| * | |
|--------|--|
| | |
| | |
| - WWW. | |

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 Owner and Year of Report per Section 130061(e)

| Facility Number: | 10458 | |
|----------------------|--|--|
| Facility Name: | St. Jude Medical Center | |
| Address: | 101 E. Valencia Mesa Dr. | |
| City: | Fullerton | |
| | | |
| Hospital Owner/Lice | ensee: St. Jude Medical Center / St. Joseph Health | |
| Year of Rep | porting: 2014 | |
| Contact 1 e-mail Ad | ddress: | |
| Contact 2 e-mail Ad | ddress: | |
| Contact 3 e-mail Add | dress:: | |
| Name of Sub | omitter: Bill Eveloff | |
| Submission | n Date: 12/9/2014 11:21:30 PM | |
| | | |

| Report | Year: 2014 10458 | St. Jude Medical Center | | Fullerton | | Page:2 of 56 | |
|---|---|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|--|
| 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- 02424 | Main Building / Canopies / Boiler Room | 101 E. Valencia Mesa Dr. | Rebuild | SPC5 | 01/01/2020 | 07/01/2019 | |
| BLD- 02425 | West Building | 101 E. Valencia Mesa Dr. | Replace | SPC2 | 01/01/2020 | 07/01/2019 | |
| BLD- 02833 | Basement Expansion | 101 E. Valencia Mesa Dr. | Rebuild | SPC5 | 01/01/2020 | 07/01/2019 | |
| | | | | | | | |

| Report Year: | 2014 10 | 0458 St. Jude Medical Ce | nter | Fullerton | Pag | e:3 of 56 | |
|--|----------------|--|-----------------------------|-----------------------------------|----------------------------------|-------------------|--|
| 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: B | LD-02424 | Main Building / Canopies | / Boiler Room | Retrofit/Replacement Project: | Yes-Submitte | d | |
| Facility Project Number Numbe | | Scope | Date In | Plan Approved Start Da Date | Project te Complete Stat d | CEQA us Review | |
| 0458 IL08105 | 8-0 0 | PPR NORTHWEST TOWER | 5/23/2008 12:00:00 AM | 01/31/201 | 1 12/20/2012 P | END Yes | |
| rojected constru | uction start d | anned for rebuild, retrofit or rep date or dates and projected Co ction 130061(c)(1)(E). | | | | | |
| uilding No: Bl | LD-02425 | West Building | | Retrofit/Replacement Project: | Yes-Submitte | d | |
| Facility Project Number Numbe | | Scope | Date In | Plan Approved Start Da Date | Project te Complete Stat d | CEQA us Review | |
| 0458 IL08105 | 8-0 0 | PPR NORTHWEST TOWER | 5/23/2008 12:00:00 AM | 01/31/201 | 1 12/20/2012 P | END Yes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SHPD FDD SB4 | 99 Report | Data Last Update: 12 | 2/09/2014 Submissio | on Date: 12/09/2014 | Printed: 12/11/2014 6 | ::25 AM | |

| Report Year: 2014 | 10458 St. Jude Medical Center | | Fullerton | | Page:4 of 56 | |
|--|-------------------------------|-----------------------------|--------------------------------|--------------------------|-----------------------|--|
| 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-02833 | Basement Expansion | | etrofit/Replacement roject: | Yes-Sub | mitted | |
| Facility Project Sub Number Number Num | Scope | Pla Date In App Dat | proved Start Date | Project Complete d | CEQA Status Review | |
| 10458 IL081058-0 (| 0 PPR NORTHWEST TOWER | 5/23/2008 12:00:00 AM | 01/31/2011 | 12/20/2012 | PEND Yes | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| OCHOD FOD CD400 Depart | Data Leat Lindata: 10/00/2014 | | star 12/00/2011 D | winted. 10/11/0 | | |

| Report ` | Year: 2014 | 10458 | St. Jude Medical Center | Fullerton | Page:5 of 56 | | |
|-------------|--|-------------------|------------------------------|--------------------------------------|-----------------------------|--|--|
| Provi | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | |
| Buildi | ng Number: BL | D-02424 | Building Name: | Main Building / Canopies / Boiler Ro | oom | | |
| <u>Туре</u> | of Service Prov | ided | | | | | |
| × | Nursing | Inpatient Beds | 58 Inpatient 8630 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 X Dietetic | Rehabilitation Therapy | | |
| | Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | | Renal Dialysis | | |
| | Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Support Services | Outpatient Surgery | | |
| | | Deus | Total Beds this 58 Building | Obstetrical Cesarean/Deliv | X Central Plant | | |
| | | | | | | | |
| OSHPD | FDD SB499 Repor | t | Data Last Update: 12/09/2014 | Submission Date: 12/09/2014 | Printed: 12/11/2014 6:25 AM | | |

| Report Year: 2014 | 10458 | St. Jude Medical Center | Fullerton | Page:6 of 56 | | |
|--|-------------------|---------------------------------------|-----------------------------|-----------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: BLC | | Building Name: W | /est Building | | | |
| Type of Service Provi | aea | | | — | | |
| | Inpatient Beds | 70 Inpatient 9254 Days | X Surgical | Obstetrical Recovery | | |
| | Inpatient Beds | 0 Inpatient Days 0 | X Anesthesia | Newborn/ WellBaby | | |
| | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | | |
| | Inpatient Beds | 0 Inpatient Days 0 | X Radiological/ Imaging | Nuclear Medicine | | |
| | Inpatient Beds | 0 Inpatient Days 0 | X Pharmaceutical | Rehabilitation Therapy | | |
| | Inpatient Beds | 0 Inpatient Days 0 | X Administration | Renal Dialysis | | |
| | Inpatient Beds | 0 Inpatient Days 0 | X Support Services | X Outpatient Surgery | | |
| | | Total Beds this 70 Building | Cesarean/Deliv | Central Plant | | |
| | | | | | | |
| OSHPD FDD SB499 Report | | Data Last Update: 12/09/2014 S | Submission Date: 12/09/2014 | Printed: 12/11/2014 6:25 AM | | |

| Report Year: 2014 10 | 0458 St. Jude Medical Center | Fullerton | Page:7 of 56 | | | | |
|--|--|--------------------------------|------------------------------|--|--|--|--|
| Provide the number of inpa | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: BLD-02 | | ement Expansion | | | | | |
| | patient 0 Inpatient 0 | | Obstetrical Recovery | | | | |
| IntensiveCare Inpa Bec | oatient 0 Inpatient Days 0 | | Newborn/ WellBaby | | | | |
| Pediatric/Adol Inpa escent Bec | batient 0 Inpatient Days 0 ds | Clinical Lab | Emergency | | | | |
| Psychiatric Inpa Nursing Bec | patient 0 Inpatient Days 0 ds | | Nuclear Medicine | | | | |
| Obstetrical Inpa Ante/Postprtum Bec | oatient 0 Inpatient Days 0 | | Rehabilitation Therapy | | | | |
| Intermediate Inpa Care Bec | oatient 0 Inpatient Days 0 ds | | Renal Dialysis Outpatient | | | | |
| Skilled Nursing Inpa Bec | oatient 0 Inpatient Days 0 | | Surgery | | | | |
| | Total Beds this 0 Building | Obstetrical Cesarean/Deliv | Central Plant | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 Sul | bmission Date: 12/09/2014 Prir | nted: 12/11/2014 6:25 AM | | | | |

| Report Year: 20 | 014 10458 St. Jude I | Medical Center | F | ullerton | Page:8 of 56 | | |
|---|------------------------|-------------------------------|-------------------------|---|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | |
| Building Number: | BLD-02424 Build | ling Name: Main | Building / Canopies / B | oiler Room | | | |
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | | | |
| Inpatient 58 Bed | Inpatient 8630 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Pediatric | | intensive Care Nev Nursery | vborn | Intermediate Card | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | nent | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 58 | 58 | | |
| | | | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 I | Report Data Last U | odate: 12/09/2014 | Submission Date: | 12/09/2014 Printe | d: 12/11/2014 6:25 AM | | |

| Report Year: 20 | 14 10458 St. Jude M | Medical Center | | Fullerton | Page:9 of 56 | | |
|---|------------------------|-------------------------------|---------------------|---|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | |
| Building Number: | BLD-02425 Build | ing Name: West | t Building | | | | |
| Medical / Surgical (| (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | | | |
| Inpatient 70 Bed | Inpatient 9254 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Perinatal (excluse l | Newborn / GYN) | Burn | | Skilled Nursing | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Pediatric | | intensive Care Nev Nursery | vborn | Intermediate Card | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | nent | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 70 | 70 | | |
| | | | | | | | |
| | | | | | | | |

| Report Year: 2014 | 10458 St. Jude Me | edical Center | | Fullerton | Page:10 of 56 | |
|---|-------------------|-------------------------------|---------------------|---|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: BLI | D-02833 Buildir | ng Name: Base | ment Expansion | | | |
| Medical / Surgical (Inclu | ıde GYN) | Acute Respiratory | Care | Acute Psychiatric | | |
| Inpatient 0 Inpa Bed Day | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Perinatal (excluse Newb | oorn / GYN) | Burn | | Skilled Nursing | | |
| Inpatient 0 Inpa Bed Day | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Pediatric | | intensive Care New Nursery | born | Intermediate Card | | |
| Inpatient 0 Inpa Bed Days | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developn Disabled | nent | |
| Inpatient 0 Inpat Bed Days | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | |
| Inpatient 0 Inpat Bed Days | | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Building Number | Building Name | Building to be Removed / Replaced / Rebuilt | |
|--------------------|--|--|--|
| BLD-02424 | Main Building / Canopies / Boiler Room | Rebuild | |
| BLD-02425 | West Building | Replace | |
| BLD-02426 | North Building | Remain | |
| BLD-02427 | CT Scan Building | Remain | |
| BLD-02428 | Outpatient/Admitting Building | Remain | |
| BLD-02429 | Linear Accelerator | Remain | |
| BLD-02431 | Emergency Generator Enclosure | Remain | |
| BLD-02432 | MRI and Surgery Building | Remain | |
| BLD-02832 | E.R. Waiting/Canopy | Remain | |
| BLD-02833 | Basement Expansion | Rebuild | |
| BLD-02834 | Boiler Room Expansion / Chiller Rm | Remain | |
| BLD-03190 | Southwest Acute Care Bed Tower | Remain | |

| Report Year: | 2014 | 10458 | St. Jude Medical Center | Fullerton | Page:12 of 56 |
|--------------|------|-------|-------------------------|-----------|---------------|
| | | - | | | |

No proposed new buildings to be constructed at this or another site.

| Report Year: 2014 104 | 58 St. Jude Medical Center | | Fullerton | Page:13 of 56 | |
|--|--------------------------------------|---------------------------|-----------------------------|------------------|--|
| 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 Number: BLD-02424 | 4 Main Building / Car | nopies / Boiler Room | Removal 07/01/2019 Date: | 9 | |
| Planned Uses for the building to | b be removed from acute care service | : | | | |
| Planned use for building: | | | | | |
| Inpatient services currently deliv | vered in the buildina: | | | | |
| X Nursing | Surgical | Obstetrical Cesarean/D | eliv Rehabilita Therapy | ition | |
| IntensiveCare Pediatric/Adol escent | Anesthesia Clinical Lab | Obstetrical Recovery | Renal Dia | Ilysis | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatien Surgery | ıt | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central P | lant | |
| Intermediate Care | X Dietetic | - 3 5 | | | |
| Skilled Nursing | Administration | Nuclear Medicine | X Support Services | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Da | e: 12/09/2014 Printed: 12 | /11/2014 6:25 AM | |

| Report Year: 2014 10 | 458 St. Jude Medical Center | | Fullerton | Page:14 of 56 | |
|--|--|-------------------------|-----------------------------|----------------|--|
| 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 Number: BLD-024 | 25 West Building | | Removal 07/01/2019 Date: | | |
| Planned Uses for the building | to be removed from acute care service: | | | | |
| Planned use for building: | | | | | |
| Inpatient services currently de | livered in the building: | Obstetrical | Rehabilitati | on | |
| X Nursing | X Surgical | Cesarean/D | eliv D Therapy | | |
| Pediatric/Adol escent | X Anesthesia | Obstetrical Recovery | Renal Dialy | sis | |
| Psychiatric Nursing | X Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | |
| Obstetrical Ante/Postprtum | X Pharmaceutical | Emergency | Central Pla | nt | |
| Intermediate Care | Dietetic | | _ | | |
| Skilled Nursing | X Administration | Nuclear Medicine | X Support Services | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Date | e: 12/09/2014 Printed: 12/1 | 1/2014 6:25 AM | |

| Report Year: 2014 | 10458 St. Ju | de Medical Center | | | Fullerton | | Page:15 of 56 |
|--|-------------------|----------------------------|-----|----------------------------|---------------|---------------------------|---------------|
| 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 Number: BLD-0 | 02833 | Basement Expans | ion | | Removal Date: | 07/01/2019 |] |
| Planned Uses for the build | ing to be removed | from acute care service | : | | | | |
| Planned use for building: | | | | | | | |
| Inpatient services currently | | <u>uilding:</u> urgical | | Obstetrical Cesarean/De | liv | Rehabilitation Therapy | |
| IntensiveCare Pediatric/Adol escent | | nesthesia linical Lab | | Obstetrical Recovery | | Renal Dialysis | S |
| Psychiatric Nursing | | adiological/ naging | | Newborn/ WellBaby | | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | | harmaceutical ietetic | | Emergency | | Central Plant | |
| Skilled Nursing | - Ac | dministration | | Nuclear Medicine | | Support Services | |
| OSHPD FDD SB499 Report | Data Las | st Update: 12/09/2014 | S | Submission Date | : 12/09/2014 | Printed: 12/11/2 | 2014 6:25 AM |

| Report Year: | 2014 1 | 0458 | St. Jude Medio | cal Center | Fullertor | 1 | Page:16 of 56 | |
|--------------------|--------------|-----------|----------------|------------|-----------|---|---------------|--|
| No data reported f | or Section 1 | 30061(c)(| 2)(D). | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Report Year: 201 | 4 10458 | St. Jude Medical Center | Fullerton | Page:17 of 56 |
|------------------------|----------------|-------------------------|-----------|---------------|
| No data reported for S | ection 130061(| c)(2)(D. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Report Year: 2014 10458 St. Jude Medical Center | Fullerton Page:18 of 56 |
|--|--|
| Report whether the general acute care services and beds will be relocated to a n building sites or project numbers for buildings with a Building Resolution of "Reb | |
| Building Number: BLD-02424 Building Name: Main Building / Canopies / B | oiler Room |
| Will general acute care services and beds will be relocated to a new, Existing or | retrofitted building? |
| Nursing N/A | |
| Report whether the general acute care services and beds will be relocated to a n building sites or project numbers for buildings with a Building Resolution of "Reb | |
| Building Number: | |
| Will general acute care services and beds will be relocated to a new, Existing or | retrofitted building? |
| Dietetic N/A | |
| Report whether the general acute care services and beds will be relocated to a n building sites or project numbers for buildings with a Building Resolution of "Reb | |
| Building BLD-02424 Building Name: Main Building / Canopies / B Number: | oiler Room |
| Will general acute care services and beds will be relocated to a new, Existing or | retrofitted building? |
| Support Services N/A | |
| | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Subr | mission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM |

| Report Year:201410458St. Jude I | Medical Center | Fullerton | Page:19 of 56 |
|--|---|------------------|-----------------------------|
| Report whether the general acute care services building sites or project numbers for buildings w | | | |
| Building BLD-02424 Building Name Number: | : Main Building / Canopies / Boiler Ro | pom | |
| Will general acute care services and beds will be | e relocated to a new, Existing or retrofitt | ed building? | |
| CentralPlant N/A | | | |
| | | | |
| Report whether the general acute care services building sites or project numbers for buildings w | | | |
| Building BLD-02424 Building Name | e: Main Building / Canopies / Boiler Ro | pom | |
| Will general acute care services and beds will be | e relocated to a new, Existing or retrofitt | ed building? | |
| Medical/Surgical (Include GYN) | | | |
| Report whether the general acute care services building sites or project numbers for buildings w | | | |
| Building BLD-02425 Building Name | : West Building | | |
| Will general acute care services and beds will be | e relocated to a new, Existing or retrofitt | ed building? | |
| Nursing N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last Up | odate: 12/09/2014 Submission | Date: 12/09/2014 | Printed: 12/11/2014 6:25 AM |

| Report Year: 2014 10458 St. Jude Medical Center | Fullerton | Page:20 of 56 |
|--|-------------------------------|-------------------------|
| Report whether the general acute care services and beds will be relocated to a r building sites or project numbers for buildings with a Building Resolution of "Reb | | |
| Building BLD-02425 Building Name: West Building Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or | retrofitted building? | |
| Surgical N/A | | |
| | | |
| Report whether the general acute care services and beds will be relocated to a r building sites or project numbers for buildings with a Building Resolution of "Reb | | |
| Building BLD-02425 Building Name: West Building Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or | retrofitted building? | |
| Anesthesia N/A | | |
| | | |
| Report whether the general acute care services and beds will be relocated to a r building sites or project numbers for buildings with a Building Resolution of "Reb | | |
| Building BLD-02425 Building Name: West Building Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or | retrofitted building? | |
| Radiological/Imaging N/A | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Subr | mission Date: 12/09/2014 Prin | ted: 12/11/2014 6:25 AM |

| Report Year: 2014 10458 St. Jude Medical Center | Fullerton | Page:21 of 56 |
|--|----------------|-----------------------------|
| 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 "Re | | |
| Building BLD-02425 Building Name: West Building Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted | building? | |
| Pharmaceutical N/A |] | |
| | | |
| Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Reb | | |
| Building BLD-02425 Building Name: West Building Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted | building? | |
| Administration N/A |] | |
| | _ | |
| Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Reb | | |
| Building BLD-02425 Building Name: West Building Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted | building? | |
| Support Services N/A |] | |
| | - | |
| | | |
| | | |
| | | |
| | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Dat | te: 12/09/2014 | Printed: 12/11/2014 6:25 AM |

| Report Year: 2014 10458 St. Jude Medical Center | Fullerton | Page:22 of 56 |
|--|-------------------------------|----------------|
| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F | | |
| Building BLD-02425 Building Name: West Building Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted | t building? | |
| OutpatientSurgery N/A |] | |
| | | |
| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui | | |
| Building BLD-02425 Building Name: West Building Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted | ל building? | |
| Medical/Surgical (Include GYN) |] | |
| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F | | |
| Building BLD-02833 Building Name: Basement Expansion | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted | d building? | |
| CentralPlant N/A |] | |
| | | |
| | | |
| | | |
| | | |
| | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Da | ate: 12/09/2014 Printed: 12/1 | 1/2014 6:25 AM |

| Report Year: | 2014 | 10458 | St. Jude Medical Center | Fullerton | Page:23 of 56 |
|------------------|---------------|-------------|-------------------------|-----------|---------------|
| No data reported | I for Section | n 130061(c) |)(3). | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Report Year: 2014 10458 St. Jug | de Medical Center | Fullerton | | Page:24 of 56 | | | | |
|--|--|-------------------------------|-------------------------|---------------|--|--|--|--|
| Report any general acute care hospital inpa per Section 130061(c)(4) | itient service that is provided in any g | enaral acute care hospita | l building that is rate | ed SPC-1 | | | | |
| Building Number: BLD-02424 Building Name: Main Building / Canopies / Boiler Room | | | | | | | | |
| Type of Service Provided | | | | | | | | |
| | Surgical | Obstetrical Cesarean/Deliv | Rehabi Therap | | | | | |
| X Nursing | Anesthesia | | Renal [| Dialveis | | | | |
| IntensiveCare | Clinical Lab | Obstetrical Recovery | | 21019010 | | | | |
| Pediatric/Adol escent | Radiological/ | Newborn/ WellBaby | Outpati Surgery | | | | | |
| Psychiatric Nursing | Imaging Pharmaceutical | Emergency | X Central | Plant | | | | |
| Obstetrical Ante/Postprtum | X Dietetic | Nuclear Medicine | X Suppor Service | t s | | | | |
| Intermediate Care | Administration | | | | | | | |
| Skilled Nursing | | | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Report Data Las | t Update: 12/09/2014 Subm | ission Date: 12/09/2014 | Printed: 12/11/ | /2014 6:25 AM | | | | |

| Report Year: 201 | 14 10458 St. Jud | de Medical Center | Fullerton | | Page:25 of 56 | | | |
|---|--|-----------------------|-------------------------------|----------------------|---------------|--|--|--|
| | Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4) | | | | | | | |
| Building Number: | BLD-02425 Buildin | g Name: West Building | | | | | | |
| Type of Service | e Provided | | | | | | | |
| | | X Surgical | Obstetrical Cesarean/Deliv | Rehabi Therap | | | | |
| X | Nursing | X Anesthesia | | | Dielysia | | | |
| | IntensiveCare | | Obstetrical Recovery | Renal [| Jaiysis | | | |
| | Pediatric/Adol escent | Clinical Lab | Newborn/ WellBaby | X Outpati Surgery | | | | |
| | Psychiatric Nursing | Imaging | | _ | | | | |
| | C C | X Pharmaceutical | Emergency | Central | Plant | | | |
| | Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | X Suppor Service | | | | |
| | Intermediate Care | X Administration | | | | | | |
| | Skilled Nursing | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | | | | | | |

| Report Year: 201 | 14 10458 St. Ju | de Medical Center | Fu | llerton | Page:26 of 56 | | | |
|-------------------|--|----------------------------|----------------|-------------------|---------------------------|--|--|--|
| | Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4) | | | | | | | |
| Building Number: | BLD-02833 Buildin | g Name: Basement Expansion | | | | | | |
| Type of Service | e Provided | | | | | | | |
| | | Surgical | | etrical | Rehabilitation Therapy | | | |
| | Nursing | Anesthesia | _ | _ | Denel Diskais | | | |
| | IntensiveCare | | Obste Reco | etrical very | Renal Dialysis | | | |
| | Pediatric/Adol escent | Clinical Lab | Newb | | Outpatient Surgery | | | |
| | Psychiatric | Radiological/ Imaging | WellE | 3aby | | | | |
| | Nursing | Pharmaceutical | Emer | gency X | Central Plant | | | |
| | Obstetrical Ante/Postprtum | Dietetic | Nucle Medio | | Support Services | | | |
| | Intermediate Care | Administration | | | | | | |
| | Skilled Nursing | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 R | eport Data Las | st Update: 12/09/2014 Subn | nission Date: | 12/09/2014 Printe | ed: 12/11/2014 6:25 AM | | | |

| Report Year: 2014 10458 | St. Jude Medical Center | Fullerton | Page | :27 of 56 | | | | |
|---|-----------------------------------|-------------------------------|---------------------------|-----------|--|--|--|--|
| 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-02424 Configuration: N/A | Building Name: Main Building / Ca | anopies / Boiler Room | | | | | | |
| Type of Service Provided | | | | | | | | |
| X Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | n | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialys | is | | | | |
| Pediatric/Adol escent | Clinical Lab | Receivery | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | X Central Plant | : | | | | |
| Intermediate Care | X Dietetic | Nuclear Medicine | X Support | | | | | |
| Skilled Nursing | Administration | | Services | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Date: 12/09/2014 | Printed: 12/11/2014 6:2 | 25 AM | | | | |

| Report Year: 2014 10456 | 3 St. Jude Medical Center | Fullerton | | Page:28 of 56 |
|---|--|-------------------------------|----------------------|------------------|
| | all buildings on the hospital campus sh or by replacement and the type of sen | | | |
| Building Number: BLD-02425 | Building Name: West Building |] | | |
| Configuration: N/A | | | | |
| Type of Service Provided | | | | |
| X Nursing | X Surgical | Obstetrical Cesarean/Deliv | Rehat Thera | bilitation py |
| IntensiveCare | X Anesthesia | Obstetrical Recovery | Renal | l Dialysis |
| Pediatric/Adol escent | Clinical Lab | | | |
| Psychiatric Nursing | X Radiological/ Imaging | Newborn/ WellBaby | X Outpa Surge | |
| Obstetrical Ante/Postprtum | X Pharmaceutical | Emergency | Centr | al Plant |
| Intermediate Care | Dietetic | | | |
| Skilled Nursing | X Administration | Nuclear Medicin | e X Supp Servi | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Date: 12/09/20 | 014 Printed: 12/11/2 | 2014 6:25 AM |

| Report Year: 2014 10458 | St. Jude Medical Center | | Fullerton | Page:29 of 56 |
|---|--|------------------|-----------------------|---------------------------|
| | buildings on the hospital campus showi by replacement and the type of service | | | |
| Building Number: BLD-02426 | Building Name: North Building | | | |
| Configuration: N/A | | | | |
| Type of Service Provided | | | | |
| X Nursing | X Surgical | Obstet Cesare | trical X ean/Deliv | Rehabilitation Therapy |
| X IntensiveCare | X Anesthesia | Obstet Recov | | Renal Dialysis |
| Pediatric/Adol escent | X Clinical Lab | TCCOV | | |
| Psychiatric Nursing | X Radiological/ Imaging | Newbo WellBa | | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emerg | iency | Central Plant |
| | Dietetic | | | |
| Care Care Skilled Nursing | Administration | Nuclea | ar Medicine X | Support Services |
| | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Date: | : 12/09/2014 Printed | I: 12/11/2014 6:25 AM |

| Report Year: 20 | 10458 | St. Jude Medical Center | | Fullerton | | Page:30 of 56 | |
|-------------------|-----------------------------|-------------------------|---|-----------|-------------------------------|---------------|---------------------------|
| | her by retrofit or b | | e hospital campus show t and the type of service | | | | |
| Building Number: | BLD-02427 | Building Na | ame: CT Scan Buildin | g | | | |
| Configuration: | N/A | | | | | | |
| Type of Service | Provided | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | ensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | Recovery | | |
| | ychiatric Irsing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| Inte Ca | ermediate are | | Dietetic | | Nuclear Medicine | | Support |
| Sk | illed Nursing | | Administration | | | | Services |
| | | | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 F | Report | Data Last Upda | te: 12/09/2014 | Submiss | ion Date: 12/09/201 | 14 Printed: | 12/11/2014 6:25 AM |

| Report Year: 2014 10458 | St. Jude Medical Center | Fullerto | n | Page:31 of 56 | | | |
|---|---|------------------------------|----------------------|--------------------|--|--|--|
| | buildings on the hospital campus show by replacement and the type of service | | | | | | |
| Building Number: BLD-02428 | Building Name: Outpatient/Admit | ting Building | | | | | |
| Configuration: N/A | | | | | | | |
| Type of Service Provided | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deli | | abilitation apy | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Rena | al Dialysis | | | |
| Pediatric/Adol escent | Clinical Lab | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outp Surg | atient ery | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Cent | ral Plant | | | |
| Intermediate Care | Dietetic | Nuclear Medic | sine X Sup | port | | | |
| Skilled Nursing | X Administration | | | vices | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Date: 12/09, | /2014 Printed: 12/11 | /2014 6:25 AM | | | |

| Report Year: 20 | 10458 | St. Jude Med | ical Center | | | Fullerton | | Page:32 of 56 |
|-------------------|----------------------------|-----------------|---|----------|----------------|---------------------|----------|---------------------------|
| | ner by retrofit or by | | hospital campus showin and the type of service t | | | | | |
| Building Number: | BLD-02429 | Building Na | me: Linear Accelerator | | | | | |
| Configuration: | N/A | | | | | | | |
| Type of Service | Provided | | | | | | | |
| Nu | irsing | | Surgical | | Obste Cesar | trical ean/Deliv | | Rehabilitation Therapy |
| | ensiveCare | | Anesthesia | | Obste Recov | | | Renal Dialysis |
| | diatric/Adol cent | | Clinical Lab | | 110000 | ory | | |
| | ychiatric Irsing | X | Radiological/ Imaging | | Newbo WellB | | | Outpatient Surgery |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emerg | gency | | Central Plant |
| Inte Ca | ermediate | | Dietetic | | | | | |
| | illed Nursing | | Administration | | Nuclea | ar Medicine | | Support Services |
| | | | | | | | | |
| OSHPD FDD SB499 R | Report D | oata Last Updat | e: 12/09/2014 | Submissi | ion Date | : 12/09/2014 | Printed: | 12/11/2014 6:25 AM |

| Report Year: 2014 10458 | St. Jude Medical Center | F | ullerton | Page:33 of 56 | | | |
|---|---|---------------------|--------------------|---------------------------|--|--|--|
| | I buildings on the hospital campus show r by replacement and the type of service | | | | | | |
| Building Number: BLD-02431 | Building Name: Emergency Gen | erator Enclosure | | | | | |
| Configuration: N/A | | | | | | | |
| Type of Service Provided | | | | | | | |
| Nursing | Surgical | Obstetri Cesarea | | Rehabilitation Therapy | | | |
| IntensiveCare | Anesthesia | Obstetri Recover | | Renal Dialysis | | | |
| Pediatric/Adol escent | Clinical Lab | | , | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn WellBab | | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emerge | ncy X | Central Plant | | | |
| Intermediate Care | Dietetic | | Medicine | Support | | | |
| Skilled Nursing | Administration | | | Services | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Date: | 12/09/2014 Printed | : 12/11/2014 6:25 AM | | | |

| Report Year: 2014 10458 | St. Jude Medical Center | Fullerton | Page:34 of 56 |
|---|---|-------------------------------|-----------------------------|
| | buildings on the hospital campus show by replacement and the type of service | | |
| Building Number: BLD-02432 | Building Name: MRI and Surgery | / Building | |
| Configuration: N/A | | | |
| Type of Service Provided | | | |
| Nursing | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis |
| Pediatric/Adol escent | Clinical Lab | | |
| Psychiatric Nursing | X Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Dietetic | X Nuclear Medicine | |
| Skilled Nursing | Administration | | Support Services |
| | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Date: 12/09/2014 | Printed: 12/11/2014 6:25 AM |

| Report Year: 20 | 10458 | St. Jude Medical Center | | | Fullerton | Page:35 of 56 | | | | | |
|---|-----------------------------|-------------------------|--------------------------|---------|-------------------------------|---------------|---------------------------|--|--|--|--|
| 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-02832 Building Name: E.R. Waiting/Canopy | | | | | | | | | | | |
| Configuration: | N/A | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| | ediatric/Adol cent | | Clinical Lab | | Recovery | | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | |
| Inte Ca | ermediate are | | Dietetic | | Nuclear Medicine | | Support | | | | |
| | illed Nursing | | Administration | | | | Services | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| OSHPD FDD SB499 F | Report | Data Last Upda | te: 12/09/2014 | Submiss | ion Date: 12/09/201 | 4 Printed: | 12/11/2014 6:25 AM | | | | |

| Report Year: 20 | 10458 | St. Jude Med | dical Center | | Fullerton | | Page:36 of 56 | | | | |
|---|---|--------------|--------------------------|--|-------------------------------|--------------------|---------------------------|--|--|--|--|
| 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-02833 Building Name: Basement Expansion | | | | | | | | | | |
| Configuration: | N/A | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | |
| Nu | irsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| | diatric/Adol cent | | Clinical Lab | | Receivery | | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant | | | | |
| Inte Ca | ermediate ire | | Dietetic | | Nuclear Medicine | | Support | | | | |
| Sk | illed Nursing | | Administration | | | | Services | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | | | | 12/11/2014 6:25 AM | | | | | |

| Report Year: 20 | 014 10458 | St. Jude Med | ical Center | | Fullerton | | Page:37 of 56 |
|-------------------|-----------------------------|----------------|--------------------------|-----------|---|----------|---------------------------|
| | her by retrofit or by | | | | ach building will comply wi be provided in each genera | | |
| Building Number: | BLD-02834 | Building Na | me: Boiler Room Expa | nsion / C | Chiller Rm | | |
| Configuration: | N/A | | | | | | |
| Type of Service | e Provided | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant |
| | termediate are | | Dietetic | | Nuclear Medicine | | Support |
| Sk | killed Nursing | | Administration | | | | Services |
| | | | | | | | |
| OSHPD FDD SB499 F | Report D | ata Last Updat | e: 12/09/2014 | Submiss | ion Date: 12/09/2014 | Printed: | 12/11/2014 6:25 AM |

| Report Year: 2014 10458 | St. Jude Medical Center | | Fullerton | | Page:38 of 56 |
|---|---|-----------------|------------------------|----------|---------------------------|
| | l buildings on the hospital campus show r by replacement and the type of service | | | | |
| Building Number: BLD-03190 | Building Name: Southwest Acute | e Care Bed Towe | er | | |
| Configuration: N/A | | | | | |
| Type of Service Provided | | | | | |
| Nursing | Surgical | | etrical irean/Deliv | | Rehabilitation Therapy |
| X IntensiveCare | X Anesthesia | X Obst Reco | etrical | | Renal Dialysis |
| Pediatric/Adol escent | Clinical Lab | | | | |
| Psychiatric Nursing | Radiological/ Imaging | X Newl Well | | | Outpatient Surgery |
| X Obstetrical Ante/Postprtum | Pharmaceutical | X Eme | rgency | X | Central Plant |
| Intermediate Care | Dietetic | | | | Surgert |
| Skilled Nursing | Administration | | ear Medicine | | Support Services |
| | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/09/2014 | Submission Dat | e: 12/09/2014 | Printed: | 12/11/2014 6:25 AM |

| Report Y | /ear: 2014 | 10458 | St. Jude Medica | al Center | | Fullerton | | Page:39 of 56 |
|--|-------------------------------|-------------------|-------------------|-----------|--------------------------|----------------------|------------------|-------------------------|
| Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | | | | | | |
| Building | g Number: BLC | 0-02426 | Building Na | ame: No | rth Building | | | |
| Туре | of Service Prov | ided | | | | | | |
| X | Nursing | Inpatient Beds | 102 | X | Surgical | Obstetrie Cesarea | | ehabilitation herapy |
| XI | IntensiveCare | Inpatient Beds | 32 | X | Anesthesia | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | X | Clinical Lab | Obstetrie Recover | | enal Dialysis |
| | Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborr WellBab | | utpatient Irgery |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emerger | ncy 🗌 Ce | entral Plant |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | | apport ervices |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | |
| | Total Beds this Building | | 134 | | | | | |
| | | | | | | | | |
| OSHPD F | FDD SB499 Repor | -t | Data Last Update: | 12/09/20 |)14 Submiss | on Date: 12/09/20 |)14 Printed: 12/ | 11/2014 6:25 AM |

| Report Year: 2014 | 10458 | St. Jude Medic | al Center | | | Fullerton | | Page:40 of 56 |
|--|-------------------|-------------------|-----------|--------------------------|-----------|-------------------------------|-------------|-------------------------|
| Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | | | | | | |
| Building Number: Bl | _D-02427 | Building Na | ame: C | Γ Scan Building | | | | |
| Type of Service Pro | ovided | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation herapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | R | enal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Γ | Newborn/ WellBaby | | utpatient urgery |
| Obstetrical Ante/Postprtun | Inpatient Beds | 0 | | Pharmaceutical | Ľ | Emergency | | entral Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Γ | Nuclear Medicine | □ s s | upport ervices |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 0 | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Rep | ort | Data Last Update: | 12/09/20 | 014 Submiss | sion Date | e: 12/09/2014 | Printed: 12 | /11/2014 6:25 AM |

| 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-02428 Building Name: Outpatient/Admitting Building Type of Service Provided Inpatient 0 Surgical Obstetrical Rehabilitation IntensiveCare Inpatient 0 Anesthesia Renal Dialysis Pediatric/Adol Inpatient 0 Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Inpatient 0 Radiological/ Newborn/ Outpatient Surgery Obstetrical Ante/Postprtum Inpatient 0 Pharmaceutical Emergency Central Plant Intermediate Inpatient Beds 0 Dietetic Nuclear Medicine Support Services Skilled Nursing Inpatient 0 X Administration |
|---|
| Type of Service Provided Nursing Inpatient 0 Surgical Obstetrical Rehabilitation IntensiveCare Inpatient 0 Anesthesia Renal Dialysis Pediatric/Adol Inpatient 0 Clinical Lab Obstetrical Renal Dialysis Pediatric/Adol Inpatient 0 Radiological/ Newborn/ Outpatient Psychiatric Inpatient 0 Pharmaceutical Emergency Central Plant Obstetrical Inpatient 0 Pharmaceutical Emergency Central Plant Intermediate Inpatient 0 Support Support Support Skilled Nursing X Administration X Administration |
| Image: Surgical instant Image: Surgical instant Image: Obstetrical instant Image: Obstetrinstant Image: Obstetrinstant< |
| Beds Image: Cesarean/Deliv Therapy IntensiveCare Inpatient Image: Cesarean/Deliv Therapy Pediatric/Adol Inpatient Image: Cesarean/Deliv Renal Dialysis Pediatric/Adol Inpatient Image: Cesarean/Deliv Renal Dialysis Pediatric/Adol Inpatient Image: Cesarean/Deliv Renal Dialysis Pediatric/Adol Inpatient Image: Cesarean/Deliv Recovery Renal Dialysis Psychiatric Inpatient Image: Cesarean/Deliv Newborn/ Outpatient Nursing Inpatient Image: Central Plant Image: Central Plant Image: Central Plant Intermediate Inpatient Image: Cesarean/Deliv Image: Central Plant Image: Central Plant Intermediate Inpatient Image: Cesarean/Deliv Image: Central Plant Image: Central Plant Intermediate Inpatient Image: Cesarean/Deliv Image: Cesarean/Deliv Image: Cesarean/Deliv Image: Cesarean/Deliv Intermediate Image: Cesarean/Deliv Image: Cesarean/Deliv Image: Cesarean/Deliv Image: Cesarean/Deliv Image: Cesarean/Deliv Intermediate Image: Cesarean/Deli |
| Beds Pediatric/Adol Inpatient Intermediate Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient < |
| Pediatric/Adol Inpatient 0 Clinical Lab Recovery Psychiatric Inpatient 0 Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Inpatient 0 Pharmaceutical Central Plant Intermediate Inpatient 0 Dietetic Nuclear Medicine X Support Services Skilled Nursing X Administration X Administration X Administration X Administration |
| Psychiatric Inpatient 0 Imaging Newsonny Outputtion Nursing Beds 0 Pharmaceutical Emergency Central Plant Obstetrical Inpatient 0 Dietetic Nuclear X Support Intermediate Inpatient 0 X Administration X Support Services |
| Obstetrical Inpatient 0 Ante/Postprtum Beds Intermediate Inpatient Beds 0 Skilled Nursing Skilled Nursing Image: Skilled Nursing < |
| Intermediate Inpatient 0 Care Beds Skilled Nursing X Administration |
| |
| Beds |
| Total Beds this 0 Building |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM |

| 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-02429 Building Name: Linear Accelerator |
| Type of Service Provided |
| NursingInpatient Beds0SurgicalObstetrical Cesarean/DelivRehabilitation Therapy |
| IntensiveCare Inpatient 0 Anesthesia Beds |
| Pediatric/Adol Inpatient 0 Clinical Lab Cecovery Recovery |
| Psychiatric Inpatient 0 X Radiological/ Nursing Beds O Vurpatient 0 Outpatient Surgery |
| Obstetrical Inpatient 0 Ante/Postprtum Beds |
| Intermediate Inpatient 0 Dietetic Nuclear Support Care Beds |
| Skilled Nursing Administration Inpatient 0 Beds Inpatient |
| Total Beds this 0 Building |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM |

| Repor | t Year: 2014 | 10458 | St. Jude Medic | cal Center | | | Fullerton | | Page:43 of 56 |
|---|--|-------------------|-------------------|------------|--------------------------|----------|-------------------------------|----------------|---------------------|
| | 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-02431 Building Name: Emergency Generator Enclosure | | | | | | | | | |
| Тур | e of Service Prov | <u>/ided</u> | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | abilitation rapy |
| | IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | Ren | al Dialysis |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Γ | Newborn/ WellBaby | Out Sur | patient gery |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Ľ | Emergency | X Cen | tral Plant |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Ľ | Nuclear Medicine | Sup Sup | port ⁄ices |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | Total Beds this Building | | 0 | | | | | | |
| | | | | | | | | | |
| OSHPI | D FDD SB499 Repo | rt D | Data Last Update: | 12/09/20 |)14 Submiss | ion Date | e: 12/09/2014 | Printed: 12/11 | /2014 6:25 AM |

| Report Year: 2014 | 10458 | St. Jude Medic | al Center | | Fullerton | | Page:44 of 56 |
|--|------------------------|-------------------|---------------|--------------------------|-------------------------------|----------------|--------------------|
| Include information o and SPC-5 per Secti | | of inpatient beds | by type of \$ | Service provided by | buildings that are classified | as SPC-2, SP | C-3, SPC-4, |
| Building Number: B | LD-02432 | Building N | ame: MI | RI and Surgery Build | ding | | |
| Type of Service Pr | ovided | | | | | | |
| Nursing | Inpatient Beds | 0 | X | Surgical | Obstetrical Cesarean/Deliv | Reha Ther | abilitation apy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | al Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | Outp Surg | atient ery |
| Obstetrical Ante/Postprtur | Inpatient n Beds | 0 | | Pharmaceutical | Emergency | Cent | ral Plant |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | X Nuclear Medicine | Supp Serv | port ices |
| Skilled Nursing |) Inpatient Beds | 0 | | Administration | | | |
| Total Beds this Building | 6 | 0 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Rej | oort | Data Last Update: | 12/09/20 | 014 Submise | sion Date: 12/09/2014 | Printed: 12/11 | /2014 6:25 AM |

| 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-02832 Building Name: E.R. Waiting/Canopy Type of Service Provided Inpatient 0 Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Inpatient 0 Anesthesia Obstetrical Recovery Renal Dialysis Pediatric/Adol Inpatient 0 Radiological/ Newborn/ Outpatient Surgery Psychiatric Inpatient 0 Radiological/ Newborn/ Surgery Obstetrical Anter/Postprtum Inpatient 0 Dietetic Nuclear Medicine Surgery Intermediate Beds Inpatient 0 Administration Administration Surgery Inpatient Surgery |
|---|
| Type of Service Provided Nursing Inpatient 0 Surgical Obstetrical Rehabilitation IntensiveCare Inpatient 0 Anesthesia Renal Dialysis Pediatric/Adol Inpatient 0 Clinical Lab Obstetrical Renal Dialysis Pediatric/Adol Inpatient 0 Clinical Lab Newborn/ Outpatient Psychiatric Inpatient 0 Radiological/ Newborn/ Outpatient Stilled Nursing Inpatient 0 Pharmaceutical Emergency Central Plant Skilled Nursing Inpatient 0 Administration Administration Nuclear Support |
| Nursing Inpatient Beds 0 Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Inpatient Beds 0 Anesthesia Renal Dialysis Pediatric/Adol escent Inpatient Beds 0 Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Nursing Inpatient Beds 0 Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Nursing Inpatient Beds 0 Pharmaceutical Emergency Central Plant Intermediate Inpatient Beds 0 Administration Administration Imaging |
| Intensive Care Inpatient Beds Pediatric/Adol Inpatient Beds Clinical Lab Obstetrical Inpatient Beds Inpatient Imaging Newborn/ WellBaby Obstetrical Inpatient Beds Imaging Newborn/ WellBaby Obstetrical Inpatient Imaging Pharmaceutical Imaging Imaging |
| Beds Clinical Lab Pediatric/Adol Inpatient Psychiatric Inpatient Obstetrical Nursing Inpatient Obstetrical Inpatient Inpatient Intermediate Inpatient Intermediate Inpatient Inpatient Intermediate Inpatient Inpatient Intermediate Inpatient |
| Pediatric/Adol Inpatient 0 Psychiatric Inpatient 0 Nursing Inpatient 0 Obstetrical Inpatient 0 Obstetrical Inpatient 0 Intermediate Inpatient 0 Skilled Nursing Inpatient 0 |
| Psychiatric Inpatient 0 Imaging Nursing Output ent Nursing Beds 0 Pharmaceutical Emergency Central Plant Obstetrical Inpatient 0 Dietetic Nuclear Support Intermediate Inpatient 0 Administration Administration |
| Obstetrical Inpatient 0 Ante/Postprtum Beds Intermediate Inpatient Beds 0 Dietetic Nuclear Medicine Skilled Nursing Inpatient Inpatient O Administration Central Plant Central Plant Intermediate Inpatient O Administration |
| Intermediate Inpatient 0 Care Beds Services Skilled Nursing Administration |
| |
| Beds Beds |
| Total Beds this 0 Building |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM |

| Report Ye | ear: 2014 | 10458 | St. Jude Medic | al Center | | | Fullerton | | Page:46 of 56 |
|--|-----------------------------|-------------------|------------------|-----------|--------------------------|-----------|-------------------------------|----------------|---------------------|
| 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-02834 Building Name: Boiler Room Expansion / Chiller Rm | | | | | | | | | |
| Type of | f Service Prov | ided | | | | | | | |
| | ursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | Reh The | abilitation rapy |
| | itensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| | ediatric/Adol scent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | Ren | al Dialysis |
| | sychiatric ursing | Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | Outr Surg | patient gery |
| | bstetrical nte/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | C | Emergency | X Cen | tral Plant |
| | itermediate are | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | Sup Serv | port ⁄ices |
| Sł | killed Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | otal Beds this uilding | | 0 | | | | | | |
| | | | | | | | | | |
| OSHPD FD | DD SB499 Repor | t D | ata Last Update: | 12/09/20 | 14 Submise | sion Date | e: 12/09/2014 | Printed: 12/11 | /2014 6:25 AM |

| Report | t Year: 2014 | 10458 | St. Jude Medic | cal Center | | | Fullerton | | Page:47 of 56 |
|--------|--|-------------------|-------------------|------------|--------------------------|-----------|-------------------------------|---------------|-----------------------|
| | 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) | | | | | | | | |
| Build | ing Number: BLC | D-03190 | Building N | lame: So | uthwest Acute Car | e Bed To | ower | |] |
| Тур | e of Service Prov | rided | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | X | Obstetrical Cesarean/Deliv | | nabilitation erapy |
| X | IntensiveCare | Inpatient Beds | 34 | X | Anesthesia | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | X | Obstetrical Recovery | Rer | nal Dialysis |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | X | Newborn/ WellBaby | | patient gery |
| × | Obstetrical Ante/Postprtum | Inpatient Beds | 33 | | Pharmaceutical | X | Emergency | X Cer | ntral Plant |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | Sup Sup Ser | oport vices |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | Total Beds this Building | | 67 | | | | | | |
| | | | | | | | | | |
| OSHPE | D FDD SB499 Report | rt | Data Last Update: | 12/09/20 | 014 Submis | sion Date | : 12/09/2014 | Printed: 12/1 | 1/2014 6:25 AM |

| Report Year: 2014 10458 St. Jud | e Medical Center | Fullerton | Page:48 of 56 |
|---|---|---|-----------------------|
| Include information on the number of inpatien SPC-5 per Section 130061(e) | t beds by type of unit provided by buildings that | are classified as SPC-2, SPC-3, | SPC-4, and |
| Building Number: BLD-02426 Bu | ilding Name: North Building | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 72 Inpatient 10141 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 32 Inpatient 6559 Bed Days | Inpatient 30 Inpatient 4664 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 |
| Coronary Care | Chemical Dependency | | Beds this ling Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 134 |
| | | | |
| OSHPD FDD SB499 Report Data Last | Update: 12/09/2014 Submission Date: | 12/09/2014 Printed: 12/11 | /2014 6:25 AM |

| Report Year:201410458St. Jude I | Medical Center F | ullerton Page:49 of 56 | | |
|---|--|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | | |
| Building Number: BLD-02427 Build | Building Number: BLD-02427 Building Name: CT Scan Building | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Coronary Care | Chemical Dependency | Total Beds thisTotal Beds thisBuilding PerBuilding Per | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 0 0 | | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | | |

| Report Year: 2014 10458 St. Jude I | Medical Center F | ullerton Page:50 of 56 | |
|---|-------------------------------------|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | |
| Building Number: BLD-02428 Building Name: Outpatient/Admitting Building | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Coronary Care | Chemical Dependency | Total Beds thisTotal Beds thisBuilding PerBuilding Per | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 0 0 | |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | |

| Report Year: 2014 10458 St. Jude M | Medical Center F | Fullerton | age:51 of 56 |
|---|-------------------------------------|---|--------------|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | |
| Building Number: BLD-02429 Building Name: Linear Accelerator | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 |
| Coronary Care | Chemical Dependency | Total Beds this Total Be Building Per Building | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service | 0 |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | |

| Report Year: 2014 10458 St. Jude I | Medical Center F | Fullerton | Page:52 of 56 |
|---|-------------------------------------|---|-------------------------|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | |
| Building Number: BLD-02431 Building Name: Emergency Generator Enclosure | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | |

| Report Year: 2014 10458 St. Jude I | Medical Center F | ullerton | Page:53 of 56 | |
|---|--|---|-------------------------|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | | |
| Building Number: BLD-02432 Build | Building Number: BLD-02432 Building Name: MRI and Surgery Building | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t O | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t O | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ling Per | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | | |

| Report Year: 2014 10458 St. Jude I | Medical Center F | ullerton Page:54 of 56 | |
|---|-------------------------------------|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | |
| Building Number: BLD-02832 Building Name: E.R. Waiting/Canopy | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 0 | |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | |

| Report Year: 2014 10458 St. Jude I | Medical Center F | Fullerton | Page:55 of 56 |
|---|-------------------------------------|---|-------------------------|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | |
| Building Number: BLD-02834 Building Name: Boiler Room Expansion / Chiller Rm | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | |

| Report Year: 2014 10458 St. Jude I | Medical Center F | Fullerton Page:56 of 56 | |
|---|---|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | |
| Building Number: BLD-03190 Building Name: Southwest Acute Care Bed Tower | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 33 Inpatient 4331 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 14 Inpatient 1999 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 20 Inpatient 5572 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 67 | |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last Update: 12/09/2014 Submission Date: 12/09/2014 Printed: 12/11/2014 6:25 AM | | | |