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	Owner and Year of Report per Section 130061(e)
Facility Number: Facility Name:	10468 Mission Hospital Laguna Beach
Address: City:	31872 Coast Highway Laguna Beach
Hospital Owner/Lic	censee: Mission Hospital Regional Medical Center / St. Joseph Health System
Year of Re	
Contact 1 e-mail A	ddress:
Contact 2 e-mail A	ddress:
Contact 3 e-mail Ad	
Name of Sub Submission	
Gubiilissioi	12/10/2017 12.01.33 AWI

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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- 02434	Nursing Tower	31872 Coast Highway	Retrofit	SPC2	01/01/2020	01/01/2016

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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	Building No: BLD-02434 Nursing Tower				Retrofit/Re Project:	placement	Yes-Sub		
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10468	HL110794-0	0	SB 1661: VSI IMPROVEMENT OF THE NURSING TOWER	4/6/2011 12:00:00 AM	8/20/2013 12:00:00 AM	01/06/2011	12/30/2012	PEND	No
10468	HL110794-0	0	SB 1661: VSI IMPROVEMENT OF THE NURSING TOWER	4/6/2011 12:00:00 AM	8/20/2013 12:00:00 AM	09/01/2013		PEND	No
10468	IL080650-0	0	SB 1661: SPC-2 SEISMIC UPGRADE OF SCMC CAMPUS	12/31/2008 12:00:00 AM		12/31/2008	12/31/2014	CLOS	No

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Provide the number	of inpatient be	eds and patient days per type of service p	per building per Section 13006	i1(c)(1)(F)
Building Number:	3LD-02434	Building Name: N	ursing Tower	
Type of Service Pro	<u>ovided</u>			
X Nursing	Inpatient Beds	85 Inpatient 10279 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	10 Inpatient Days 761	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Beds	36 Inpatient Days 7282	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtun	Inpatient n Beds	19 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	X Renal Dialysis
X Skilled Nursing	g Inpatient Beds	29 Inpatient Days 0	X Support Services	Outpatient Surgery
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Provide the number	of Inpatient beds and p	patient days per type of unit	t per building per Section 1	30061(c)(1)(F)	
Building Number:	BLD-02434	Building Name: Nurs	ing Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 104 Bed	Inpatient 1027 Days 9	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 36 Bed	Inpatient 7282 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 29 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 10 Bed	Inpatient 761 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	179	179

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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-02433	Original Building	Remain
BLD-02434	Nursing Tower	Retrofit
BLD-02435	Elevator Tower	Remain
BLD-02436	Radiographic	Remain
BLD-02437	Radiographic - South Addition	Remain
BLD-02438	Administration Building	Remain
BLD-02439	Mechanical / Central Plant	Remain
BLD-02440	Linear Accelerator Suite (Treatment)	Remain

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No proposed n	ew buildings	s to be constr	ructed at this or another site.		

Report Year: Mission Hospital Laguna Beach Laguna Beach 2014 10468 Page:8 of 35 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year: Mission Hospital Laguna Beach 2014 10468 Laguna Beach Page:9 of 35 No data reported for Section 130061(c)(2)(D).

Report Year: Mission Hospital Laguna Beach 2014 10468 Laguna Beach Page:10 of 35 No data reported for Section 130061(c)(2)(D.

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No data reported for corresponding build	or whethe	r the genera	al acute care s	services and b	eds will be rel Building Resc	ocated to a	new, existing	or retrofitted l	building a	nd any 061(c)(2)(E).	
	g	o. p. o,oo		go a	_ uug . 1001			, p		001(0)(=)(=):	

Report Year: Mission Hospital Laguna Beach Laguna Beach 2014 10468 Page:12 of 35 No data reported for Section 130061(c)(3).

Section 130061		ng Name: N	ursing Tower			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
X	Nursing		Anesthesia			
X	IntensiveCare			Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery
X	Psychiatric Nursing		Imaging Pharmaceutical	Emergency		Central Plant
			Pharmaceutical	Linergency	Ш	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
X	Skilled Nursing					

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Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)	Idings on the hospital campus showir replacement and the type of service	ng how each building will comply with that will be provided in each general	n the SPC-5/NPC-4 or 5 actue care hospital building
Building Number: BLD-02433	Building Name: Original Building		
Configuration: N/A			
Type of Service Provided			
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	X Clinical Lab	Recovery	
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical	X Pharmaceutical		
Ante/Postprtum	<u> </u>	Emergency	Central Plant
Intermediate Care	X Dietetic		
Skilled Nursing	Administration	Nuclear Medicine	X Support Services
	1		

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eport the fine equirements er Section 13	al configuration of all buil whether by retrofit or by 30061(c)(5)	dings on the hos replacement and	pital campus showin the type of service t	g how e hat will t	ach building will comply be provided in each gene	with the SP eral actue c	C-5/NPC-4 or 5 are hospital building
uilding Numl	ber: BLD-02434	Building Name:	Nursing Tower				
Configuratio	n: N/A						
Type of Se	rvice Provided						
X	Nursing	Su	rgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	An	esthesia		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent	Cli	nical Lab		Recovery		
X	Psychiatric Nursing		adiological/ aging		Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	Pr	armaceutical		Emergency		Central Plant
	Intermediate	Die	etetic	Ш	Emergency		Central Flant
∇	Care	Ac	Iministration		Nuclear Medicine	X	Support Services
<u> x </u>	Skilled Nursing						

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onfiguration of all build ether by retrofit or by re 61(c)(5)	lings on the eplacement	hospital campus show and the type of service	ing how e that will	ach building will comply be provided in each gen	with the SF eral actue o	PC-5/NPC-4 or 5 are hospital building
BLD-02435	Building Na	me: Elevator Tower				
N/A						
ce Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Dbstetrical Ante/Postprtum		Pharmaceutical				Central Plant
ntermediate		Dietetic		Emergency		Central Plant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	Denfiguration of all build bether by retrofit or by respectively. BLD-02435 N/A Re Provided Bursing Description Psychiatric lursing Destetrical ante/Postprtum Description Destetrical antermediate care	onfiguration of all buildings on the either by retrofit or by replacement 61(c)(5) BLD-02435 Building Na N/A Re Provided Jursing Pediatric/Adol scent Psychiatric Jursing Obstetrical ante/Postprtum Intermediate care	ponfiguration of all buildings on the hospital campus show either by retrofit or by replacement and the type of service o	ponfiguration of all buildings on the hospital campus showing how either by retrofit or by replacement and the type of service that will is a continuous process. BLD-02435 Building Name: Elevator Tower N/A Be Provided Jursing Surgical Surgica	Disterrical Recovery Clinical Lab Radiological/ Imaging Radiological/ Imaging Pharmaceutical Imaging Pharmaceutical Imaging Disterrical Imaging Disterrical Emergency Dietetic Administration Administration Administration Administration Administration Administration Acceptage Administration Acceptage Administration Acceptage Administration Acceptage Administration Acceptage Administration Acceptage Administration Administration Administration Acceptage Acceptage Acceptage Acceptage Administration Administration	ponfiguration of all buildings on the hospital campus showing how each building will comply with the SF of their by retrofit or by replacement and the type of service that will be provided in each general actue of SI(c)(5) BLD-02435

		pital Laguna Beach		Laguna Beach		Page:17 of 35
configuration of all buil ether by retrofit or by 061(c)(5)	ldings on the replacement	hospital campus show and the type of service	wing how e e that will l	ach building will comply be provided in each gen	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building
: BLD-02436	Building Na	me: Radiographic				
N/A						
ce Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical		F		Contact Direct
Intermediate		Dietetic		Emergency		Central Plant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	ether by retrofit or by 161(c)(5) : BLD-02436 N/A ce Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	ether by retrofit or by replacement 161(c)(5) : BLD-02436 Building Na N/A ce Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	ether by retrofit or by replacement and the type of services (61(c)(5) BLD-02436	ether by retrofit or by replacement and the type of service that will be 161(c)(5) : BLD-02436	ether by retrofit or by replacement and the type of service that will be provided in each generation (61(c)(5) BLD-02436	ether by retrofit or by replacement and the type of service that will be provided in each general actue of (61 (c)(5) BLD-02436

quirements whether by retrofi	all buildings on th or by replacemer	e hospital campus sho at and the type of service	wing how each building will comp to that will be provided in each go	oly with the SPC-5/NPC-4 or 5 eneral actue care hospital building
r Section 130061(c)(5)				
ilding Number: BLD-02437	Building N	ame: Radiographic -	South Addition	
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	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtun		Pharmaceutical	- Emergency	Central Plant
Intermediate		Dietetic	Emergency	Central Plant
Care		Administration	Nuclear Medicine	Support Services
Skilled Nursing				

port Year:	configuration of all bu	ildings on the	hospital campus show	wing how e	Laguna Beach ach building will comply be provided in each gen	with the SP	Page:19 of 35 PC-5/NPC-4 or 5 are hospital building
r Section 1300		торіаостісті	and the type of service	oc triat will t	o provided in edon gen	crai aotae o	are neophal ballang
ilding Numbe	r: BLD-02438	Building Na	me: Administration I	Building			
Configuration:	N/A						
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		resovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		0
	Intermediate		Dietetic		Emergency		Central Plant
	Care				Nuclear Medicine	X	Support Services
	Skilled Nursing	X	Administration				Solvioso

port the final configuration of all buil quirements whether by retrofit or by r Section 130061(c)(5)	Idings on the hospital campus show replacement and the type of service	ing how each building will comply that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral actue care hospital building
1 00001 100001(0)(0)			
ilding Number: BLD-02439	Building Name: Mechanical / Ce	ntral Plant	
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		N Occupi Plant
Intermediate	Dietetic	Emergency	X Central Plant
Care	_	Nuclear Medicine	Support Services
Skilled Nursing	Administration		

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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-02440 Building Name: Linear Accelerator Suite (Treatment)													
Configuration:	N/A												
Type of Service	e Provided												
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
Inf	tensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis						
	ediatric/Adol scent		Clinical Lab		recovery								
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery						
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant						
	termediate are		Dietetic		Nuclear Medicine		Support						
Sk	xilled Nursing		Administration	_		_	Services						

Report Yea	r: 2014	10468	Mission Hospita	al Laguna E	Beach		Laguna Beach		Page:22 of 35			
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-02433 Building Name: Original Building												
Type of S	Service Prov	ided										
X Nur	rsing	Inpatient Beds	28	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation erapy			
Inte	ensiveCare	Inpatient Beds	0	X	Anesthesia							
Pec esc	diatric/Adol ent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	Re	enal Dialysis			
	rchiatric rsing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient Irgery			
	stetrical e/Postprtum	Inpatient Beds	0	X	Pharmaceutical		Emergency	Ce	entral Plant			
Inte Car	ermediate e	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X Su Se	apport ervices			
Skil	lled Nursing	Inpatient Beds	0		Administration							
	al Beds this Iding		28									

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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: BL	D-02435	Building Name	e: Elevator Tower								
Type of Service Pro	<u>vided</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	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)													
Buildi	Building Number: BLD-02436 Building Name: Radiographic												
Туре	e of Service Prov	<u>rided</u>											
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	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/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Cent	ral Plant					
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi						
	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: BLD-02437 Building Name: Radiographic - South Addition												
Type of Serv	vice Prov	ided										
Nursing	9	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy			
Intensi	veCare	Inpatient Beds	0		Anesthesia							
Pediatr escent		Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis			
Psychia Nursina		Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery			
Obsteti Ante/Po	rical ostprtum	Inpatient Beds	0		Pharmaceutical		Emergency	c	entral Plant			
Interme Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		upport ervices			
Skilled	Nursing	Inpatient Beds	0		Administration							
Total B Buildin	eds this g		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	ber: BLD)-02438	Building Nam	e: Ad	Iministration Building					
Type of Serv	vice Prov	ided								
Nursing	9	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Intensiv	/eCare	Inpatient Beds	0		Anesthesia					
Pediatr escent	ic/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
Psychia Nursing		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obstetr Ante/Po	rical ostprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
Interme Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services	
Skilled	Nursing	Inpatient Beds	0	X	Administration					
Total B Building	eds this		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building N	Number: BLD)-02439	Building Name	: Me	echanical / Central Plan	t				
Type of	Service Prov	ided								
Nur	rsing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare	Inpatient Beds	0		Anesthesia					
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	stetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant	
Inte	ermediate re	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
Skil	lled 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)												
Buildi	Building Number: BLD-02440 Building Name: Linear Accelerator Suite (Treatment)												
Туре	of Service Prov	<u>rided</u>											
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv	Reha	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	X	Radiological/ Imaging		Newborn/ WellBaby	Outp Surg	patient gery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	Cen	tral Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Supp Serv	oort rices				
	Skilled Nursing	Inpatient Beds	0		Administration								
	Total Beds this Building		0										

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Include information on the number of SPC-5 per Section 130061(e)	of inpatient beds by type of	unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-02433	Building Name:	Original Building	
Medical / Surgical (Include GYN)	Acute Resp	iratory Care	Acute Psychiatric
Inpatient 28 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newborn / GYI	N) Burn		Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive Ca Nursery	are Newborn	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitati Center	on	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical D	ependency	Total Beds this Building Per Building Per
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 28 28

Report Year: 2014 10468 Mission Hospital Laguna Beach Laguna Beach Page:30 of 35 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-02435 **Elevator Tower Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

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Report Year: 2014 10468 Mission Hospital Laguna Beach Laguna Beach Page:32 of 35 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-02437 Radiographic - South Addition **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 10468 Mission Hospital Laguna Beach Laguna Beach Page:33 of 35 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-02438 Administration 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 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 10468 Mission Hospital Laguna Beach Laguna Beach Page:34 of 35 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-02439 Mechanical / 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 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 10468 Mission Hospital Laguna Beach Laguna Beach Page:35 of 35 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-02440 Linear Accelerator Suite (Treatment) **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 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