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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:	10681	
Facility Name:	Mountains Community Hospital	
Address:	29101 Hospital Road	
City:	Lake Arrowhead	
Hospital Owner/Lice	nsee: San Bernardino Mountains Community Hospital District	
Year of Repo	orting: 2014	
Contact 1 e-mail Ado	dress:	
Contact 2 e-mail Ado	dress:	
Contact 3 e-mail Add	Iress::	
Name of Subr	nitter: San Bernardino Mountains Community Hospital District	
Submission	Date: 10/24/2014 10:32:11 AM	

Report `	Year: 2014 10681	Mountains Community Hospital	l	Lake Arrowhe	ad	Page:2 of 29	
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-)1474	Main Building	29101 Hospital Road	Retrofit	SPC2	01/01/2017	05/16/2016	
BLD-)1477	Emergency Generator Bldg	29101 Hospital Road	Rebuild	SPC5	01/01/2013	07/01/2006	
BLD- 01478	Oxygen Storage Bldg	29101 Hospital Road	Retrofit	SPC2	01/01/2017	05/05/2016	

Report Year: 20	014 1	0681 Mountains (Community Hospital		Lake A	rrowhead		Page:3 of	f 29								
projected constructi	on start c	anned for rebuild, retro late or dates and projection 130061(c)(1)(E).	ected Completion dat						t								
Building No: BLD-	01474	Main Building			Retrofit/Re Project:	placement	Yes-Sub	mitted]								
Facility Project Number Number	Sub Num	Scope		Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review								
0681 H132915-36 -00	3 0	Seismic Retrofit Projec	t	12/26/2013 12:00:00 AM	9/11/2014 12:00:00 AM	03/15/2015	10/15/2015	OPEN	No								
0681 P-2012- 00003	0	Seismic Joint		1/3/2012 12:00:00 AM	8/21/2014 12:00:00 AM	05/01/2014	09/01/2014	PEND	No								
projected constructi status and approval	on start c ls per Sec	date or dates and projection 130061(c)(1)(E).	ected Completion dat	provide the pro te or dates per	Section 1300	61(c)(1)(D) and	d the most rec	cent project	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-01477 Emergency Generator Bldg Retrofit/Replacement Yes-Submitted								
Facility Project Number Number	Sub				rojecti												
	Num	Scope		Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review								
10681 HS022019-0		Scope STANDBY EMERGEN UPGRADE	CY POWER SYSTEM	Date In 8/5/2002 12:00:00 AM	Approved	Start Date 05/19/2005	Complete	Status CLOS									

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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-01478	Oxygen Storage Bldg	1	Retu Proj	rofit/Replacement ject:	Yes-Planned		
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Report Year: 2014 10681	Mountains Community Hospital	Lake Arrowhead	Page:5 of 29					
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-01474	Building Number: BLD-01474 Building Name: Main Building							
Type of Service Provided								
X Nursing Inpatier Beds	nt 17 Inpatient 1280 Days	X Surgical Obstet Recover						
IntensiveCare Inpatier Beds	nt 0 Inpatient Days 0	X Anesthesia Newbo WellBa						
Pediatric/Adol Inpatier escent Beds	nt 0 Inpatient Days 0	X Clinical Lab	ency					
Psychiatric Inpatier Nursing Beds	nt 0 Inpatient Days 0	X Radiological/ Nuclea Imaging						
Obstetrical Inpatier Ante/Postprtum Beds	nt 0 Inpatient Days 0	X Pharmaceutical X Dietetic Rehab Therap						
Intermediate Inpatier Care Beds	nt 0 Inpatient Days 0		Dialysis					
X Skilled Nursing Inpatier Beds	nt 20 Inpatient Days 7175	X Support X Outpati Services Surger	y					
	Total Beds this 37 Building	Obstetrical Cesarean/Deliv X Centra	l Plant					
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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-	-01477	Building Name: En	nergency Generator Bldg				
Type of Service Provided							
	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis			
	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery			
		Total Beds this 0 Building	Cesarean/Deliv	X Central Plant			
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Report Year: 2014 1	10681 Mountains C	Community Hospital	Lake Arrow	nead	Page:7 of 29		
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-0)1478	Building Name:	xygen Storage Bldg				
Type of Service Provided							
	patient 0 Inp eds Da	vatient 0 ys	Surgical	Obstetrical Recovery			
	patient 0 Inp eds	atient Days 0	Anesthesia	Newborn/ WellBaby			
	patient 0 In eds	patient Days 0	Clinical Lab	Emergency	y		
	patient 0 In eds	patient Days 0	Radiological/ Imaging	Nuclear Medicine			
	patient 0 In eds	patient Days 0	Pharmaceutical Dietetic	Rehabilitat Therapy	ion		
	patient 0 In eds	patient Days 0	Administration	Renal Dial			
	patient 0 In eds	patient Days 0	Services	Surgery			
	Total Beds Building	this 0	Cesarean/Deliv	X Central Pla	ant		
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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-01474 Building Name: Main Building							
Medical / Surgical	(Include GYN)	Acute Respiratory Ca	are	Acute Psychiatric			
Inpatient 17 Bed	Inpatient 1280 Days		npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	Inpatient 20 Bed	Inpatient 7175 Days		
Pediatric		intensive Care Newb Nursery	orn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days		Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent		
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days		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		npatient 0 Days	37	37		
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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-01477 Building Name: Emergency Generator Bldg							
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 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	0	0		

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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-01478 Building Name: Oxygen Storage Bldg							
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 Nev 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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Fo	or all buildings at th	ne facility, indicate which ones are scheduled for general acute servic	e removal.	
	Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
	BLD-01474	Main Building	Retrofit	
	BLD-01475	Radiology/Lab and ER Addition	Remain	
	BLD-01477	Emergency Generator Bldg	Rebuild	
	BLD-01478	Oxygen Storage Bldg	Retrofit	
	BLD-03687	Emergency Generator Bldg II	Remain	

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

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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-01477 Emergency Generator Bldg Removal Date: 07/01/2006								
Planned Uses for the building to be removed from acute care service: Planned use for building: Other Jurisdiction:								
	n-Acute Care Storage							
Inpatient services currently deli	vered in the building:	Obstetrical		Rehabilitation				
Nursing	Surgical	Cesarean/D		herapy				
IntensiveCare Pediatric/Adol escent	Anesthesia Clinical Lab	Obstetrical Recovery	R	Renal Dialysis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby		Dutpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical							
Intermediate Care	Dietetic	Emergency		Central Plant				
Skilled Nursing	Administration	Nuclear Medicine		Support Services				
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lo data reported for Section 130061(c)(2)(D).										

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lo data reporte	o data reported for Section 130061(c)(2)(D.									

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)									
Building BLD-01477 Building Na Number: Will general acute care services and beds wi CentralPlant Relocated to new bui	ll be relocated to a new, Existing or retrofitted	I building?							

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lo data reported for Section 130061(c)(3).									

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number: BLD-01474 Building Name: Main Building									
Type of Service Provided	d								
	X		Dbstetrical	Rehabilitation Therapy					
X Nursing	X	Anesthesia		Popal Dialysis					
	eCare		Dbstetrical Recovery	Renal Dialysis					
Pediatric, escent	c/Adol X		lewborn/ VellBaby	Outpatient Surgery					
Psychiati Nursing	tric	Imaging	mergency X	Central Plant					
Obstetric Ante/Pos	cal		luclear X	Support Services					
Intermed Care	diate X	Administration							
X Skilled N	Nursing								
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number:	BLD-01477 Buildin	g Name: Emergency Generator	Bldg				
Type of Service	e Provided						
		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy	
	Nursing	Anesthesia					
	IntensiveCare			Obstetrical Recovery		enal Dialysis	
	Pediatric/Adol escent	Clinical Lab	<u> </u>	,		utpatient urgery	
		Radiological/ Imaging		Newborn/ WellBaby		uigery	
	Psychiatric Nursing	Pharmaceutical		Emergency	X C	entral Plant	
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		upport ervices	
	Intermediate Care	Administration					
	Skilled Nursing						
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	Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number:	BLD-01478 Buildin	g Name: Oxygen Storage Bldg						
Type of Service	e Provided							
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing							
	IntensiveCare	Anesthesia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	Clinical Lab				Outpatient		
	escent	Radiological/		Newborn/ NellBaby		Surgery		
	Psychiatric Nursing	Imaging Pharmaceutical	F E	Emergency	X	Central Plant		
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services		
	Intermediate Care	Administration						
	Skilled Nursing							
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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-01474 Building Name: Main Building Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building. Type of Service Provided									
X Nursir	ng	x	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Intens	iveCare	X	Anesthesia		Obstetrical Recovery	F	Renal Dialysis		
Pedia escen	tric/Adol t	X	Clinical Lab		Recovery				
Psych Nursir		X	Radiological/ Imaging		Newborn/ WellBaby		Dutpatient Surgery		
Obste Ante/F	trical Postprtum	X	Pharmaceutical		Emergency	X (Central Plant		
Interm Care	nediate	X	Dietetic		Nuclear Medicine		Support		
	d Nursing	X	Administration				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-01475	Building Name: Radiology/Lab an	d ER Addition						
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical		etrical rean/Deliv		Rehabilitation Therapy			
IntensiveCare	Anesthesia	Obste Reco			Renal Dialysis			
Pediatric/Adol escent	Clinical Lab	1000	very					
Psychiatric Nursing	X Radiological/ Imaging	Newb WellE			Outpatient Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	X Emer	gency		Central Plant			
Intermediate Care	Dietetic		ear Medicine		Support			
Skilled Nursing	Administration				Services			
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Report Year: 2014 1068	Mountains Community Hospital		Lake Arrowhead		Page:23 of 29					
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-01477 Building Name: Emergency Generator Bldg										
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service Provided										
Nursing	Surgical		etrical rean/Deliv		Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obste Reco	etrical		Renal Dialysis					
Pediatric/Adol escent	Clinical Lab		vory							
Psychiatric Nursing	Radiological/ Imaging	Newb WellE			Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	X	Central Plant					
Intermediate Care	Dietetic		ear Medicine		Support					
Skilled 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-01478 Building Name: Oxygen Storage Bldg										
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service Provided										
Nursing	Surgical		etrical rean/Deliv		habilitation erapy					
IntensiveCare	Anesthesia	Obste Reco	etrical	Re	nal Dialysis					
Pediatric/Adol escent	Clinical Lab	1000								
Psychiatric Nursing	Radiological/ Imaging	Newb WellE			tpatient rgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	X Ce	ntral Plant					
Intermediate Care	Dietetic	Nucle	ear Medicine		upport					
Skilled Nursing	Administration				ervices					
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-03687 Building Name: Emergency Generator Bldg II									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/De		habilitation erapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Rei	nal Dialysis					
Pediatric/Adol escent	Clinical Lab	Receively							
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Cer	ntral Plant					
Intermediate Care	Dietetic	Nuclear Med		ipport					
Skilled Nursing	Administration	—	Se	ervices					
OSHPD FDD SB499 Report	Data Last Update: 10/24/2014	Submission Date: 10/2	24/2014 Printed: 10/2	26/2014 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: BLD-01475 Building Name: Radiology/Lab and ER Addition								
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency	Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		oport vices
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-03687 Building Name: Emergency Generator Bldg II									
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		abilitation rapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rer	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		patient gery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Ľ	Emergency	X Cer	tral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Sup Ser	port vices
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						
OSHPD	D FDD SB499 Repo	rt D	Data Last Update	: 10/24/20	14 Submiss	ion Date	e: 10/24/2014	Printed: 10/20	6/2014 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-01475 Building Name: Radiology/Lab and ER Addition									
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric							
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0						
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing							
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0						
Pediatric	Intensive Care Newborn Nursery	Intermediate Care							
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0						
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled							
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0						
Coronary Care	Chemical Dependency	Total Beds this Total B Building Per Buildin	eds this Ig Per						
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit Service							
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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-03687 Building Name: Emergency Generator Bldg II								
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing								
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	,					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0					
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