           |        | Nuclear Medicine              |      | upport<br>ervices      |  |  |
|   |                               |             |                          |        |                               |      |                        |  |  |
|   |                               |             |                          |        |                               |      |                        |  |  |
|   |                               |             |                          |        |                               |      |                        |  |  |

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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-02946 Building Name: Canopy 3 |              |                          |       |                               |  |                           |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |  |              |                          |       |                               |  |                           |  |  |  |
| Type of Service   | Type of Service Provided                           |              |                          |       |                               |  |                           |  |  |  |
| Nu  | rsing  |              | Surgical                 |       | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |  |
| Inte  | ensiveCare   |              | Anesthesia               |       | Obstetrical<br>Recovery       |  | Renal Dialysis            |  |  |  |
|   | diatric/Adol<br>cent                               |              | Clinical Lab             |       | Recovery                      |  |                           |  |  |  |
|   | ychiatric<br>Irsing                                |              | Radiological/<br>Imaging |       | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |  |  |  |
|   | Obstetrical<br>Ante/Postprtum                      |              | Pharmaceutical           |       |                               |  |                           |  |  |  |
| All   | te/F Ostpitum                                      |              | Di viti                  |       | Emergency                     |  | Central Plant             |  |  |  |
| Into Ca   | ermediate<br>re                                    |              | Dietetic                 |       | Nuclear Medicine              |  | Support<br>Services       |  |  |  |
| Ski   | illed Nursing                                      |              | Administration           |       |                               |  | Services                  |  |  |  |
|   |  |              |                          |       |                               |  |                           |  |  |  |
|   |  |              |                          |       |                               |  |                           |  |  |  |
|   |  |              |                          |       |                               |  |                           |  |  |  |

| oort the final configuration of all build<br>uirements whether by retrofit or by r<br>Section 130061(c)(5) |                            |                               |                           |  |  |  |  |  |
|--|----------------------------|-------------------------------|---------------------------|--|--|--|--|--|
| Iding Number: BLD-05223  | Building Name: E Tower     |                               |                           |  |  |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5  |                            |                               |                           |  |  |  |  |  |
| Type of Service Provided   |                            |                               |                           |  |  |  |  |  |
| X Nursing  | X Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |  |  |
| X IntensiveCare  | X Anesthesia               | Obstetrical                   | Renal Dialysis            |  |  |  |  |  |
| Pediatric/Adol escent  | Clinical Lab               | Recovery                      |                           |  |  |  |  |  |
| Psychiatric<br>Nursing   | X Radiological/<br>Imaging | Newborn/<br>WellBaby          | X Outpatient<br>Surgery   |  |  |  |  |  |
| Obstetrical Ante/Postprtum   | Pharmaceutical             |                               |                           |  |  |  |  |  |
| Intermediate   | Dietetic                   | X Emergency                   | Central Plant             |  |  |  |  |  |
| Care   |                            | Nuclear Medicine              | X Support<br>Services     |  |  |  |  |  |
| Skilled Nursing  | X Administration           |                               |                           |  |  |  |  |  |
|  |                            |                               |                           |  |  |  |  |  |

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|--|--|-------------------|---------------|-------------|--------------------------|--|-------------------------------|---|---------------------------|
| Include and S                                    | 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-02473 Building Name: C Wing |  |                   |               |             |                          |  |                               |   |                           |
| Type of Service Provided                         |  |                   |               |             |                          |  |                               |   |                           |
| X  | Nursing  | Inpatient<br>Beds | 22            |             | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|  | IntensiveCare  | Inpatient<br>Beds | 0             |             | Anesthesia               |  |                               |   |                           |
|  | Pediatric/Adol escent  | Inpatient<br>Beds | 0             |             | Clinical Lab             |  | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|  | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0             |             | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|  | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0             |             | Pharmaceutical           |  | Emergency                     |   | Central Plant             |
|  | Intermediate<br>Care   | Inpatient<br>Beds | 0             |             | Dietetic                 |  | Nuclear<br>Medicine           | X | Support<br>Services       |
|  | Skilled Nursing  | Inpatient<br>Beds | 0             | X           | Administration           |  |                               |   |                           |
|  | Total Beds this<br>Building  |                   | 22            |             |                          |  |                               |   |                           |
|  |  |                   |               |             |                          |  |                               |   |                           |

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|--|-------------------|------------------|----------------------------------|--------------------------------|------------------------|
| Include information on and SPC-5 per Section |                   | f inpatient beds | by type of Service provided by b | uildings that are classified a | s SPC-2, SPC-3, SPC-4, |
| Building Number: BL                          | D-02478           | Building N       | lame: C Wing Addition            |                                |                        |
| Type of Service Prov                         | vided             |                  |                                  |                                |                        |
| Nursing                                      | Inpatient<br>Beds | 0                | Surgical                         | Obstetrical Cesarean/Deliv     | Rehabilitation Therapy |
| IntensiveCare                                | Inpatient<br>Beds | 0                | Anesthesia                       |                                |                        |
| Pediatric/Adol escent                        | Inpatient<br>Beds | 0                | Clinical Lab                     | Obstetrical<br>Recovery        | 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                      | Central Plant          |
| Intermediate Care                            | Inpatient<br>Beds | 0                | Dietetic                         | Nuclear<br>Medicine            | X Support<br>Services  |
| Skilled Nursing                              | Inpatient<br>Beds | 0                | X Administration                 |                                |                        |
| Total Beds this<br>Building                  |                   | 0                |                                  |                                |                        |
|  |                   |                  |                                  |                                |                        |
|  |                   |                  |                                  |                                |                        |

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|                      | ation on the number<br>r Section 130061(e) |               | by type of S | Service provided by      | building | gs that are classified a      | as SPC-2, | , SPC-3, SPC-4,           |
| Building Numb        | per: BLD-02479                             | Building N    | ame: Lin     | ear Accelerator          |          |                               |           |                           |
| Type of Serv         | vice Provided                              |               |              |                          |          |                               |           |                           |
| Nursing              | Inpatient<br>Beds                          | 0             |              | Surgical                 |          | Obstetrical<br>Cesarean/Deliv |           | Rehabilitation<br>Therapy |
| Intensiv             | veCare Inpatient<br>Beds                   | 0             |              | Anesthesia               |          |                               |           |                           |
| Pediatri escent      | ic/Adol Inpatient<br>Beds                  | 0             |              | Clinical Lab             |          | Obstetrical<br>Recovery       |           | Renal Dialysis            |
| Psychia<br>Nursing   |  | 0             |              | Radiological/<br>Imaging |          | Newborn/<br>WellBaby          |           | Outpatient<br>Surgery     |
| Obstetr<br>Ante/Po   | ical Inpatient<br>ostprtum Beds            | 0             |              | Pharmaceutical           |          | Emergency                     |           | Central Plant             |
| Interme<br>Care      | diate Inpatient<br>Beds                    | 0             |              | Dietetic                 | X        | Nuclear<br>Medicine           | X         | Support<br>Services       |
| Skilled              | Nursing<br>Inpatient<br>Beds               | 0             | X            | Administration           |          |                               |           |                           |
| Total Bo<br>Building |  | 0             |              |                          |          |                               |           |                           |
|                      |  |               |              |                          |          |                               |           |                           |

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|-------------|---|-------------------|------------------|--------------|--------------------------|------------|-------------------------------|--------|---------------------------|--|--|--|
|             | e information on t<br>PC-5 per Section                                    |                   | f inpatient beds | by type of S | Service provided by      | / building | s that are classified a       | s SPC- | 2, SPC-3, SPC-4,          |  |  |  |
| Buildin     | Building Number: BLD-02480 Building Name: B Wing / Surgery Equipment Room |                   |                  |              |                          |            |                               |        |                           |  |  |  |
| <u>Type</u> | of Service Prov   | ided              |                  |              |                          |            |                               |        |                           |  |  |  |
| X           | Nursing   | Inpatient<br>Beds | 96               | X            | Surgical                 |            | Obstetrical<br>Cesarean/Deliv |        | Rehabilitation<br>Therapy |  |  |  |
| X           | IntensiveCare   | Inpatient<br>Beds | 25               | X            | Anesthesia               |            |                               |        |                           |  |  |  |
|             | Pediatric/Adol<br>escent  | Inpatient<br>Beds | 0                | X            | Clinical Lab             |            | Obstetrical<br>Recovery       |        | Renal Dialysis            |  |  |  |
|             | Psychiatric<br>Nursing  | Inpatient<br>Beds | 0                | X            | Radiological/<br>Imaging |            | Newborn/<br>WellBaby          | X      | Outpatient<br>Surgery     |  |  |  |
|             | Obstetrical<br>Ante/Postprtum   | Inpatient<br>Beds | 0                | X            | Pharmaceutical           | Г          | Emergency                     |        | Central Plant             |  |  |  |
|             | Intermediate<br>Care  | Inpatient<br>Beds | 0                | X            | Dietetic                 |            | Nuclear<br>Medicine           | X      | Support<br>Services       |  |  |  |
|             | Skilled Nursing   | Inpatient<br>Beds | 0                | X            | Administration           |            |                               |        |                           |  |  |  |
|             | Total Beds this<br>Building   |                   | 121              |              |                          |            |                               |        |                           |  |  |  |
|             |   |                   |                  |              |                          |            |                               |        |                           |  |  |  |

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| Include information on and SPC-5 per Section |                   | f inpatient beds | by type of Service provided by b | uildings that are classified a | as SPC-2, SPC-3, SPC-4, |
| Building Number: BL                          | D-02482           | Building N       | Name: Cancer Center              |                                |                         |
| Type of Service Prov                         | vided             |                  |                                  |                                |                         |
| Nursing                                      | Inpatient<br>Beds | 0                | Surgical                         | Obstetrical Cesarean/Deliv     | Rehabilitation Therapy  |
| IntensiveCare                                | Inpatient<br>Beds | 0                | Anesthesia                       |                                |                         |
| Pediatric/Adol escent                        | Inpatient<br>Beds | 0                | Clinical Lab                     | Obstetrical<br>Recovery        | Renal Dialysis          |
| Psychiatric Nursing                          | Inpatient<br>Beds | 0                | X Radiological/<br>Imaging       | Newborn/<br>WellBaby           | Outpatient Surgery      |
| Obstetrical Ante/Postprtum                   | Inpatient<br>Beds | 0                | Pharmaceutical                   | Emergency                      | Central Plant           |
| Intermediate 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                  |                   | 0                |                                  |                                |                         |
|  |                   |                  |                                  |                                |                         |
|  |                   |                  |                                  |                                |                         |

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|                         | ion on the number of<br>Section 130061(e) | inpatient beds by | type of Servic | e provided by build | dings that are classified as  | S SPC-2, SPC  | C-3, SPC-4,        |
| Building Number         | ": BLD-02483                              | Building Nam      | e: Emergei     | ncy Room            |                               |               |                    |
| Type of Servic          | e Provided                                |                   |                |                     |                               |               |                    |
| Nursing                 | Inpatient<br>Beds                         | 0                 | Sur            | gical               | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera | abilitation<br>apy |
| Intensive(              | Care Inpatient<br>Beds                    | 0                 | Ane            | sthesia             |                               |               |                    |
| Pediatric//<br>escent   | Adol Inpatient<br>Beds                    | 0                 | Clini          | ical Lab            | Obstetrical<br>Recovery       | Rena          | al Dialysis        |
| Psychiatri<br>Nursing   | c Inpatient<br>Beds                       | 0                 | X Rad<br>Imag  | iological/<br>ging  | Newborn/<br>WellBaby          | Outp<br>Surg  | atient<br>ery      |
| Obstetrica<br>Ante/Post |   | 0                 | Pha            | rmaceutical         | Emergency                     | Cent          | ral Plant          |
| Intermedia<br>Care      | ate Inpatient<br>Beds                     | 0                 | Diet           | etic                | Nuclear<br>Medicine           | Supp<br>Servi |                    |
| Skilled Nu              | ırsing<br>Inpatient<br>Beds               | 0                 | X Adm          | ninistration        |                               |               |                    |
| Total Bed<br>Building   | s this                                    | 0                 |                |                     |                               |               |                    |
|                         |   |                   |                |                     |                               |               |                    |

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| Include information on and SPC-5 per Section |                   | f inpatient beds | by type of Service provided | by buildings that are classified a | as SPC-2, SPC-3, SPC-4, |
| Building Number: BL                          | D-02485           | Building N       | lame: A Wing                |                                    |                         |
| Type of Service Prov                         | vided             |                  |                             |                                    |                         |
| X Nursing                                    | Inpatient<br>Beds | 63               | Surgical                    | Obstetrical Cesarean/Deliv         | Rehabilitation Therapy  |
| IntensiveCare                                | Inpatient<br>Beds | 0                | Anesthesia                  |                                    |                         |
| Pediatric/Adol escent                        | Inpatient<br>Beds | 0                | Clinical Lab                | Obstetrical Recovery               | Renal Dialysis          |
| Psychiatric Nursing                          | Inpatient<br>Beds | 0                | Radiological/<br>Imaging    | Newborn/<br>WellBaby               | Outpatient<br>Surgery   |
| Obstetrical Ante/Postprtum                   | Inpatient<br>Beds | 0                | Pharmaceutical              | Emergency                          | Central Plant           |
| Intermediate Care                            | Inpatient<br>Beds | 0                | Dietetic                    | Nuclear<br>Medicine                | X Support<br>Services   |
| Skilled Nursing                              | Inpatient<br>Beds | 0                | X Administration            |                                    |                         |
| Total Beds this<br>Building                  |                   | 63               |                             |                                    |                         |
|  |                   |                  |                             |                                    |                         |
|  |                   |                  |                             |                                    |                         |

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|                      | ation on the number of<br>Section 130061(e) | inpatient beds by | type of Service provided by b | uildings that are classified a | as SPC-2, SPC-3, SPC-4, |
| Building Number      | er: BLD-02486                               | Building Nam      | ne: Linear Accelerator        |                                |                         |
| Type of Servi        | ce Provided                                 |                   |                               |                                |                         |
| Nursing              | Inpatient<br>Beds                           | 0                 | Surgical                      | Obstetrical Cesarean/Deliv     | Rehabilitation Therapy  |
| Intensive            | eCare Inpatient<br>Beds                     | 0                 | Anesthesia                    |                                |                         |
| Pediatric escent     | c/Adol Inpatient<br>Beds                    | 0                 | Clinical Lab                  | Obstetrical Recovery           | Renal Dialysis          |
| Psychiat<br>Nursing  | ric Inpatient<br>Beds                       | 0                 | Radiological/<br>Imaging      | Newborn/<br>WellBaby           | Outpatient Surgery      |
| Obstetrio            |   | 0                 | Pharmaceutical                | Emergency                      | Central Plant           |
| Intermed<br>Care     | diate Inpatient<br>Beds                     | 0                 | Dietetic                      | X Nuclear<br>Medicine          | X Support<br>Services   |
| Skilled N            | lursing<br>Inpatient<br>Beds                | 0                 | Administration                |                                |                         |
| Total Be<br>Building | ds this                                     | 0                 |                               |                                |                         |
|                      |   |                   |                               |                                |                         |

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| Include information on and SPC-5 per Section |                   | inpatient beds l | by type of Service provided by b | uildings that are classified a | as SPC-2, SPC-3, SPC-4, |
| Building Number: BLI                         | D-02487           | Building N       | ame: Central Plant               |                                |                         |
| Type of Service Prov                         | vided             |                  |                                  |                                |                         |
| Nursing                                      | Inpatient<br>Beds | 0                | Surgical                         | Obstetrical Cesarean/Deliv     | Rehabilitation Therapy  |
| IntensiveCare                                | Inpatient<br>Beds | 0                | Anesthesia                       |                                |                         |
| Pediatric/Adol escent                        | Inpatient<br>Beds | 0                | Clinical Lab                     | Obstetrical Recovery           | 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            | X Support<br>Services   |
| Skilled Nursing                              | Inpatient<br>Beds | 0                | Administration                   |                                |                         |
| Total Beds this<br>Building                  |                   | 0                |                                  |                                |                         |
|  |                   |                  |                                  |                                |                         |
|  |                   |                  |                                  |                                |                         |

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|             | e information on PC-5 per Section |                   | npatient beds by ty | pe of S | Service provided by buil | ding | s that are classified as      | SPC-2 | 2, SPC-3, SPC-4,          |
| Buildir     | ng Number: BLE                    | D-02488           | Building Name       | Bo      | iler Plant               |      |                               |       |                           |
| <u>Type</u> | of Service Prov                   | rided             |                     |         |                          |      |                               |       |                           |
|             | Nursing                           | Inpatient<br>Beds | 0                   |         | Surgical                 |      | Obstetrical<br>Cesarean/Deliv |       | Rehabilitation<br>Therapy |
|             | IntensiveCare                     | Inpatient<br>Beds | 0                   |         | Anesthesia               |      |                               |       |                           |
|             | Pediatric/Adol escent             | Inpatient<br>Beds | 0                   |         | Clinical Lab             |      | Obstetrical<br>Recovery       |       | Renal Dialysis            |
|             | Psychiatric<br>Nursing            | Inpatient<br>Beds | 0                   |         | Radiological/<br>Imaging |      | Newborn/<br>WellBaby          |       | Outpatient<br>Surgery     |
|             | Obstetrical<br>Ante/Postprtum     | Inpatient<br>Beds | 0                   |         | Pharmaceutical           |      | Emergency                     | X     | Central Plant             |
|             | Intermediate<br>Care              | Inpatient<br>Beds | 0                   |         | Dietetic                 |      | Nuclear<br>Medicine           | X     | Support<br>Services       |
|             | Skilled Nursing                   | Inpatient<br>Beds | 0                   | X       | Administration           |      |                               |       |                           |
|             | Total Beds this<br>Building       |                   | 0                   |         |                          |      |                               |       |                           |
|             |                                   |                   |                     |         |                          |      |                               |       |                           |

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|                       | tion on the number of<br>Section 130061(e) | inpatient beds by | type of Service p | provided by build | ings that are classified a    | s SPC-2, SP0  | C-3, SPC-4,       |
| Building Numbe        | er: BLD-02939                              | Building Nam      | ne: Canopy 1      |                   |                               |               |                   |
| Type of Servi         | ce Provided                                |                   |                   |                   |                               |               |                   |
| Nursing               | Inpatient<br>Beds                          | 0                 | Surgic            | al                | Obstetrical<br>Cesarean/Deliv | Reha          | bilitation<br>apy |
| Intensive             | Care Inpatient<br>Beds                     | 0                 | Anesth            | esia              |                               |               |                   |
| Pediatric             | /Adol Inpatient<br>Beds                    | 0                 | Clinical          | l Lab             | Obstetrical<br>Recovery       | Rena          | l Dialysis        |
| Psychiati Nursing     | ric Inpatient<br>Beds                      | 0                 | Radiolo Imagin    |                   | Newborn/<br>WellBaby          | Outp<br>Surg  | atient<br>ery     |
| Obstetric<br>Ante/Pos |  | 0                 | Pharma            | aceutical         | Emergency                     | Cent          | ral Plant         |
| Intermed<br>Care      | iate Inpatient<br>Beds                     | 0                 | Dietetio          |                   | Nuclear<br>Medicine           | Supp<br>Servi |                   |
| Skilled N             | ursing<br>Inpatient<br>Beds                | 0                 | Admini            | stration          |                               |               |                   |
| Total Bed<br>Building | ds this                                    | 0                 |                   |                   |                               |               |                   |
|                       |  |                   |                   |                   |                               |               |                   |

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|------------|---------------------------------|-------------------|--------------------|---------|--------------------------|-------|-------------------------------|-------|---------------------------|
|            | formation on t<br>5 per Section |                   | patient beds by ty | pe of S | Service provided by buil | dings | s that are classified as      | SPC-2 | 2, SPC-3, SPC-4,          |
| Building N | Number: BLD                     | 0-02940           | Building Name      | : An    | nbulance Canopy          |       |                               |       |                           |
| Type of    | Service Prov                    | <u>ided</u>       |                    |         |                          |       |                               |       |                           |
| Nu         | rsing                           | Inpatient<br>Beds | 0                  |         | Surgical                 |       | Obstetrical<br>Cesarean/Deliv |       | Rehabilitation<br>Therapy |
| Inte       | ensiveCare                      | Inpatient<br>Beds | 0                  |         | Anesthesia               |       |                               |       |                           |
|            | diatric/Adol<br>cent            | Inpatient<br>Beds | 0                  |         | Clinical Lab             |       | Obstetrical<br>Recovery       |       | Renal Dialysis            |
|            | ychiatric<br>rsing              | Inpatient<br>Beds | 0                  |         | Radiological/<br>Imaging |       | Newborn/<br>WellBaby          |       | Outpatient<br>Surgery     |
|            | stetrical<br>te/Postprtum       | Inpatient<br>Beds | 0                  |         | Pharmaceutical           |       | Emergency                     |       | Central Plant             |
| Inte       | ermediate<br>re                 | Inpatient<br>Beds | 0                  |         | Dietetic                 |       | Nuclear<br>Medicine           |       | Support<br>Services       |
| Skil       | illed Nursing                   | Inpatient<br>Beds | 0                  |         | Administration           |       |                               |       |                           |
|            | tal Beds this<br>ilding         |                   | 0                  |         |                          |       |                               |       |                           |
|            |                                 |                   |                    |         |                          |       |                               |       |                           |

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|-------------------------------------|----------------------------|------------------|-------------|--------------------------|----------|-------------------------------|----------|---------------------------|
| Include information and SPC-5 per S |                            | inpatient beds b | y type of S | Service provided by      | building | gs that are classified a      | s SPC-2, | SPC-3, SPC-4,             |
| Building Number:                    | BLD-02941                  | Building Na      | ame: Ca     | nopy 2                   |          |                               |          |                           |
| Type of Service                     | Provided                   |                  |             |                          |          |                               |          |                           |
| Nursing                             | Inpatient<br>Beds          | 0                |             | Surgical                 |          | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |
| IntensiveC                          | are Inpatient<br>Beds      | 0                |             | Anesthesia               |          |                               |          |                           |
| Pediatric/A escent                  | dol Inpatient<br>Beds      | 0                |             | Clinical Lab             |          | Obstetrical<br>Recovery       | R        | Renal Dialysis            |
| Psychiatric Nursing                 | Inpatient<br>Beds          | 0                |             | Radiological/<br>Imaging |          | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |
| Obstetrical Ante/Postp              |                            | 0                |             | Pharmaceutical           |          | Emergency                     |          | Central Plant             |
| Intermedia<br>Care                  | te Inpatient<br>Beds       | 0                |             | Dietetic                 |          | Nuclear<br>Medicine           |          | Support<br>Services       |
| Skilled Nui                         | rsing<br>Inpatient<br>Beds | 0                |             | Administration           |          |                               |          |                           |
| Total Beds<br>Building              | this                       | 0                |             |                          |          |                               |          |                           |
|                                     |                            |                  |             |                          |          |                               |          |                           |

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|--|------------------------------|------------------|--------------------------|----------------------------|------------------------|--|--|--|--|--|--|
| Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) |                              |                  |                          |                            |                        |  |  |  |  |  |  |
| Building Numbe   | er: BLD-02946                | Building Nam     | ne: Canopy 3             |                            |                        |  |  |  |  |  |  |
| Type of Service Provided   |                              |                  |                          |                            |                        |  |  |  |  |  |  |
| Nursing  | Inpatient<br>Beds            | 0                | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |  |  |  |
| Intensive  | eCare Inpatient<br>Beds      | 0                | Anesthesia               |                            |                        |  |  |  |  |  |  |
| Pediatric escent   | /Adol Inpatient<br>Beds      | 0                | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |  |  |  |  |  |  |
| Psychiat<br>Nursing  | ric Inpatient<br>Beds        | 0                | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient<br>Surgery  |  |  |  |  |  |  |
| Obstetrio  |                              | 0                | Pharmaceutica            | Emergency                  | Central Plant          |  |  |  |  |  |  |
| Intermed<br>Care   | liate Inpatient<br>Beds      | 0                | Dietetic                 | Nuclear<br>Medicine        | Support<br>Services    |  |  |  |  |  |  |
| Skilled N  | lursing<br>Inpatient<br>Beds | 0                | Administration           |                            |                        |  |  |  |  |  |  |
| Total Be<br>Building   | ds this                      | 0                |                          |                            |                        |  |  |  |  |  |  |
|  |                              |                  |                          |                            |                        |  |  |  |  |  |  |

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|--|-------------------|------------------|--------------|--------------------------|---------------------------------|-----------------|--------------------|
| Include information on and SPC-5 per Section |                   | f inpatient beds | by type of   | Service provided by      | buildings that are classified a | s SPC-2, SP0    | C-3, SPC-4,        |
| Building Number: BLI                         | D-05223           | Building N       | lame: E      | Tower                    |                                 |                 |                    |
| Type of Service Prov                         | <u>/ided</u>      |                  |              |                          |                                 |                 |                    |
| X Nursing                                    | Inpatient<br>Beds | 49               | X            | Surgical                 | Obstetrical Cesarean/Deliv      | Reha            | abilitation<br>apy |
| X IntensiveCare                              | Inpatient<br>Beds | 12               | X            | Anesthesia               |                                 |                 |                    |
| Pediatric/Adol escent                        | Inpatient<br>Beds | 0                |              | Clinical Lab             | Obstetrical<br>Recovery         | Rena            | ıl Dialysis        |
| Psychiatric Nursing                          | Inpatient<br>Beds | 0                | X            | Radiological/<br>Imaging | Newborn/<br>WellBaby            | X Outp<br>Surg  | atient<br>ery      |
| Obstetrical Ante/Postprtum                   | Inpatient<br>Beds | 0                |              | Pharmaceutical           | X Emergency                     | Cent            | ral Plant          |
| Intermediate Care                            | Inpatient<br>Beds | 0                | Ш            | Dietetic                 | Nuclear<br>Medicine             | X Supp<br>Servi | ort<br>ces         |
| Skilled Nursing                              | Inpatient<br>Beds | 0                | X            | Administration           |                                 |                 |                    |
| Total Beds this<br>Building                  |                   | 61               |              |                          |                                 |                 |                    |
|  |                   |                  |              |                          |                                 |                 |                    |
|  |                   |                  |              |                          |                                 |                 |                    |

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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) BLD-02473 C Wing **Building Name: Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 22 Inpatient Inpatient Inpatient Inpatient Inpatient 3314 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient 0 Inpatient 0 Davs Days Bed Bed 22 22

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Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:53 of 65 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) BLD-02479 **Linear Accelerator Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:54 of 65 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) BLD-02480 B Wing / Surgery Equipment Room **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 96 Inpatient Inpatient 0 Inpatient Inpatient 14461 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 25 Inpatient 4105 Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 121 121

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Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:56 of 65 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) BLD-02483 **Emergency Room Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:57 of 65 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) BLD-02485 A Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 63 Inpatient Inpatient 0 Inpatient Inpatient Inpatient 9490 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 63 63

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Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:59 of 65 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) BLD-02487 Central Plant **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:60 of 65 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) BLD-02488 **Boiler Plant Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:61 of 65 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) BLD-02939 Canopy 1 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:62 of 65 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) BLD-02940 **Ambulance Canopy Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:63 of 65 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) BLD-02941 Canopy 2 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

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Report Year: 2014 10048 John Muir Medical Center, Concord Campus Concord Page:65 of 65 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) BLD-05223 E Tower **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 7382 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 12 Inpatient 1970 Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 61 61