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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:	10670
Facility Name:	Kaiser Foundation Hospital - Fontana
Address:	9961 Sierra Avenue
City:	Fontana
Hospital Owner/Lice	nsee: Kaiser Foundation Hospitals/#240000159
Year of Repo	orting: 2014
Contact 1 e-mail Ado	dress:
Contact 2 e-mail Ado	dress:
Contact 3 e-mail Add	ress::
Name of Subr	nitter: Rudy Castillo
Submission	Date: 12/17/2014 9:48:19 AM

Report	Year: 2014 10670	Kaiser Foundation Hospital - F	ontana	Fontana		Page:2 of 78	
rebuild, r 130061.	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- 01487	Phase 1A Original / Wing B Building	9961 Sierra Avenue	Replace	SPC5	01/01/2019	01/01/2015	
BLD- 01488	Wing A	9961 Sierra Avenue	Replace	SPC5	01/01/2017	01/01/2015	
BLD- 01489	Phase 1A North	9961 Sierra Avenue	Replace	SPC5	01/01/2019	01/01/2015	
BLD- 01490	Wing E	9961 Sierra Avenue	Replace	SPC5	01/01/2019	01/01/2015	
BLD- 01492	Phase 1B South	9961 Sierra Avenue	Replace	SPC5	01/01/2019	01/01/2015	
BLD- 01493	Wing A Addition	9961 Sierra Avenue	Replace	SPC5	01/01/2017	01/01/2015	

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).								
Building No: BLD-014	87 P	Phase 1A Original / W	ing B Building	Retro	fit/Replacement ct:	No		]
, ,	ub um Scope	e	Date In	Plan Approv Date	ed Start Date	Project Complete d	Status	CEQA Review
10670 IL080368-0	0		2/27/2008 12:00:00 AM		02/27/2008	01/01/2015	PEND	No
	tart date or r Section 13	dates and projected 30061(c)(1)(E).	replacement, provide the p Completion date or dates p					t
Building No: BLD-014	88 V	Ving A		Retro Proje	fit/Replacement ct:	No		]
	ub um Scope	e	Date In	Plan Approv Date	ed Start Date	Project Complete d	Status	CEQA Review
10670 IL080368-0	0		2/27/2008 12:00:00 AN		02/27/2008	01/01/2015	PEND	No
OSHPD FDD SB499 Repo	rt	Data Last Update:	10/03/2014 Submis	sion Date:	12/17/2014 P	Printed: 12/19/2	2014 6:25 A	M

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section $130061(c)(1)(C)$ . The projected construction start date or dates and projected Completion date or dates per Section $130061(c)(1)(D)$ and the most recent project status and approvals per Section $130061(c)(1)(E)$ .						
Building No: BLD-01489	Phase 1A North		Retrofit/Replacement Project:	No		
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Start Date Date	Project Complete d	CEQA Status Review	
10670 IL080368-0 (	0	2/27/2008 12:00:00 AM	02/27/2008	01/01/2015	PEND No	
For each building which is p projected construction start status and approvals per Se	planned for rebuild, retrofit or replacemen date or dates and projected Completion ection 130061(c)(1)(E).	t, provide the pro date or dates per	pject numbers, per Section 1 r Section 130061(c)(1)(D) a	30061(c)(1)(C nd the most re	). The cent project	
Building No: BLD-01490	Wing E		Retrofit/Replacement Project:	No		
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Start Date Date	Project complete d	CEQA Status Review	
10670 IL080368-0 (	0	2/27/2008 12:00:00 AM	02/27/2008	01/01/2015	PEND No	
OSHPD FDD SB499 Report	Data Last Update: 10/03/2014	Submissi	on Date: 12/17/2014	Printed: 12/19/	2014 6:25 AM	

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section $130061(c)(1)(C)$ . The projected construction start date or dates and projected Completion date or dates per Section $130061(c)(1)(D)$ and the most recent project status and approvals per Section $130061(c)(1)(E)$ .						
Building No: BLD-01492	Phase 1B South		Retrofit/Replacement Project:	No		
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Start Dat Date	Project e Complete d	CEQA Status Review	
10670 IL080368-0 0	)	2/27/2008 12:00:00 AM	02/27/2008	01/01/2015	PEND No	
For each building which is p projected construction start status and approvals per Se	blanned for rebuild, retrofit or replacemendate or dates and projected Completion ection 130061(c)(1)(E).	nt, provide the pro date or dates per	pject numbers, per Section r Section 130061(c)(1)(D) a	130061(c)(1)(C nd the most re	:). The cent project	
Building No: BLD-01493	Wing A Addition		Retrofit/Replacement Project:	No		
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Start Dat Date	Project e Complete d	CEQA Status Review	
10670 IL080368-0 0	)	2/27/2008 12:00:00 AM	02/27/2008	01/01/2015	PEND No	
OSHPD FDD SB499 Report	Data Last Update: 10/03/2014	Submissi	on Date: 12/17/2014	Printed: 12/19/	/2014 6:25 AM	

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Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLI	D-01487	Building Name: F	Phase 1A Original / Wing B Building				
Type of Service Prov	ided						
X Nursing	Inpatient Beds	32 Inpatient 8416 Days		stetrical covery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0		wborn/ IIBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	ergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0		clear dicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0		nabilitation erapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		nal Dialysis patient			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services Sur	gery			
		Total Beds this <b>32</b> Building	Obstetrical Cesarean/Deliv	ntral Plant			
OSHPD FDD SB499 Report	t	Data Last Update: 10/03/2014	Submission Date: 12/17/2014 Printed	: 12/19/2014 6:25 AM			

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Provide the number of inpatie	ent beds and patient days per type of service per	building per Section 130061(	c)(1)(F)
Building Number: BLD-0148	88 Building Name: Win	ng A	
Type of Service Provided		_	
X Nursing Inpati Beds		Surgical	Obstetrical Recovery
IntensiveCare Inpati Beds		Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpati escent Beds		Clinical Lab	Emergency
Psychiatric Inpati Nursing Beds		Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpati Ante/Postprtum Beds		Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpati Care Beds			Renal Dialysis
Skilled Nursing Inpati Beds		Support Services	Outpatient Surgery
	Total Beds this <b>12</b> Building	Cesarean/Deliv	Central Plant
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Provide the number of inpatie	nt beds and patient days per type of service po	er building per Section 130061(c)	(1)(F)
Building Number: BLD-0148	Building Name:	nase 1A North	
Type of Service Provided			
Nursing Inpatie Beds	nt 0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare Inpatie Beds	nt 0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatie escent Beds	nt 0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpatie Nursing Beds	nt 0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatie Ante/Postprtum Beds	nt 0 Inpatient Days 0	Pharmaceutical     Dietetic	Rehabilitation Therapy
Intermediate Inpatie Care Beds	nt 0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing Inpatie Beds	nt 0 Inpatient Days 0	Support Services	Outpatient Surgery
	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant
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Provide the number of in	npatient beds and pa	atient days per type of service pe	r building per Section 130061(	c)(1)(F)
Building Number: BLD-	-01490	Building Name: Wir	ng E	
Type of Service Provide	led		_	
	npatient 0 Beds	Inpatient 0 Days	Surgical	Obstetrical Recovery
	npatient 0 Beds	Inpatient Days 0	Anesthesia	Newborn/ WellBaby
	npatient 40 Beds	Inpatient Days 0	Clinical Lab	Emergency
	npatient 0 Beds	Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
	npatient 0 Beds	Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
	npatient 0 Beds	Inpatient Days 0		Renal Dialysis
	npatient 0 Beds	Inpatient Days 0	Support Services	Outpatient Surgery
	Total E Buildin	Beds this 40	Cesarean/Deliv	Central Plant
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Provide the number of inpatient	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-01492	Building Name: Pt	nase 1B South					
Type of Service Provided							
Nursing Inpatien Beds	t 0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare Inpatien Beds	t 0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol Inpatien escent Beds	t 0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Inpatien Nursing Beds	t 0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inpatien Ante/Postprtum Beds	t 0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Inpatien Care Beds	t 0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing Inpatien Beds	t 0 Inpatient Days 0	Support Services	Outpatient Surgery				
	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant				
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Provide the number of inpatient	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-01493 Building Name: Wing A Addition							
Type of Service Provided							
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
X IntensiveCare Inpatient Beds	10 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical     Dietetic	Rehabilitation Therapy				
Intermediate Inpatient Care Beds	0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	Total Beds this <b>10</b> Building	Obstetrical Cesarean/Deliv	Central Plant				
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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:       BLD-01487       Building Name:       Phase 1A Original / Wing B Building							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 32 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0				
Perinatal (excluse 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 Card					
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 / development Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Coronary Care	Chemical Dependency	Total Beds this Total B Building Per Buildin Unit Service					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	32	32				
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Provide the numbe	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	Building Number: BLD-01488 Building Name: Wing A							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 12 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Nev Nursery	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 / developn 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	12	12			

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Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-01489 Building Name: Phase 1A North								
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Net Nursery	wborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			

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Provide the numbe	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	Building Number: BLD-01490 Building Name: Wing E							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care New Nursery	vborn	Intermediate Card				
Inpatient 40 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developn 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	40	40			

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Provide the numbe	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:     BLD-01492     Building Name:     Phase 1B South								
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Net Nursery	wborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			

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Provide the numbe	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-01493 Building Name: Wing A Addition								
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Net Nursery	wborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent			
Inpatient 10 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	10	10			

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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-01487	Phase 1A Original / Wing B Building	Replace
BLD-01488	Wing A	Replace
BLD-01489	Phase 1A North	Replace
BLD-01490	Wing E	Replace
BLD-01492	Phase 1B South	Replace
BLD-01493	Wing A Addition	Replace
BLD-01494	Phase 2	Replace
BLD-01496	Central Plant	Remain
BLD-01497	Phase 1B North	Replace
BLD-01498	Phase 4 Building	Remain
BLD-01499	Phase 5 Building	Remain
BLD-01500	MRI Addition	Remain
BLD-01501	Telecom Addition	Remain
BLD-03053	Parking Structure	Remain
BLD-05512	Phase 3	Remain
BLD-05601	ER Additions (Emergency Services Addition)	Replace

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List ALL proposed new buildings to be constructed at this or another site.								
Building Number	Building Name	New Site		_				
N_1	Fontana Replacement Hosp			]				
N_2	Phase 3			]				

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)							
Building Number: BLD-014	87 Phase 1A Original	/ Wing B Building	Removal 01/01/2015 Date:				
Planned Uses for the building	to be removed from acute care service	<b>:</b>					
Planned use for building:							
Other Usage: De	emo Permit #S141230-36-00						
Inpatient services currently de	livered in the building:						
X Nursing	Surgical	Obstetrical Cesarean/D	eliv Rehabilitation	on			
IntensiveCare     Pediatric/Adol     escent	Anesthesia Clinical Lab	Obstetrical Recovery	Renal Dialy	sis			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt			
Intermediate Care	Dietetic	5 9	_				
Skilled Nursing	Administration	Nuclear Medicine	Support Services				
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)							
Building Number: BI	D-01488	Wing A			Removal Date:	01/01/2015	
Planned Uses for the b	uilding to be re	moved from acute care	e service:				
Planned use for buildi	ng: Other		Jurisdiction:				
Other Usag	e: Demo Per	mit #S141230-36-00					
Inpatient services curre	ently delivered	n the building:					
X Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
IntensiveCa	e [	Anesthesia	_		_		
Pediatric/Ad escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obstetrical Ante/Postpri	um [	Pharmaceutical		,		Central Plant	
Intermediate Care	[	Dietetic		Emergency			
Skilled Nurs	ng	Administration		Nuclear Medicine		Support Services	
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)							
Building Number: BLD-0148	Phase 1A North		Removal 01/01/2015 Date:				
Planned Uses for the building t	to be removed from acute care service:						
Planned use for building: Oth	ner Jurisdic	ction:					
Other Usage: De	mo Permit #S141230-36-00						
Inpatient services currently del	ivered in the building:	Obstetrical	Rehabilitatio	n			
Nursing	Surgical	Cesarean/De		11			
IntensiveCare	Anesthesia		_				
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialys	sis			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical		Central Plar	<b>\</b>			
Intermediate Care	Dietetic	Emergency		11			
Skilled Nursing	Administration	Nuclear Medicine	Support Services				
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building Number: BLD-014	90 Wing E		Removal 01/01/2015 Date:					
Planned Uses for the building	to be removed from acute care service:							
Planned use for building:	ther Jurisdic	ction:						
Other Usage: De	emo Permit #S141230-36-00							
Inpatient services currently de	elivered in the building:		Rehabilitatio					
Nursing	Surgical	Obstetrical Cesarean/De		ri				
IntensiveCare	Anesthesia		_					
X Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialys	sis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical		Central Plan	,t				
Intermediate Care	Dietetic	Emergency						
Skilled Nursing	Administration	Nuclear Medicine	Support Services					
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:         The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.         The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.         The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)         Building Number:       BLD-01492         Planned Uses for the building to be removed from acute care service:         Planned uses for buildings to be removed from acute care service:         Planned uses for the building to be removed from acute care service:         Planned uses for buildings       Other         Jurisdiction:	Report Year: 2014	10670 Kaiser Foundation Hospita	I - Fontana	Fontana	Page:24 of 78				
Planned Uses for the building to be removed from acute care service:         Planned use for building:         Other         Jurisdiction:         Other Usage:         Demo Permit #S141230-36-00         Inpatient services currently delivered in the building:         Nursing       Surgical         Obstetrical       Rehabilitation         IntensiveCare       Anesthesia         Pediatric/Adol       Clinical Lab         Psychiatric       Radiological/         Nursing       Pharmaceutical         Obstetrical       Outpatient         Surgical       Newborn/         WellBaby       Curpatient         Surgical       Pediatric/Adol         Energency       Central Plant	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.								
Planned use for building:       Other       Jurisdiction:	Building Number: BLD-(	Phase 1B Sout	h						
Other Usage:       Demo Permit #S141230-36-00         Inpatient services currently delivered in the building:       Obstetrical       Rehabilitation         Nursing       Surgical       Obstetrical       Rehabilitation         IntensiveCare       Anesthesia       Renal Dialysis         Pediatric/Adol       Clinical Lab       Obstetrical       Renal Dialysis         Psychiatric       Radiological/       Newborn/       Outpatient         Nursing       Pharmaceutical       Emergency       Central Plant	Planned Uses for the build	ing to be removed from acute care serv	vice:						
Inpatient services currently delivered in the building:         Impatient services currently delivered in the building:         IntensiveCare       Anesthesia         Impatient Services currently delivered in the building:       Obstetrical Recovery         Imaging       Imaging         Imaging       Newborn/         VellBaby       Outpatient Surgery         Imaging       Imaging         Imaging       Imaging </td <td>Planned use for building:</td> <td>Other Jur</td> <td>isdiction:</td> <td></td> <td></td>	Planned use for building:	Other Jur	isdiction:						
Nursing       Surgical       Obstetrical Cesarean/Deliv       Rehabilitation Therapy         IntensiveCare       Anesthesia       Renal Dialysis         Pediatric/Adol escent       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Psychiatric Nursing       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical Ante/Postprtum       Pharmaceutical       Emergency       Central Plant	Other Usage:	Demo Permit #S141230-36-00							
Nursing       Surgical       Cesarean/Deliv       Therapy         IntensiveCare       Anesthesia       Renal Dialysis         Pediatric/Adol escent       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Psychiatric Nursing       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical Ante/Postprtum       Pharmaceutical       Emergency       Central Plant	Inpatient services currently	delivered in the building:	_	_					
Image: Clinical Lab       Image: Clinical Lab       Image: Obstetrical Recovery       Image: Renal Dialysis         Image: Psychiatric Nursing       Image: Radiological/Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Disterrical Ante/Postprtum       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis         Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis       Image: Renal Dialysis	Nursing	Surgical			on				
Pediatric/Adol escent       Clinical Lab       Recovery       Newborn/ WellBaby       Outpatient Surgery         Psychiatric Nursing       Psychiatric Imaging       Newborn/ Imaging       Outpatient Surgery         Obstetrical Ante/Postprtum       Pharmaceutical       Central Plant         Intermediate Care       Dietetic       Dietetic	IntensiveCare	Anesthesia		_					
Imaging     Imaging     Newborn/ WellBaby     Outpatient Surgery       Obstetrical Ante/Postprtum     Pharmaceutical     Imaging     Central Plant       Intermediate Care     Dietetic     Imaging     Imaging		Clinical Lab		Renal Dialy	rsis				
Ante/Postprtum     Emergency     Central Plant       Intermediate Care     Dietetic									
Intermediate Dietetic		Pharmaceutical	Emergency	Central Pla	nt				
		Dietetic							
Skilled Nursing Administration Medicine Services	Skilled Nursing	Administration	Nuclear Medicine	Support Services					
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:         The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.         The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.         The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)         Building Number:       BLD-01493         Wing A Addition       Removal Date:         Planned use for the building to be removed from acute care service:         Planned use for building:       Other
Planned Uses for the building to be removed from acute care service:
Planned use for building: Other Jurisdiction:
Other Usage: Demo Permit #S141230-36-00
Inpatient services currently delivered in the building:
Nursing     Surgical     Obstetrical Cesarean/Deliv     Rehabilitation Therapy
X IntensiveCare Anesthesia
Pediatric/Adol Clinical Lab Obstetrical Renal Dialysis escent Recovery
Psychiatric Nursing     Radiological/ Imaging     Newborn/ WellBaby     Outpatient Surgery
Obstetrical Ante/Postprtum Pharmaceutical Emergency Central Plant
Intermediate Dietetic
Skilled Nursing     Administration     Nuclear     Support       Medicine     Services
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o data reported for Section 130061(c)(2)(D).	Report Year:	2014	10670	Kaiser Foundation Hospita	I - Fontana	Fontana	Page:26 of 78
	lo data reporte	d for Section	n 130061(c	e)(2)(D).			

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lo data reporte	ed for Sectio	n 130061(d	c)(2)(D.		

Report Year:         2014         1067	70 Kaiser Foundati	on Hospital - Fontan	а	Fontana		Page:28 of 78		
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)								
Building BLD-01487 Number:	Building Name: Pr	ase 1A Original / W	ing B Building		]			
Will general acute care services	s and beds will be reloc	ated to a new, Exist	ing or retrofitted	building?				
Nursing Reloca	ted to new building							
New Building		RetroFitted Build	ing	Other SP0	C2-SPC5 Building			
N_1-Fontana Replacement Hosp								
Report whether the general act building sites or project number						responding		
Building BLD-01487 Number:	Building Name: Pr	ase 1A Original / W	ing B Building		]			
Will general acute care services	s and beds will be reloc	ated to a new, Exist	ing or retrofitted	building?				
Medical/Surgical (Include GYN)	ted to new building							
New Building		RetroFitted Build	ing	Other SP0	C2-SPC5 Building			
N_1-Fontana Replacement Hosp								
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Report Year:         2014         10670	Kaiser Foundatio	on Hospital - Fontar	na	Fontana	Page:29 of 78				
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)									
Building BLD-01488 Number:	Building Name: Wi	ng A							
Will general acute care services	and beds will be reloca	ated to a new, Exist	ing or retrofitted bu	uilding?					
Nursing Relocate	d to new building								
New Building		RetroFitted Build	ling	Other SPC	2-SPC5 Building				
N_1-Fontana Replacement Hosp									
Report whether the general acute building sites or project numbers Building BLD-01488	for buildings with a Bu								
Building BLD-01488 Number:	Building Name.	ng A							
Will general acute care services	and beds will be reloca	ated to a new, Exist	ting or retrofitted bu	uilding?					
Medical/Surgical (Include GYN)	d to new building								
New Building		RetroFitted Build	ling	Other SPC	2-SPC5 Building				
N_1-Fontana Replacement Hosp									
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Report Year:         2014         106	70 Kaiser Foundatio	on Hospital - Fonta	ana	Fontana		Page:30 of 78			
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)									
Building BLD-01490 Number:	Building Name: Wi	ng E							
Will general acute care service	es and beds will be relocation	ated to a new, Exis	sting or retrofitted	building?					
Pediatric Adolescent Reloca	ated to new building								
New Building		RetroFitted Buil	ding	Other SPC	2-SPC5 Building	<u> </u>			
N_1-Fontana Replacement Hosp									
Report whether the general ac building sites or project numbe									
Building BLD-01490 Number:	Building Name: Wil	ng E							
Will general acute care service	es and beds will be relocation	ated to a new, Exis	sting or retrofitted	building?					
Pediatric Reloca	ated to new building								
New Building		RetroFitted Buil	ding	Other SPC	2-SPC5 Building	<u> </u>			
N_1-Fontana Replacement Hosp									
OSHPD FDD SB499 Report	Data Last Update:	10/03/2014	Submission Date	e: 12/17/2014	Printed: 12/19/				

Report Year:         2014         1067	0 Kaiser Foundatio	on Hospital - Fonta	ana	Fontana		Page:31 of 78			
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)									
Building BLD-01493 Number:	Building Name: Wi	ng A Addition							
Will general acute care services	and beds will be reloca	ated to a new, Exi	sting or retrofitted	building?					
Intensive Care Relocate	ed to new building								
New Building		RetroFitted Bui	lding	Other SPC	2-SPC5 Building	<u>}</u>			
N_1-Fontana Replacement Hosp									
Report whether the general acut building sites or project numbers Building BLD-01493	s for buildings with a Bu								
Number:									
Will general acute care services	and beds will be reloca	ated to a new, Exi	sting or retrofitted	building?					
Intensive Care Relocate	ed to new building								
New Building		RetroFitted Bui	lding	Other SPC	2-SPC5 Building	<u>]                                    </u>			
N_1-Fontana Replacement Hosp									
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)								
Building BLD-014 Number:	94 Building Name: Ph	ase 2						
Will general acute care serv	vices and beds will be reloca	ated to a new, Exi	sting or retrofitted	building?				
Nursing Rel	ocated to new building							
New Building		RetroFitted Bui	lding	Other SPC	2-SPC5 Building			
N_1-Fontana Replacement Ho	sp							
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)         Building       BLD-01494       Building Name:       Phase 2								
Building BLD-014 Number:	Duliding Name.							
Will general acute care serv	vices and beds will be reloca	ated to a new, Exi	sting or retrofitted	building?				
Intensive Care Rel	ocated to new building							
New Building		RetroFitted Bui	ding	Other SPC	2-SPC5 Building			
N_1-Fontana Replacement Ho	sp							
OSHPD FDD SB499 Report	Data Last Update:	10/03/2014	Submission Date	e: 12/17/2014	Printed: 12/19/2			

Report Year:         2014         10670	Kaiser Foundation H	lospital - Fontana	Fontana	Page:33 of 78				
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)								
Building BLD-01494 Number:	Building Name: Phase							
Will general acute care services	and beds will be relocated	I to a new, Existing or retrof	itted building?					
Obstetrical Ante Postprtum	ed to new building							
New Building	F	RetroFitted Building	Other SPC	2-SPC5 Building				
N_1-Fontana Replacement Hosp								
Report whether the general acute building sites or project numbers								
Building BLD-01494 Number:	Building Name: Phase	2						
Will general acute care services	and beds will be relocated	I to a new, Existing or retrof	itted building?					
Medical/Surgical (Include GYN)	ed to new building							
New Building	F	RetroFitted Building	Other SPC	2-SPC5 Building				
N_1-Fontana Replacement Hosp								
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Report Year:         2014         10670	Kaiser Foundatio	on Hospital - Fonta	ana	Fontana	Page:34 of 78				
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)									
Building BLD-01494 Number:	Building Name: Ph	ase 2			]				
Will general acute care services a	and beds will be reloca	ated to a new, Exis	sting or retrofitted b	ouilding?					
Perinatal (exclude Newborn / GYN))	d to new building								
New Building		RetroFitted Buil	ding	Other SPC	22-SPC5 Building				
N_1-Fontana Replacement Hosp									
Report whether the general acute building sites or project numbers									
Building BLD-01494 Number:	Building Name: Ph	ase 2			]				
Will general acute care services a	and beds will be reloca	ated to a new, Exis	sting or retrofitted b	ouilding?					
Intensive Care Relocated	d to new building								
New Building		RetroFitted Buil	ding	Other SPC	C2-SPC5 Building				
N_1-Fontana Replacement Hosp									
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						_			
Report Year:         2014         10670	Kaiser Foundatio	on Hospital - Fontan	a F	ontana		Page:35 of 78			
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)									
Number:		ase 2 ated to a new. Existi	ng or retrofitted bu	ildina?					
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?         Intensive Care       Relocated to new building									
Newborn Nursery	to new building								
New Building		RetroFitted Buildi	ng	Other SPC2	-SPC5 Buildi	<u>ng</u>			
N_1-Fontana Replacement Hosp									
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lo data reported for Section 130061(c)(3).								

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Report any general per Section 130061		tient service that is provided in any	genaral ac	ute care hospital	building th	nat is rated SPC-1
Building Number:	BLD-01487 Buildin	g Name: Phase 1A Original / Win	ig B Buildir	ng		
Type of Service	e Provided					
		Surgical		9bstetrical 2esarean/Deliv		Rehabilitation Therapy
X	Nursing	Anesthesia	<b>—</b> .			Denal Dialecia
	IntensiveCare			Destetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	Clinical Lab		lewborn/ /ellBaby		Outpatient Surgery
	Psychiatric Nursing	Imaging Pharmaceutical	Γ	mergency		Central Plant
	Obstetrical Ante/Postprtum	Dietetic		uclear ledicine		Support Services
	Intermediate Care	Administration				
	Skilled Nursing					
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Report any general per Section 130061		tient service that is provided in any	genaral acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-01488 Buildin	g Name: Wing A			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy	
X	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis
	Pediatric/Adol escent	Clinical Lab		Outpation Surgery	ent
		Radiological/ Imaging	Newborn/ WellBaby		
	Psychiatric Nursing	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061	acute care hospital inpa (c)(4)	tient service that is provided in any	genaral acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-01489 Building	g Name: Phase 1A North			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap	
	Nursing	Anesthesia	_	— <u> </u>	
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery	
	Psychiatric Nursing	Radiological/ Imaging	WellBaby		
	-	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061	acute care hospital inpa (c)(4)	tient service that is provided in any	genaral acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-01490 Buildin	g Name: Wing E			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy	
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis
X	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery	ent
		Radiological/ Imaging	WellBaby		
	Psychiatric Nursing	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061		tient service that is provided in any	genaral acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-01492 Buildin	g Name: Phase 1B South			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing	Anesthesia	_		
	IntensiveCare		Obstetrical Recovery	Renal [	Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpati Surgery	ent /
	Psychiatric	Radiological/ Imaging	WellBaby		
	Nursing	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061	acute care hospital inpa (c)(4)	tient service that is provided in any	genaral acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-01493 Building	g Name: Wing A Addition			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy	
	Nursing	Anesthesia			
X	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery	
	Psychiatric	Radiological/ Imaging	WellBaby		
	Nursing	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report the final configuration of al requirements whether by retrofit o per Section 130061(c)(5)	I buildings on the hospital campus show r by replacement and the type of service	ring how each bui e that will be provi	lding will comply with th ided in each general ac	ne SPC-5/NF tue care hos	PC-4 or 5 pital building
Building Number: BLD-01487	Building Name: Phase 1A Origin	al / Wing B Buildi	ng		
Configuration: N/A					
Type of Service Provided					
X Nursing	Surgical	Obste Cesar	etrical rean/Deliv	Rehal Thera	bilitation Py
	Anesthesia	Obste Recov		Rena	Dialysis
Pediatric/Adol escent	Clinical Lab				
Psychiatric Nursing	Radiological/ Imaging	Newb WellB		Outpa Surge	
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Centra	al Plant
Intermediate Care	Dietetic				
Skilled Nursing	Administration		ar Medicine	Supp Servi	
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	ner by retrofit or by		hospital campus showir and the type of service				
Building Number:	BLD-01488	Building Na	me: Wing A				
Configuration:	N/A						
Type of Service	Provided						
X Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		leoovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Ca	ermediate		Dietetic				
	illed Nursing		Administration		Nuclear Medicine		Support Services
OSHPD FDD SB499 R	Report Da	ata Last Updat	e: 10/03/2014	Submiss	ion Date: 12/17/2014	Printed:	12/19/2014 6:25 AM

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Report the final con requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service the	g how e hat will t	ach buil be provid	ding will comply with ded in each general	the SP actue ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-01489	Building Na	me: Phase 1A North					
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obstet Cesare	trical ean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis
-	diatric/Adol cent		Clinical Lab					
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	jency		Central Plant
Inte Ca	ermediate are		Dietetic		Nuclea	ar Medicine		Support
Sk	illed Nursing		Administration		NUCIES			Services
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	her by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-01490	Building Na	me: Wing E					
Configuration:	N/A							
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/I	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		Dietetic					
	illed Nursing		Administration		Nuclear Me	dicine		Support Services
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service th	g how e hat will l	ach buil be provi	lding will comply with ded in each general	the SP actue ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-01492	Building Na	me: Phase 1B South					
Configuration:	N/A							
Type of Service	Provided							
Nu	ırsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis
-	diatric/Adol cent		Clinical Lab					
	ychiatric ırsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emerç	gency		Central Plant
Inte Ca	ermediate ire		Dietetic		Nucle	ar Medicine		Support
Sk	illed Nursing		Administration					Services
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Report the final con requirements wheth per Section 130061	ner by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ig how e hat will t	ach build be provid	ling will comply witl ed in each general	n the SP actue ca	C-5/NPC-4 or 5 are hospital building	g
Building Number:	BLD-01493	Building Na	me: Wing A Addition						
Configuration:	N/A								
Type of Service	Provided								
Nu	rsing		Surgical		Obstetr Cesare	ical an/Deliv		Rehabilitation Therapy	
X Inte	ensiveCare		Anesthesia		Obstetr Recove			Renal Dialysis	
	diatric/Adol cent		Clinical Lab						
	ychiatric rsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emerge	ency		Central Plant	
Inte Ca	ermediate re		Dietetic		Nuclear	r Medicine		Support	
	illed Nursing		Administration		Nuclear			Services	
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01494	Building Nar	me: Phase 2							
Configuration:	N/A									
Type of Service	e Provided									
X Nu	ursing	X	Surgical		Obste Cesar	etrical ean/Deliv		Rehabilitation Therapy		
X Int	tensiveCare	X	Anesthesia		Obste Recov			Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recov	, ciy				
	sychiatric ursing		Radiological/ Imaging		Newb WellB			Outpatient Surgery		
	bstetrical hte/Postprtum		Pharmaceutical		Emerg	aency		Central Plant		
	termediate		Dietetic			<i></i> ,				
	are killed Nursing		Administration		Nucle	ar Medicine	X	Support Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01496	Building Na	me: Central Plant							
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		Recov	ery				
	ychiatric Irsing		Radiological/ Imaging		Newbo WellB			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	gency	X	Central Plant		
Inte Ca	ermediate are		Dietetic		Nuclo	ar Medicine		Support		
Sk	illed Nursing		Administration		Nuclea			Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01497	Building Na	me: Phase 1B North							
Configuration:	N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy		
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis		
-	ediatric/Adol cent		Clinical Lab		10001					
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	gency		Central Plant		
Inte Ca	ermediate are		Dietetic		Nucle	ar Medicine		Support		
Sk	illed Nursing		Administration					Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01498	Building Na	me: Phase 4 Building							
Configuration:	N/A									
Type of Service	e Provided									
X Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recov					
	sychiatric ursing		Radiological/ Imaging		Newb WellB			Outpatient Surgery		
	ostetrical hte/Postprtum		Pharmaceutical		Emerç	gency		Central Plant		
	termediate are		Dietetic		Nuclo	ar Medicine	×	Support		
	killed Nursing	X	Administration		Nuclea			Support Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01499	Building Na	me: Phase 5 Building							
Configuration:	N/A									
Type of Service	e Provided									
	ursing	X	Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy		
	tensiveCare	X	Anesthesia		Obste Recov			Renal Dialysis		
	ediatric/Adol scent		Clinical Lab							
	sychiatric ursing	X	Radiological/ Imaging		Newbo WellB		Х	Outpatient Surgery		
	ostetrical hte/Postprtum	X	Pharmaceutical		Emerg	gency		Central Plant		
	termediate are		Dietetic							
	killed Nursing		Administration		Nuclea	ar Medicine	X	Support Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01500	Building Na	me: MRI Addition							
Configuration:	N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis		
-	diatric/Adol cent		Clinical Lab		Recov	ciy				
	ychiatric Irsing	X	Radiological/ Imaging		Newbo WellB			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	gency		Central Plant		
Int Ca	ermediate are		Dietetic		Nuclea	ar Medicine		Support		
	illed Nursing		Administration		NUCIE			Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01501	Building Na	me: Telecom Addition							
Configuration:	N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy		
	ensiveCare		Anesthesia		Obstet Recove			Renal Dialysis		
-	ediatric/Adol cent		Clinical Lab		Necow	ery				
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	ency		Central Plant		
Inte Ca	ermediate		Dietetic					0		
	illed Nursing		Administration		NUCIEA	ar Medicine	X	Support Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-03053	Building Na	me: Parking Structure							
Configuration:	N/A									
Type of Service	e Provided									
Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis		
	ediatric/Adol scent		Clinical Lab							
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa	orn/ aby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emerg	jency		Central Plant		
	termediate are		Dietetic		Nuclea	ar Medicine		Quarant		
	killed Nursing		Administration		NUCIE	ar medicine		Support Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-05512	Building Na	me: Phase 3							
Configuration:	N/A									
Type of Service	Provided									
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent	X	Clinical Lab		Recovery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum	X	Pharmaceutical		Emergency		Central Plant			
Inte Ca	ermediate		Dietetic							
	illed Nursing	X	Administration	X	Nuclear Medicine	X	Support Services			
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-05601	Building Na	me: ER Additions (Eme	ergency	Services Addition)					
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		Central Plant			
	termediate are		Dietetic							
	killed Nursing		Administration		Nuclear Medicine		Support Services			
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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-01494       Building Name:         Prope of Service Provided       Inpatient       68         X       Nursing       Inpatient       68         Beds       60       X       Surgical       Obstetrical       Rehabilitation         X       IntensiveCare       Inpatient       60       X       Anesthesia         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical       Renal Dialysis         Psychiatric       Inpatient       0       Radiological/       Newborn/       Outpatient         Nursing       Inpatient       20       Pharmaceutical       Emergency       Central Plant         Mate/Postprtum       Inpatient       0       Dietetic       Nuclear       X Support         Skilled Nursing       Inpatient       0       Administration       Administration	Report Year: 2014	10670 K	Kaiser Foundation H	Hospita	al - Fontana	F	Fontana		Page:59 of 78			
Type of Service Provided         X       Nursing       Inpatient       68       X       Surgical       Obstetrical Cesarean/Deliv       Rehabilitation Therapy         X       IntensiveCare       Inpatient Beds       60       X       Anesthesia         Pediatric/Adol       Inpatient Beds       0       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Pediatric/Adol       Inpatient Beds       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Psychiatric       Inpatient Beds       20       Pharmaceutical       Emergency       Central Plant         X       Ante/Postprtum       Beds       0       Dietetic       Nuclear Medicine       X       Support Services         Skilled Nursing       Inpatient       0       Administration       Administration       Imaging												
Image: Skilled Nursing       Inpatient Beds       68       X       Surgical       Obstetrical Cesarean/Deliv       Rehabilitation Therapy         IntensiveCare       Inpatient Beds       60       X       Anesthesia       Image: Skilled Nursing       Renal Dialysis         Pediatric/Adol       Inpatient Beds       0       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Psychiatric       Inpatient Beds       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Nursing       Inpatient Beds       20       Pharmaceutical       Emergency       Central Plant         Skilled Nursing       Inpatient       0       Administration       Administration       X	Building Number: BLD											
Beds       Image: Construction of the construc	Type of Service Prov	ided										
Beds       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Pediatric/Adol escent       Inpatient Beds       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Psychiatric Nursing       Inpatient Beds       0       Pharmaceutical       Newborn/ WellBaby       Outpatient Surgery         Notesterrical Nursing       Inpatient Beds       20       Pharmaceutical       Emergency       Central Plant         Newborn/ WellBaby       Inpatient Beds       0       Obstetrical Medicine       Nuclear Medicine       Support Services	X Nursing		68	X	Surgical							
Pediatric/Adol       Inpatient       0       Clinical Lab       Recovery         Psychiatric       Inpatient       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Nursing       Inpatient       20       Pharmaceutical       Emergency       Central Plant         Nursing       Inpatient       20       Dietetic       Nuclear Medicine       Support Services         Skilled Nursing       Inpatient       0       Administration       Administration       Imaging	X IntensiveCare		60	X	Anesthesia							
Psychiatric       Inpatient       0       Imaging       Investigation       Surgery         Nursing       Beds       0       Pharmaceutical       Emergency       Central Plant         X       Ante/Postprtum       Beds       0       Dietetic       Nuclear       X Support         Intermediate       Inpatient       0       0       Administration       Administration			0		Clinical Lab				Renal Dialysis			
Obstetrical Inpatient 20   Ante/Postprtum Beds     Intermediate Inpatient   Beds 0     Dietetic     Nuclear   Medicine     Skilled Nursing     Inpatient     Inpatient     Obstetrical     Inpatient     Inpatient     Obstetrical     Inpatient     In			0									
Intermediate     Inpatient     0       Care     Beds       Skilled Nursing     Administration			20		Pharmaceutical		Emergency		Central Plant			
Inpatient 0			0		Dietetic			Х	Support Services			
Beds	Skilled Nursing	Inpatient Beds	0		Administration							
Total Beds this148Building		14	48									
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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	0-01496	Building N	lame: Ce	ntral Plant				
<u>Type o</u>	of Service Prov	ided							
□ N	lursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
l In	ntensiveCare	Inpatient Beds	0		Anesthesia				
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re	enal Dialysis
	sychiatric lursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient Irgery
	)bstetrical .nte/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X Ce	entral Plant
	ntermediate Sare	Inpatient Beds	0		Dietetic		Nuclear Medicine	X Su Se	apport prvices
SI SI	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this wilding		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)								PC-3, SPC-4,
Building Nu	mber: BLD	0-01497	Building N	lame: Ph	ase 1B North				]
Type of Se	ervice Prov	ided							
Nursi	ing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy
Inten	siveCare	Inpatient Beds	0		Anesthesia				
Pedia escer	atric/Adol nt	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rei	nal Dialysis
Psycl	hiatric ing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		patient gery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	Cer	ntral Plant
Interr Care	mediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		oport vices
Skille	ed Nursing	Inpatient Beds	0		Administration				
Total Build	Beds 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 Number:	_D-01498	Building N	lame: Ph	ase 4 Building				]
Type of Service Pro	ovided							
X Nursing	Inpatient Beds	73		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia		_		
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rei	nal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		tpatient ·gery
Obstetrical X Ante/Postprtun	Inpatient n Beds	18		Pharmaceutical		Emergency	Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Ľ	Nuclear Medicine	X Sup Ser	oport vices
Skilled Nursing	Inpatient Beds	0	X	Administration				
Total Beds this Building		91						
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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-01499	Building Na	ame: Phase 5 Building					
Type of Service P	rovided							
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	e Inpatient Beds	0	X Anesthesia					
Pediatric/Ado	l Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery			
Obstetrical Ante/Postprtu	Inpatient m Beds	0	X Pharmaceutical	Emergency	Central Plant			
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursin	g Inpatient Beds	0	Administration					
Total Beds thi Building	s	0						
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							
Building Numb	er: BLD-01500	Building Na	ame: MR	I Addition				
Type of Servi	ice Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy	
	eCare Inpatient Beds	0		Anesthesia	_			
Pediatric escent	c/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	Il Dialysis	
Psychiat	tric Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery	
Obstetrio Ante/Pos		0		Pharmaceutical	Emergency	Centi	ral Plant	
Intermed Care	diate Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	ort ces	
Skilled N	lursing Inpatient Beds	0		Administration				
Total Be 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: BL	_D-01501	Building N	lame: Te	lecom Addition				]
Type of Service Pro	ovided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	C Re	nal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Ľ	Nuclear Medicine	X Su Se	pport rvices
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
OSHPD FDD SB499 Rep	ort	Data Last Update	: 10/03/20	014 Submiss	ion Date	e: 12/17/2014	Printed: 12/	9/2014 6:25 AM

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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-03053	Building N	Name: Pa	Irking Structure				]
Type of Service Pro	vided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re	nal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		tpatient ·gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Ľ	Nuclear Medicine		oport vices
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
OSHPD FDD SB499 Rep	ort	Data Last Update	: 10/03/20	014 Submiss	ion Date	e: 12/17/2014	Printed: 12/1	9/2014 6:25 AM

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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)							
Build	ing Number: BLI	D-05512	Building N	lame: Ph	ase 3			
Тур	e of Service Prov	<u>vided</u>						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Cent	ral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Supp Serv	port ices
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		0					
OSHPE	) FDD SB499 Repo	rt I	Data Last Update	: 10/03/20	)14 Submiss	ion Date: 12/17/2014	Printed: 12/19/	/2014 6:25 AM

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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)								C-3, SPC-4,
Buildir	Building Number:       BLD-05601         Building Name:       ER Additions (Emergency Services Addition)								
Туре	of Service Prov	rided							
	Nursing	Inpatient Beds	0		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		Radiological/ Imaging		Newborn/ WellBaby	Outp Surg	patient jery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	Cent	tral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Supj Serv	
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						
OSHPD	FDD SB499 Repor	rt [	Data Last Update:	10/03/20	14 Submis	sion Date	: 12/17/2014	Printed: 12/19	/2014 6:25 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							
Building Number: BL	D-01494 Build	ing Name: Phase 2					
Medical / Surgical (Inclu	ude GYN)	Acute Respiratory Care	Acute Psychiatric				
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	ot O			
Perinatal (Exclude Newl	born / GYN)	Burn	Skilled Nursing				
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	it 0			
Pediatric		Intensive Care Newborn Nursery	Intermediate Care				
	Inpatient 0 Days	Inpatient 36 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	t 0			
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled				
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	it 0			
Coronary Care		Chemical Dependency		l Beds this ling Per			
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	148			
OSHPD FDD SB499 Report	Data Last Up	date: 10/03/2014 Submission Date:	12/17/2014 Printed: 12/19	/2014 6:25 AM			

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Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-01496 Bui	Iding Name: Central Plant	
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         0
OSHPD FDD SB499 Report Data Last	Jpdate: 10/03/2014 Submission Date:	12/17/2014 Printed: 12/19/2014 6:25 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							
Building Number: BLD-01497 B	uilding Name: Phase 1B North						
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         0					
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							
Building Number: BLD-01498 Bu	ilding Name: Phase 4 Building						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 73 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 18 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	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           91         91					
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)		
Building Number: BLD-01499 B	uilding Name: Phase 5 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 this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0
DSHPD FDD SB499 Report Data Las	t Update: 10/03/2014 Submission Date	: 12/17/2014 Printed: 12/19/2014 6:25 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)		
Building Number: BLD-01500 Bu	ilding Name: MRI Addition	
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         0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-01501 Bu	ilding Name: Telecom Addition		
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 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 Beds t Building Per Building Per	-
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit Service	0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)		
Building Number: BLD-03053 Bu	ilding Name: Parking Structure	
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: 10/03/2014 Submission Date:	12/17/2014 Printed: 12/19/2014 6:25 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)		
Building Number: BLD-05512 Bu	ilding Name: Phase 3	
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         0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-05601 Br	uilding Name: ER Additions (Emergency S	Services Addition)	
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 0	Unit         Service           0         0	
OSHPD FDD SB499 Report Data Las	t Update: 10/03/2014 Submission Date:	12/17/2014 Printed: 12/19/2014 6:25 AM	