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.

Provide the Hospital	al Owner and Year of Report per Section 130061(e)						
Facility Number:	10190						
Facility Name:	El Centro Regional Medical Center						
Address:	1415 Ross Avenue						
City:	El Centro						
Hospital Owner/Lic	icensee: El Centro Regional Medical Center						
Year of Re	eporting: 2014						
Contact 1 e-mail A	Address:						
Contact 2 e-mail A	Address:						
Contact 3 e-mail Ac	Address::						
Name of Sul	ubmitter: Ryan Kelley						
Submissio	on Date: 12/12/2014 8:00:22 AM						

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00752	South Wing	1415 Ross Avenue	Remove	N/A	01/01/2020	01/01/2020
BLD- 00753	L/D Bldg	1415 Ross Avenue	Remove	N/A	01/01/2020	01/01/2020
BLD- 00754	Central Wing	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 00755	West Addition	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 00756	Central Plant	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 00757	North Wing	1415 Ross Avenue	Remove	N/A	01/01/2020	01/01/2020
BLD- 02688	Storage Building #1	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 02689	Storage Building #2	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00754 **Central Wing** Retrofit/Replacement Yes-Submitted Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date 10190 H132862-13 0 ECRMC Ancillary Services Building 12/19/2013 12/4/2014 05/31/2016 01/01/2020 OPEN No -00 12:00:00 12:00:00 AM AM

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	g No: BLD-0	0755	West Addition		Retrofit/Rep Project:	olacement	Yes-Sub	omitted	
Facility Number	Project er Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10190	H132862-13 -00	0	ECRMC Ancillary Services Building	12/19/2013 12:00:00 AM	12/4/2014 12:00:00 AM	05/31/2016	01/01/2020	OPEN	No

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Retrofit/Replacement

Retrofit/Replacement

Yes-Submitted

Yes-Submitted

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).

Central Plant

Storage Building #1

Building No:

Building No:

BLD-00756

BLD-02688

Project: **CEQA** Facility Project Sub Plan Project Scope Approved Number Number Num Complete Review Date In Start Date Status Date d 0 Central Utility Plant Upgrade 4/9/2014 10190 P-2013-1/29/2013 03/01/2015 01/01/2020 PEND No 00222 12:00:00 12:00:00 AM AM

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).

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete	Status	CEQA Review
10190	H132862-13 -00	0	ECRMC Ancillary Services Building	12/19/2013 12:00:00 AM	12/4/2014 12:00:00 AM	05/31/2016	01/01/2020	OPEN	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	g No: BLD-0	2689	Storage Building #2		Retrofit/Re Project:	placement	Yes-Suk	omitted	
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10190	H132862-13 -00	0	ECRMC Ancillary Services Building	12/19/2013 12:00:00 AM	12/4/2014 12:00:00 AM	05/31/2016	01/01/2020	OPEN	No

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Provide the number o	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BL	Building Number: BLD-00752 Building Name: South Wing						
Type of Service Prov	<u>vided</u>						
X Nursing	Inpatient Beds	30 Inpatient 410 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation	on		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	sis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery			
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plar	nt		

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BL	_D-00753	Building Name: L/L	O Bldg		
			I D comical	√ Obstetrical	
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	X Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
			Pharmaceutical	Rehabilitati	nn
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 0	Dietetic	Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	sis
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Beds	Total Beds this Building 6	X Obstetrical Cesarean/Deliv	Central Pla	nt

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: Type of Service Pro		Building Name: Ce	entral Wing		
			I 🗆 🗸	☐ Obstetrical	
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	☐ Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration X Support	Renal Dialysis Outpatient	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery	
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number		Building Name: W	est Addition			
Type of Service	<u>Provided</u>					
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveC	are Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/A escent	dol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric	: Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postp		0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermedia Care	te Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nur	rsing Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery		
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant		

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Provide the numbe	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: Type of Service P		Building Name:	entral Plant			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCare	e Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Ado escent	l Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtu	Inpatient ım Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursir	ng Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
	Dodo	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant		

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number:		Building Name: No	orth Wing			
Type of Service Pr	ovided					
X Nursing	Inpatient Beds	32 Inpatient 3395 Days	Surgical	Obstetrical Recovery		
X IntensiveCare	Inpatient Beds	8 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtur	Inpatient m Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	g Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
	2000	Total Beds this Building 40	Obstetrical Cesarean/Deliv	Central Plant		

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: Type of Service F		Building Name: St	orage Building #1			
				C Obstatical		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCar	re Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Add	ol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprt	Inpatient um Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care		0 Inpatient Days 0	Administration X Support	Renal Dialysis Outpatient		
Skilled Nursi	ng Inpatient Beds	0 Inpatient Days 0	Services	Surgery		
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant		

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-02689 Building Name: Storage Building #2 Type of Service Provided							
			I 🗆	☐ Obstetrical			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	☐ Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
☐ Obstetrical	Inpatient	0 Inpatient Days 0	Pharmaceutical	Rehabilitation			
Ante/Postprtui		oj inpatient bays oj	Dietetic	☐ Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursin	g Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery			
	Beas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant			

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:14 of 103 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00752 **Building Number: Building Name:** South Wing Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 30 Inpatient 410 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 30 Inpatient Inpatient Inpatient 30 Bed Days Days Bed

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:15 of 103 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00753 **Building Number: Building Name:** L/D Bldg 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 Inpatient 6 Inpatient Inpatient 6 Days Days Bed Bed

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:16 of 103 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00754 **Central 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 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 Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:17 of 103 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00755 **Building Number: Building Name:** West Addition 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 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 Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:18 of 103 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00756 Central Plant **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 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 Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:19 of 103 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00757 North Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 32 Inpatient 3395 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 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 40 Inpatient Inpatient 40 Inpatient Inpatient Days Days Bed Bed

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:20 of 103 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02688 Storage Building #1 **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 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 Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:21 of 103 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02689 Storage Building #2 **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 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 Inpatient 0 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 Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00752	South Wing	Remove
BLD-00753	L/D Bldg	Remove
BLD-00754	Central Wing	Rebuild
BLD-00755	West Addition	Rebuild
BLD-00756	Central Plant	Rebuild
BLD-00757	North Wing	Remove
BLD-00759	Admin Bldg	Remain
BLD-00760	OB Building	Remain
BLD-00761	Radiology Building	Remain
BLD-00762	Rad Annex	Remain
BLD-00763	Lab Building	Remain
BLD-00764	Annex	Remain
BLD-02685	East Wing - South	Remain
BLD-02686	New Wing	Remain
BLD-02687	New Central Plant	Remain
BLD-02688	Storage Building #1	Rebuild
BLD-02689	Storage Building #2	Rebuild
BLD-02887	Admin Bldg Addition	Remain
BLD-02888	East Wing - North	Remain

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The proje replaced The plans replaced	For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building N	Building Number: BLD-00752 South Wing Removal Date:								
Planned I	Uses for the buildi	ng to be remo	oved from acute care s	ervice:					
Planned	use for building:								
Inpatient X — — — — — — — — — — — — — — — — —	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 Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine	Rehabilitat Therapy Renal Dialy Outpatient Surgery Central Pla Support Services	ysis		

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building N	Number: BLD-00	753	L/D Bldg			Removal Date:	01/01/2020]
Planned l	Jses for the buildin	g to be remo	oved from acute care service	e:				
Planned	use for building:							
Inpatient	services currently of	<u>delivered in t</u>	he building:	_			_	
	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	L	Rehabilitation Therapy	
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab	X	Obstetrical Recovery		Renal Dialysis	S
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate Care		Dietetic		Linergency	_	_	
	Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building I	Number: BLD-0	0754	Central Wing		Remov Date:	al 01/01/	/2020	
Planned I	Uses for the buildi	ing to be rem	oved from acute care service	:				
Planned	Planned use for building:							
Inpatient services currently delivered in the building:								
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Reha Thera	abilitation apy	
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery	Rena	al Dialysis	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outp Surg	atient	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	☐ Cent	ral Plant	
	Intermediate Care		Dietetic		Emergency			
	Skilled Nursing		Administration		Nuclear Medicine	X Supp Servi		

Report Ye	ear: 2014	10190 E	Centro Regional Medical Ce	enter	El Centro			Page:27 of 103
For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building N	Number: BLD-00	755	West Addition		Removal Date:	0	1/01/2020	
Planned I	Uses for the buildir	ng to be remo	ved from acute care service:					
Planned	use for building:							
Inpatient	services currently	<u>delivered in t</u>	ne building:	_				
	Nursing		Surgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery	F	Renal Dialysis	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic		Lineigency			
	Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building N	Building Number: BLD-00756 Central Plant Removal Date:							
Planned I	Uses for the building t	to be removed from acute care service:						
Planned	Planned use for building:							
Inpatient services currently delivered in the building:								
	Nursing	Surgical	Obstetrical Cesarean/I		ation			
	IntensiveCare Pediatric/Adol	Anesthesia Clinical Lab	Obstetrical Recovery	Renal Dia	ılysis			
	escent Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatien Surgery	nt			
	Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	/ Central P	lant			
Ш	Intermediate Care	Dietetic						
	Skilled Nursing	Administration	Nuclear Medicine	Support Services				

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)									
Building N	Number: BLD-0	0757	North Wing		Removal Date:	01/01/2020			
Planned l	Jses for the buildi	ing to be re	moved from acute care se	rvice:					
Planned	use for building:								
Inpatient:	Inpatient services currently delivered in the building:								
X	Nursing		Surgical		tetrical arean/Deliv	Rehabilitation Therapy			
X	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		tetrical overy	Renal Dialysi	5		
	Psychiatric Nursing		Radiological/ Imaging		born/ Baby	Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical	☐ Eme	ergency	Central Plant			
	Intermediate Care		Dietetic	- Line	тденсу				
	Skilled Nursing		Administration	Nucl Med	ear icine	Support Services			

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building N	Number: BLD-02	688	Storage Building #1		Removal Date:	01	1/01/2020	
Planned l	Jses for the buildin	g to be remo	oved from acute care service:					
Planned	Planned use for building:							
Inpatient	services currently o	<u>lelivered in t</u>	he building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery	F	Renal Dialysis	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic		Emergency			
	Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building N	Number: BLD-026	689	Storage Building #2		Removal Date:	01/01/20)20	
Planned l	Jses for the building	g to be remo	ved from acute care service:					
Planned	use for building:							
Inpatient	services currently d	elivered in th	ne building:			_		
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabil Therapy		
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery	Renal D	Dialysis	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpati Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central	Plant	
	Intermediate Care		Dietetic		Lineigency			
	Skilled Nursing		Administration		Nuclear Medicine	X Support Service		

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Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 an	d 2012 for buildings to be remove	d from acute
Building Nbr: BLD-00752 Building Name:	South Wing	Year of Information: 2011	
Unit Type		nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 30 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	30
Days	Dous Days	Total Beds this Building per Service	30

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 an	nd 2012 for buildings to be remove	d from acute
Building Nbr: BLD-00752 Building Name:	South Wing	Year of Information: 2012	
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 30 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis-	abled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	20
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	30
	24,0	Total Beds this Building per Service	30

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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-00752 Building Name:	South Wing	Year of Information: 2013	3		
Unit Type		Information Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 30 Patient 410 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0		
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis-	abled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0		
Coronary Care Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	30		
Beds Days	Beds Days	Total Beds this			
		Building per Service	38		

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ient days per unit for the year of 2010, 2011 a	and 2012 for buildings to be remove	ed from acute
Building Nbr: BLD-00753 Building Name:	L/D Bldg	Year of Information: 2011	
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 6 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Coronary Care	Chemical Dependency	Total Beds this	6
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
		Total Beds this Building per Service	6

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ient days per unit for the year of 2010, 2011 a	and 2012 for buildings to be remove	ed from acute
Building Nbr: BLD-00753 Building Name:	L/D Bldg	Year of Information: 2012	2
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 6 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	6
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
	·	Total Beds this Building per Service	6

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)						
Building Nbr: BLD-00753 Building Name:	L/D Bldg	Year of Information: 2013				
Unit Type	ı	Information Current As Of:				
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 6 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 4 Patient 0 Beds Days	Inpatient 0 Patient Days	0			
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Coronary Care	Chemical Dependency	Total Beds this	10			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	10			
·	·	Total Beds this Building per Service	0			

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-00757 Building Name:	North Wing	Year of Information: 2011				
Unit Type		Information Current As Of:				
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 32 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0			
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled			
Inpatient 8 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0			
Coronary Care Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	40			
Beds Days	Beds Days	• .				
		Total Beds this Building per Service	40			

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 ar	nd 2012 for buildings to be remove	d from acute
Building Nbr: BLD-00757 Building Name:	North Wing	Year of Information: 2012	
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 32 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 8 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	40
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	40
	24,0	Total Beds this Building per Service	40

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 and	d 2012 for buildings to be remove	d from acute
Building Nbr: BLD-00757 Building Name:	North Wing	Year of Information: 2013	3
Unit Type	ı	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 32 Patient 3395 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 8 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Coronary Care	Chemical Dependency	Total Beds this	40
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	40
·	,	Total Beds this Building per Service	32

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-00752 Building Nbr: BLD-00752 Building Nbr: BLD-00752 Building Nba	ilding me:	South Wing		Year of Information:	2011
Type of Services Provided	me.			Information Current As Of:	
X Nursing Inpatient Beds	30	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare Inpatient Beds	0	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol Inpatient escent Beds	0	Patient 0 Days	Clinical Lab	Recovery	_
Psychiatric Inpatient Nursing Beds	0	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Inpatient Ante/Postprtum Beds	0	Patient 0 Days	Pharmaceutical	Emergency	Central Plant
Intermediate Inpatient Care Beds	0	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing Inpatient Beds	0	Patient 0 Days	Administration		
Total Beds this Building per s	service	30			

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-0	D0752 Building Name:	South Wing		Year of Information:	2012
Type of Services Provided	Name.			nformation Current As Cf:	
X Nursing	Inpatient 30 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery]
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	30			

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-0	00752 Building Name:	South Wing		Year of Information:	2013
Type of Services Provided	Name.			nformation Current As Of:	
X Nursing	Inpatient 30 Beds	Patient 410 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Kenai Bialysis
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency [Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear [Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	30			

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Provide the number of from acute care servi	Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-0	00753 Building Name:	L/D Bldg		Year of Information:	2011	
Type of Services Provided			ı	Information Current As Of:		
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis	
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery		
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
X Obstetrical Ante/Postprtum	Inpatient 6 Beds	Patient 0 Days	Pharmaceutic	al Emergency	Central Plant	
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration			
Total Beds this B	suilding per service	6				

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-00753 Building Name:	L/D Bldg	Year of Information:	2012		
Type of Services Of:					
Nursing Inpatient Beds	0 Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare Inpatient Beds	0 Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis	
Pediatric/Adol Inpatient escent Beds	0 Patient 0 Days	Clinical Lab	Recovery		
Psychiatric Inpatient Nursing Beds	0 Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
X Obstetrical Inpatient Ante/Postprtum Beds	6 Patient 0 Days	Pharmaceutical	Emergency [Central Plant	
Intermediate Inpatient Care Beds	0 Patient 0 Days	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing Inpatient Beds	0 Patient 0 Days	Administration			
Total Beds this Building per service	6				

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-00753 Building Name:	Year of Information: 2013	3			
Type of Services Of: Provided Information Current As Of:					
	Patient 0 Surgi		Rehabilitation Therapy		
	Patient 0 Anest		Renal Dialysis		
	Patient 0 Clinic Days	al Lab Recovery	·		
	Patient 0 Radic Imagi		Outpatient Gurgery		
	Patient 0 Days Pharr	naceutical Emergency C	Central Plant		
	Patient 0 Days Diete		Support Services		
	Patient 0 Days Admi	nistration			
Total Beds this Building per service	10				

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-00757 Building Name:	North Wing	Year of Ir	nformation: 2011		
Type of Services Provided		Information Curr Of:	ent As		
X Nursing Inpatient Seds	Patient 6560 Days	Surgical Obstetric Cesarea			
X IntensiveCare Inpatient Beds	8 Patient 0 Days	Anesthesia Obstetrio	cal Renal Dialysis		
Pediatric/Adol Inpatient escent Beds	0 Patient 0 Days	Clinical Lab Recover	у		
Psychiatric Inpatient Nursing Beds	0 Patient 0 Days	Radiological/ Newborn WellBab			
Obstetrical Inpatient Ante/Postprtum Beds	0 Patient 0 Days	Pharmaceutical Emerger	ncy Central Plant		
Intermediate Inpatient Care Beds	0 Patient 0 Days	Dietetic Nuclear Medicine	Support Services		
Skilled Nursing Inpatient Beds	O Patient 0 Days	Administration			
Total Beds this Building per service	40				

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-0	00757 Building Name:	North Wing		Year of Information:	2012
Type of Services Provided	Name.			nformation Current As Of:	
X Nursing	Inpatient 32 Beds	Patient 6560 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient 8 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Tenai Diaiysis
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency [Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear [Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	40			

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Provide the number of from acute care servi	of inpatient beds and pat ces per Section 130061	ient days per type of service (c)(2)(D)	e for the year of 2010,	2011 and 2012 for building	gs to be removed
Building Nbr: BLD-0	00757 Building Name:	North Wing		Year of Information:	2013
Type of Services Provided	Name.			nformation Current As Of:	
X Nursing	Inpatient 32 Beds	Patient 3395 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient 8 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Tenai Diaiysis
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency [Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear [Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	40			

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Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution of "Resolution of "Rebuild" or "Resolution of "Resolution o	ng or retrofitted building and any correplace" per Section 130061(c)(2)(E)	responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Support Services N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding
Building Number: West Addition West Addition Will general acute care services and beds will be relocated to a new, Existing or retrofitted Support Services N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existir building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted CentralPlant N/A	building?	

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Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding
Building Number: Storage Building #1		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Support Services N/A]	
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding
Building Number: Storage Building #2		
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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Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Nursing N/A	building?	
Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	red from active care service, any net	change in the
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted [Medical/Surgical (Include GYN)] Each hospital owner shall also report for each facility for which any buildings will be removed.		change in the
number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed nom active care service, any net	
Building Number: L/D Bldg L/D Bldg		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted Obstetrical Ante Postprtum N/A	building?	

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Each hospital owner shall also report for each facility for which any buildings will be number of inpatient beds by type of unit and service per Section 130061(c)(3)	e removed from active care serv	ice, any net change in the
Building Number: BLD-00753 Building Name: L/D Bldg		
Will general acute care services and beds will be relocated to a new, Existing or re	etrofitted building?	
Obstetrical N/A Cesarean/Deliv		
Each hospital owner shall also report for each facility for which any buildings will be number of inpatient beds by type of unit and service per Section 130061(c)(3)	pe removed from active care serv	vice, any net change in the
Building Number: BLD-00753 Building Name: L/D Bldg		
Will general acute care services and beds will be relocated to a new, Existing or re	etrofitted building?	
Obstetrical Recovery N/A		
Each hospital owner shall also report for each facility for which any buildings will be number of inpatient beds by type of unit and service per Section 130061(c)(3)	pe removed from active care serv	vice, any net change in the
Building Number: BLD-00757 Building Name: North Wing		
Will general acute care services and beds will be relocated to a new, Existing or re-	etrofitted building?	
Nursing N/A		

Report Year: 2014 10190 El Centro Regional Medical C	Center	El Centro	Page:54 of 103
Each hospital owner shall also report for each facility for which any number of inpatient beds by type of unit and service per Section 13		ed from active care service, any	y net change in the
Building Number: BLD-00757 Building Name: North Wing			
Will general acute care services and beds will be relocated to a new Intensive Care N/A	w, Existing or retrofitted	building?	
Each hospital owner shall also report for each facility for which any	buildings will be remove	ed from active care service, any	y net change in the
number of inpatient beds by type of unit and service per Section 13			
Building Number: BLD-00757 Building Name: North Wing			
Will general acute care services and beds will be relocated to a new Medical/Surgical (Include GYN)	v, Existing or retrolitted	building?	
Each hospital owner shall also report for each facility for which any number of inpatient beds by type of unit and service per Section 13		ed from active care service, any	y net change in the
Building Number: BLD-00757 Building Name: North Wing			
Will general acute care services and beds will be relocated to a new	v, Existing or retrofitted	building?	
Intensive Care N/A			

Section 130061 ding Number:		ng Name: S	outh Wing			
Type of Service	e Provided	. —		_		
			Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare				Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/		Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging Pharmaceutical		Emergency	Central Plant
	Ob at atrical		Filamiaceulicai		Linergency	Central Flant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

Report Year: 201	4 10190 El Cer	tro Regional Medical	Center	El Centro		Page:56 of 103
Report any general per Section 130061	acute care hospital inpa	tient service that is pr	rovided in any genaral	acute care hospital	ouilding tha	t is rated SPC-1
Building Number:	BLD-00753 Buildin	g Name: L/D Bldg				
Type of Service	Provided					
		Surgio	cal X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anest				Renal Dialysis
	IntensiveCare	Clinic	X X	Obstetrical Recovery	L '	Veriai Dialysis
	Pediatric/Adol escent		blogical/	Newborn/ WellBaby		Dutpatient Gurgery
	Psychiatric Nursing	Imagi —	ing	·		
	_	Pharr	maceutical	Emergency		Central Plant
X	Obstetrical Ante/Postprtum	Diete	tic	Nuclear Medicine		Support Services
	Intermediate Care	Admi	nistration			
	Skilled Nursing					

port Year: 201 Report any general er Section 130061	acute care hospital	Centro Regional Minpatient service the	ledical Center at is provided in any	genaral	El Centro acute care hospital	building t	Page:57 of 10)3
Building Number:	BLD-00754 Bu	ilding Name: Ce	entral Wing					_
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Renal Dialysis	
	IntensiveCare		Clinical Lab		Obstetrical Recovery		Renai Diaiysis	
	Pediatric/Adol escent				Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging		·			
	-		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

port Year: 201 Report any general er Section 130061	acute care hospita	El Centro Regional N		/ genaral	El Centro acute care hospital	building t	Page:58 of 10)3
Building Number:	BLD-00755 E	Building Name: W	est Addition					
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia		Obstatical		Renal Dialysis	
	IntensiveCare		Clinical Lab	Ш	Obstetrical Recovery		Renai Diaiysis	
	Pediatric/Adol escent				Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging		vvelibaby			
	•		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

Report Year: 201	14 10190 El Cer	ntro Regional Medical Center		El Centro		Page:59 of 10	13
Report any general per Section 130061		itient service that is provided i	in any genaral ac	ute care hospital	building th	nat is rated SPC-1	_
Building Number:	BLD-00756 Buildin	g Name: Central Plant					
Type of Service	e Provided						
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	Anesthesia				Renal Dialysis	
	IntensiveCare	Clinical Lab		Obstetrical Recovery	Ш	Reliai Dialysis	
	Pediatric/Adol escent	Radiological/		lewborn/ VellBaby		Outpatient Surgery	
	Psychiatric Nursing	Imaging		·		Octob Blood	
		Pharmaceution	cai	mergency	X	Central Plant	
	Obstetrical Ante/Postprtum	Dietetic		luclear ledicine		Support Services	
	Intermediate Care	Administration	n				
	Skilled Nursing						

Report Year: 201	4 10190 El Cer	ntro Regional Medical Center		El Centro		Page:60 of 103
Report any general per Section 130061		atient service that is provided in any	y genaral ad	cute care hospital	building t	nat is rated SPC-1
Building Number:	BLD-00757 Buildin	g Name: North Wing				
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	Anesthesia				Danal Dialysis
X	IntensiveCare			Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent	Clinical Lab		Newborn/		Outpatient Surgery
	Psychiatric Nursing	Radiological/ Imaging	`	VellBaby		
	-	Pharmaceutical	E	Emergency		Central Plant
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services
	Intermediate Care	Administration				
	Skilled Nursing					

eport any general er Section 130061	acute care hospita	El Centro Regional M	Medical Center nat is provided in any	genaral	El Centro acute care hospital	building t	Page:61 of 10)3
uilding Number:	BLD-02688 B	uilding Name: St	orage Building #1					
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Renal Dialysis	
	IntensiveCare		Clinical Lab	Ш	Obstetrical Recovery		Reliai Diaiysis	
	Pediatric/Adol escent				Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
_	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

eport any general r Section 130061	acute care hospital	I Centro Regional Minpatient service the	nat is provided in any	genaral	El Centro acute care hospital	building t	Page:62 of 10	
ilding Number:	BLD-02689 Bu	uilding Name: St	orage Building #2					
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Danal Dialysis	
	IntensiveCare			Ш	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

Report Year: 2014 10190	El Centro Regional Medical Center	El Centro	Page:63 of 103
Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)	dings on the hospital campus show replacement and the type of service	ing how each building will comply we that will be provided in each gener	rith the SPC-5/NPC-4 or 5 al actue care hospital building
Building Number: BLD-00752	Building Name: South Wing		
Configuration: N/A			
Type of Service Provided			
X Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Receivery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate	Dietetic	_	_
Care		Nuclear Medicine	Support Services
Skilled Nursing	Administration		

port Year:	2014 10190	El Centro Re	gional Medical Center		El Centro		Page:64 of 103
eport the final or equirements wher Section 1300	nether by retrofit or by	dings on the replacement	hospital campus show and the type of servic	wing how e e that will l	ach building will comply be provided in each geno	with the SP0 eral actue ca	C-5/NPC-4 or 5 are hospital building
uilding Number	r: BLD-00753	Building Na	me: L/D Bldg				
Configuration:	N/A						
Type of Serv	ice Provided						
	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Emergency		Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	Skilled Nursing						

uirements whether by retrofit or b	puildings on the hospital campus show by replacement and the type of service	ving how each building will comply e that will be provided in each gen	with the SPC-5/NPC-4 or 5 eral actue care hospital building
r Section 130061(c)(5)			
ilding Number: BLD-00754	Building Name: Central Wing		
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Receivery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	- Emorganov	Central Plant
Intermediate	Dietetic	Emergency	U Central Flant
Care	Administration	Nuclear Medicine	X Support Services
Skilled Nursing			

			gional Medical Center		El Centro		Page:66 of 103
eport the final cor equirements whether er Section 130061	her by retrofit or by re	lings on the eplacement	hospital campus show and the type of service	ng how e that will t	ach building will comply be provided in each gen	with the SPeral actue ca	C-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-00755	Building Na	me: West Addition				
Configuration:	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		F		Octob Blood
	ermediate		Dietetic		Emergency		Central Plant
— Ca	are killed Nursing		Administration		Nuclear Medicine	X	Support Services
	, and realising						

port Year: 2	014 10190 E	Centro Re	gional Medical Center		El Centro		Page:67 of 103
eport the final co quirements where or Section 13006	ther by retrofit or by re	ings on the eplacement	hospital campus show and the type of service	ring how e e that will l	ach building will comply be provided in each gen	with the SP eral actue ca	C-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-00756	Building Na	me: Central Plant				
Configuration:	N/A						
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	itensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical			X	Central Plant
	itermediate		Dietetic		Emergency		Central Plant
	are		Administration		Nuclear Medicine		Support Services
	killed Nursing						

port Year:	configuration of all buil	dings on the	hospital campus show	wing how e	El Centro ach building will comply be provided in each gen	with the SP	Page:68 of 103 PC-5/NPC-4 or 5 are hospital building
r Section 130		горіаветісті	and the type of solvie	o triat will k	oe provided in edon gen	crar actae o	are neophal ballaling
ilding Numbe	er: BLD-00757	Building Na	me: North Wing				
Configuration:	N/A						
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		. iosovo. y		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		
	Ante/i ostpitum		Diototio		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing		Administration				Services

port Year: 201 eport the final conf	figuration of all buildi	ngs on the	gional Medical Center hospital campus showi	ng how e	El Centro ach building will comply	with the SP	Page:69 of 103 C-5/NPC-4 or 5
quirements whether Section 130061		placement	and the type of service	that will b	pe provided in each gen	eral actue c	are hospital building
uilding Number:	BLD-00759 E	Building Na	ne: Admin Bldg				
Configuration:	N/A						
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Pec esc	diatric/Adol ent		Clinical Lab		Recovery		
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		_		
7 1110	o/i ootpitam		Dietetic		Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support Services
Skil	lled Nursing	X	Administration				Gervices

			gional Medical Center		El Centro		Page:70 of 103
eport the final cor equirements whether Section 130061	her by retrofit or by re	lings on the eplacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each geno	with the SPeral actue ca	C-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-00760	Building Na	me: OB Building				
Configuration:	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		_		
7111	ico, i cocpitani		Dietetic		Emergency		Central Plant
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support Services
Sk	illed Nursing		Administration				Services

quirements whether by retrofit	all buildings on the hospital cam	pus showing how each building will com of service that will be provided in each of	Page:71 of 103 ply with the SPC-5/NPC-4 or 5 general actue care hospital building
r Section 130061(c)(5)			
ilding Number: BLD-00761	Building Name: Radiolo	ogy Building	
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	•	
Psychiatric Nursing	X Radiologica Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceu		Central Plant
Intermediate	Dietetic	Emergency	Central Plant
Care	Administrati	Nuclear Medicine	Support Services
Skilled Nursing	"		

port Year: 20°	14 10190 EI	Centro Reg	gional Medical Center		El Centro		Page:72 of 103
eport the final cont quirements wheth r Section 130061	er by retrofit or by re	ings on the eplacement	hospital campus show and the type of service	ng how e that will b	ach building will comply be provided in each geno	with the SP0 eral actue ca	C-5/NPC-4 or 5 are hospital building
ilding Number:	BLD-00762	Building Nar	me: Rad Annex				
Configuration:	N/A						
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		E		Control Blood
	ermediate		Dietetic		Emergency		Central Plant
Car			Administration		Nuclear Medicine		Support Services
Skil	lled Nursing						

port Year: 20	10190 E	l Centro Reg	gional Medical Center		El Centro		Page:73 of 103
eport the final con quirements wheth or Section 130061	ner by retrofit or by re	lings on the eplacement	hospital campus show and the type of service	ing how e that will b	ach building will comply be provided in each gen	with the SPC eral actue ca	C-5/NPC-4 or 5 re hospital building
uilding Number:	BLD-00763	Building Nai	me: Lab Building				
Configuration:	N/A						
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent	X	Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Into	ermediate		Dietetic		Emergency		Central Flant
Ca	iled Nursing		Administration		Nuclear Medicine		Support Services
	illed Narsing						

port Year: 2014 10190	El Centro Regional Medical Center	El Centro	Page:74 of 103
eport the final configuration of all be quirements whether by retrofit or be er Section 130061(c)(5)	ouildings on the hospital campus show by replacement and the type of service	ving how each building will comply e that will be provided in each gen	with the SPC-5/NPC-4 or 5 eral actue care hospital building
uilding Number: BLD-00764	Building Name: Annex		
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical		
	Dietetic	Emergency	Central Plant
Intermediate Care		Nuclear Medicine	X Support Services
Skilled Nursing	Administration		Services

port Year:	2014 10190 E	El Centro Re	gional Medical Center		El Centro	Page:75 of 103
	ether by retrofit or by r				ach building will comply be provided in each gen	
uilding Number:	BLD-02685	Building Na	me: East Wing - Sou	th		
Configuration:	N/A					
Type of Service	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic			osarrian
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2014 10190	El Centro Regional Medical Center	El Centro	Page:76 of 103								
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-02686	Building Name: New Wing										
Configuration: N/A											
Type of Service Provided											
X Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy								
X IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis								
Pediatric/Adol escent	Clinical Lab	Recovery									
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery								
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant								
Intermediate Care	Dietetic	Nuclear Medicine	Support								
Skilled Nursing	Administration		Services								

port the final configuration of all bui uirements whether by retrofit or by Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ving how each building will comply e that will be provided in each gen	with the SPC-5/NPC-4 or 5 eral actue care hospital building
ding Number: BLD-02687	Building Name: New Central Pla	ınt 	
onfiguration: N/A			
ype of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical	Pharmaceutical		
Ante/Postprtum		Emergency	X Central Plant
Intermediate Care	Dietetic		
Skilled Nursing	Administration	Nuclear Medicine	Support Services
	1		

Report Year: 20	14 10190 E	El Centro Re	gional Medical Center		El Centro		Page:78 of 103					
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-02688	Building Na	me: Storage Building	#1								
Configuration:	Configuration: N/A											
Type of Service	Provided											
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		Recovery							
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte Car	ermediate re		Dietetic		Nuclear Medicine	X	Support					
Ski	lled Nursing		Administration				Services					

Report Year: 20	14 10190 E	I Centro Re	gional Medical Center		El Centro		Page:79 of 103					
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-02689	Building Nar	me: Storage Building #	# 2								
Configuration:	Configuration: N/A											
Type of Service	Provided											
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		Recovery							
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte	ermediate re		Dietetic		Nuclear Medicine	X	Support					
Ski	illed Nursing		Administration				Services					

nfiguration of all build ther by retrofit or by re 1(c)(5)	lings on the eplacement	hospital campus show and the type of service	ving how e e that will	ach building will comply be provided in each geno	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building
BLD-02887	Building Na	me: Admin Bldg Add	ition			
N/A						
e Provided						_
ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
ediatric/Adol scent		Clinical Lab		Recovery		
sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
bstetrical nte/Postprtum		Pharmaceutical		F		Control Plant
termediate		Dietetic		Emergency		Central Plant
are killed Nursing		Administration		Nuclear Medicine	X	Support Services
	her by retrofit or by reta(c)(5) BLD-02887 N/A Provided ursing tensiveCare ediatric/Adol acent sychiatric ursing ostetrical acent termediate are	her by retrofit or by replacement 1(c)(5) BLD-02887 Building Na N/A Provided ursing tensiveCare ediatric/Adol cent sychiatric ursing ostetrical nte/Postprtum termediate are	her by retrofit or by replacement and the type of service 1(c)(5) BLD-02887	her by retrofit or by replacement and the type of service that will Into(5) BLD-02887 Building Name: Admin Bldg Addition N/A Provided	her by retrofit or by replacement and the type of service that will be provided in each general (c)(5) BLD-02887	BLD-02887 Building Name: Admin Bldg Addition N/A Provided

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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-02888	Building Nan	ne: East Wing - North								
Configuration: N/A											
Type of Service P	Provided										
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
X Pedi esce	atric/Adol ent		Clinical Lab		Recovery						
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	tetrical /Postprtum		Pharmaceutical		Emergency		Central Plant				
Inter Care	mediate		Dietetic		Nuclear Medicine	П	Support				
Skille	ed Nursing		Administration				Services				

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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)								
Buildi	ng Number: BLI	D-00759	Building Na	ıme: Adı	min Bldg				
Тур	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Numb	per: BLD-00760	Building Na	ame: OB	Building					
Type of Serv	ice Provided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy	
Intensiv	eCare Inpatient Beds	0		Anesthesia					
Pediatri escent	c/Adol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis	
Psychia Nursing		0		Radiological/ Imaging		Newborn/ WellBaby		outpatient urgery	
Obstetr X Ante/Po	cal Inpatient estprtum Beds	13		Pharmaceutical		Emergency		entral Plant	
Interme Care	diate Inpatient Beds	0		Dietetic		Nuclear Medicine		upport ervices	
Skilled	Nursing Inpatient Beds	0		Administration					
Total Be Building		13							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number:	BLD-00761	Building Na	me: Radiology Build	ding					
Type of Service Pr	<u>ovided</u>								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia	1					
Pediatric/Adol	Inpatient Beds	0	Clinical Lat	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	X Radiologica Imaging	al/ Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceu	utical Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursin	g Inpatient Beds	0	Administra	tion					
Total Beds thi Building	s	0							

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Include information on and SPC-5 per Section	the number of 130061(e)	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-00762	Building N	lame: Rad Annex		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building N	Number: BLD	0-00763	Building Name	: La	b Building				
Type of	Service Prov	<u>ided</u>							
Nu	rsing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare	Inpatient Beds	0		Anesthesia				
	diatric/Adol cent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psy Nu	ychiatric Irsing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	estetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Inte	ermediate re	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Ski	illed Nursing	Inpatient Beds	0		Administration				
	tal Beds this ilding		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 Numb	er: BLD-00764	Building Nam	ne: Annex				
Type of Serv	ice Provided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Intensive	eCare Inpatient Beds	0	Anesthesia				
Pediatric escent	c/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychia Nursing	tric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetri Ante/Po		0	Pharmaceutical	Emergency	Central Plant		
Intermed Care	diate Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services		
Skilled N	Nursing Inpatient Beds	0	Administration				
Total Be Building		0					

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Include information on and SPC-5 per Section	the number of 130061(e)	f inpatient beds	by type of Service provided by b	uildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BLI	D-02685	Building N	lame: East Wing - South		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		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-02686	Building N	ame: Ne	ew Wing			
Type of Service Prov	<u>vided</u>						
X Nursing	Inpatient Beds	48		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	abilitation apy
X IntensiveCare	Inpatient Beds	12		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
Intermediate Care	Inpatient Beds	0	Ц	Dietetic	Nuclear Medicine	Supp Servi	
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		60					

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Include information or and SPC-5 per Section		inpatient beds b	y type of S	Service provided by	buildinç	gs that are classified a	s SPC-2,	SPC-3, SPC-4,
Building Number: Bl	_D-02687	Building Na	ame: Ne	w Central Plant				
Type of Service Pro	ovided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	<u> </u>	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient n Beds	0		Pharmaceutical	Ε	Emergency	X	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							
Building Number:	LD-02887	Building Na	me: Admin Bldg Addition				
Type of Service Pro	<u>ovided</u>						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtur	Inpatient n Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing] Inpatient Beds	0	Administration				
Total Beds this Building	S	0					

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Include information on and SPC-5 per Section		inpatient beds	by type of Service provided by b	uildings that are classified a	s SPC-2, SPC-3, SPC-4,
Building Number: BLI	D-02888	Building N	lame: East Wing - North		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	12	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		12			

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Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:94 of 103 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-00760 **OB** Building **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 13 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 13 13

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:95 of 103 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-00761 Radiology Building **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 10190 El Centro Regional Medical Center El Centro Page:96 of 103 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-00762 Rad Annex **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 10190 El Centro Regional Medical Center El Centro Page:97 of 103 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-00763 Lab Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 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 10190 El Centro Regional Medical Center El Centro Page:98 of 103 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-00764 Annex **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 10190 El Centro Regional Medical Center El Centro Page:99 of 103 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-02685 East Wing - South **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 10190 El Centro Regional Medical Center El Centro Page:100 of 103 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-02686 **New Wing Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 9861 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 12 Inpatient 3135 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 60 60

Report Year: 2014 10190 El Centro Regional Medical Center El Centro Page:101 of 103 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-02687 New 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 10190 El Centro Regional Medical Center El Centro Page:102 of 103 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-02887 Admin Bldg Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 0 Inpatient 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 10190 El Centro Regional Medical Center El Centro Page:103 of 103 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-02888 East Wing - North **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 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 1325 Inpatient 0 Inpatient Inpatient Inpatient Inpatient 12 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 12 12