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:	10694							
Facility Name:	St. Bernardine Medical Center							
Address:	2101 North Waterman Avenue							
City:	San Bernardino							
Hospital Owner/Lic	censee: St Bernardine Medical Center							
Year of Rep	eporting: 2014							
Contact 1 e-mail A	Address:							
Contact 2 e-mail A	Address:							
Contact 3 e-mail Ad	ddress::							
Name of Sub	Ibmitter: Robert Omens							
Submission	on Date: 12/10/2014 3:52:51 PM							

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01814	Main Hospital	2101 North Waterman Avenue	Replace	SPC2	01/01/2020	07/01/2019
BLD- 01815	South Wing	2101 North Waterman Avenue	Remove	N/A	01/01/2020	07/01/2019
BLD- 01817	Central Tower	2101 North Waterman Avenue	Retrofit	SPC2	01/01/2020	07/01/2019

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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-	01814		Main Hospital		Retrofit/Rep Project:	olacement	Yes-Sub	omitted	
	Facility Number	Project Number	Sub Num	Sco	ope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
-	10694	H131460-36 -00	0	IT S	Services Building	7/8/2013 12:00:00 AM	7/15/2014 12:00:00 AM	06/01/2014	05/31/2015	FIEL	No
	10694	P-2012- 02402	0	SP(C-1 Decommissioning- Main Wing- Bldg	11/9/2012 12:00:00 AM	4/24/2013 12:00:00 AM	01/02/2016		PEND	No

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-01817 Central Tower						Retrofit/Replacement Yes-Sub Project:			
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10694	IL082842-0	0	PPR- CENTRAL TOWER - PATIENT TOWEF SEISMIC UPGRADE	12/23/2008 12:00:00 AM		04/06/2012	01/02/2014	ACTI	No

Report Year: 2014	10694	St. Bernardine Medical Center	San Bernarding		Page:4 of 43				
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: BL	.D-01814	Building Name: Ma	ain Hospital		_				
Type of Service Prov	<u>/ided</u>								
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	,				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	on				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	<i>y</i> sis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt				

Report Year:	2014	10694	St. Berna	ardine Medical (Center		San Bernarding	0	Page:5 of 43
Provide the	number of	inpatient bed	ls and pat	ient days per ty	pe of service	e per building per	r Section 130061	1(c)(1)(F)	
_	ımber: BLI			Building Na	ame:	South Wing]
Type of Se	ervice Provi	<u>ided</u>							
X Nursi	ng	Inpatient Beds	85	Inpatient Days	0	Surg	jical	Obstetrica Recovery	
Intens	siveCare	Inpatient Beds	0	Inpatient Days	0	Anes	ethesia	Newborn WellBaby	
Pedia escer	atric/Adol nt	Inpatient Beds	0	Inpatient Days	s 0	Clinic	cal Lab	Emergen	су
X Psych Nursi	niatric ng	Inpatient Beds	36	Inpatient Days	s 0	Radio	ological/ jing	Nuclear Medicine	
Obste	etrical Postprtum	Inpatient Beds	0	Inpatient Days	s 0	Pharr	maceutical	Rehabilita Therapy	ation
Intern Care	nediate	Inpatient Beds	0	Inpatient Days	s 0		inistration	Renal Dia	
Skille	d Nursing	Inpatient Beds	0	Inpatient Days	s 0	Supp Servi	ices	Surgery	l.
			Total Be Building		121		etrical arean/Deliv	Central P	lant

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Prov	ride the number of	inpatient bed	ls and pa	tient days per ty	pe of servic	e per building per	Section 130061(c)(1)(F)	
Build	ding Number: BL	.D-01817		Building Na	ame:	Central Tower			_
Type	e of Service Prov	<u>rided</u>							
X	Nursing	Inpatient Beds	125	Inpatient Days	16003	X Surg	ical	Obstetrica Recovery	ıl
X	IntensiveCare	Inpatient Beds	27	Inpatient Days	7046	Anes	thesia	X Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	s 0	Clinic	cal Lab	Emergend	cy .
	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	s 0	Radio Imagi	ological/ ing	Nuclear Medicine	
X	Obstetrical Ante/Postprtum	Inpatient Beds	32	Inpatient Days	5282	Pharr	maceutical	Rehabilita Therapy	tion
	Intermediate Care	Inpatient Beds	0	Inpatient Days	s 0		nistration	Renal Dia	
	Skilled Nursing	Inpatient Beds	0	Inpatient Days	s 0	X Supp Servi	ces	Surgery	
		2000	Total B Building	eds this	184		etrical rean/Deliv	Central Pl	ant

Report Year: 2014 10694 St. Bernardine Medical Center San Bernardino Page:7 of 43 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01814 Main Hospital **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2014 10694 St. Bernardine Medical Center San Bernardino Page:8 of 43 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01815 South Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 85 Inpatient Inpatient Inpatient 0 Inpatient 36 Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 121 Inpatient Inpatient 121 Days Days Bed Bed

Report Year: 2014 10694 St. Bernardine Medical Center San Bernardino Page:9 of 43 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Central Tower Building Number:** BLD-01817 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 125 Inpatient 1600 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 5282 Inpatient 32 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 27 Inpatient 7046 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 184 Inpatient Inpatient Inpatient 184 Days Days Bed Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01814	Main Hospital	Replace
BLD-01815	South Wing	Remove
BLD-01816	Emergency Building	Remain
BLD-01817	Central Tower	Retrofit
BLD-01818	North Tower	Remain
BLD-01819	Service Building	Remain
BLD-01820	Ancillary Building	Remain

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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	IT Building								

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)										
Building I	Building Number: BLD-01814 Main Hospital Removal Date:									
Planned	Uses for the buildi	ng to be rem	oved from acute care	service:						
Planned	use for building:	Other		Jurisdiction:						
	Other Usage:	Non-Acute C	Care hospital functions							
Inpatient	services currently	delivered in	the building:							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia							
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		·		Central Plant			
	Intermediate Care		Dietetic	Ш	Emergency		Centrarriant			
	Skilled Nursing	X	Administration		Nuclear Medicine	X	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 eplaced 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 eplaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)										
Building N	Building Number: BLD-01815 South Wing Removal Date:									
Planned l	Jses for the build	ing to be remov	ed from acute care s	service:						
Planned	use for building:	Other	,	Jurisdiction:						
	Other Usage:	Non-Acute Ca	re hospital functions							
Inpatient :	services currently	delivered in th	e building:							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia							
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis			
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	П	Central Plant			
	Intermediate Care		Dietetic		3 3 3					
	Skilled Nursing	X	Administration		Nuclear Medicine		Support Services			

Report Year: 2014 10694 St. Bernardine Medical Center San Bernardino Page:14 of 43 Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) BLD-01815 **Building Name:** South Wing 2011 Year of Information: Building Nbr: Information Current As Of: Unit Type Medical/Surgical (include GYN) **Acute Respiratory Care Acute Psychiatric** Patient Patient 36 Patient 0 Inpatient 0 Inpatient 85 Inpatient Beds Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient Inpatient Patient Patient Inpatient 0 Inpatient 0 Beds Days Beds Days Beds Days **Intensive Care Newborn Nursery Pediatric Intermediate Care** Inpatient 0 Patient 0 ol Patient 0 Inpatient 0 0 Patient Inpatient Beds **Beds** Days Beds Days Days **Intensive Care Rehabilitation Center** Int. Care/Developmentally Disabled Patient Patient 0 Patient 0 0 0 ol Inpatient Inpatient Inpatient 0 Beds Days Beds Days Beds Days **Chemical Dependency Coronary Care Total Beds this** 121 Inpatient 0 Patient Inpatient 0 Patient 0 **Building per Unit** Beds Days Beds Days **Total Beds this** 121 **Building per Service**

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 and	d 2012 for buildings to be remove	d from acute
Building Nbr: BLD-01815 Building Name:	South Wing	Year of Information: 2012	
Unit Type	lı	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 85 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 36 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	424
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	121
20,0	24,0	Total Beds this Building per Service	121

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 an	d 2012 for buildings to be remove	d from acute
Building Nbr: BLD-01815 Building Name:	South Wing	Year of Information: 2013	
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 85 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 36 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Coronary Care	Chemical Dependency	Total Beds this	424
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	121
		Total Beds this Building per Service	121

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Provide the number of inp from acute care services p			e for the year of 20°	10, 2011 and 2012 for build	ings to be removed
Building Nbr: BLD-0181	5 Building Name:	South Wing		Year of Information:	2011
Type of Services Provided	ivanie.			Information Current As Of:	09/10/2014
	eatient 85 ds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare Inp	patient 0	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol Inp	patient 0 ds	Patient 0 Days	Clinical Lab	Recovery	
X Psychiatric Inp Nursing Bed	patient 36 ds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Inp Ante/Postprtum Bed	patient 0	Patient 0 Days	Pharmaceution	cal Emergency	Central Plant
Intermediate Inp. Care Bed	patient 0	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing Inp		Patient 0 Days	X Administratio	n	
Total Beds this Buildir	ng per service	121			

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	of inpatient beds and pat ces per Section 130061	ient days per type of service (c)(2)(D)	e for the year of 2010,	2011 and 2012 for buildir	ngs to be removed
Building Nbr: BLD-0	D1815 Building Name:	South Wing		Year of Information:	2012
Type of Services Provided X Nursing	Inpatient 85 Beds	Patient 0 Days		nformation Current As Of: Obstetrical Cesarean/Deliv	09/10/2014 Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical [Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
X Psychiatric Nursing	Inpatient 36 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency [Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear [Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administration		
Total Beds this B	uilding per service	121			

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Provide the number from acute care ser	r of inpatient beds and pati vices per Section 130061	ent days per type of service (c)(2)(D)	e for the year of 201	0, 2011 and 2012 for buildi	ings to be removed
Building Nbr: BLD	0-01815 Building Name:	South Wing		Year of Information:	2013
Type of Services Provided		Patient 0	Surgical	Information Current As Of: Obstetrical	09/10/2014 Rehabilitation
X Nursing	Inpatient 85 Beds	Patient 0 Days		Cesarean/Deliv	Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
X Psychiatric Nursing	Inpatient 36 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutic	al Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administration	١	
Total Beds this	Building per service	121			

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	vices and beds will be relocated to a new, exisings with a Building Resolution of "Rebuild" or "F		
Building Number: BLD-01814 Building I	Name: Main Hospital		
Will general acute care services and beds	will be relocated to a new, Existing or retrofitted	d building?	
Administration N/A			
	vices and beds will be relocated to a new, exisings with a Building Resolution of "Rebuild" or "F		
Building Number: BLD-01814 Building	Name: Main Hospital		
Will general acute care services and beds	will be relocated to a new, Existing or retrofitted	d building?	
Support Services Relocated to other	building		

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Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)

Building Number:

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Nursing Removed from hospital services

Facility

Project

Sub

Scope

Status	,							
	Number Nu	m		in	Date	Date	Date	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10694	P-2012- 01683	0	SPC-1 Decommissiong - South Wing, Bldg 02	2012-08-13	2012-09-18	12/12/2013	07/01/2019	FIEL

Date Plan Approved

Proj. Start Proj. Completed

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Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)

Building Name: South Wing Number:

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Psychiatric Nursing Removed from hospital services

01683

Facility Project Sub Scope Date Plan Approved Proj. Start Proj. Completed Status Number Number Num in Date Date Date Project Sub Facility **Project** Plan Number Number Scope Num Complete Start Date Approved Status Date In d Date P-2012-10694 0 SPC-1 Decommissiong - South Wing, Bldg 02 2012-08-13 2012-09-18 12/12/2013 07/01/2019 FIEL

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Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)

BLD-01815 **Building Name:** South Wing Building Number:

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration Removed from hospital services

Sub

01683

Facility Project Scope Date Plan Approved Proj. Start Proj. Completed Status Number Number Num in Date Date Date Project Sub Facility **Project** Plan Number Number Scope Num Complete Start Date Approved Status Date In d Date P-2012-10694 0 SPC-1 Decommissiong - South Wing, Bldg 02 2012-08-13 2012-09-18 12/12/2013 07/01/2019 FIEL

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Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)

Building Name: South Wing Number:

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Medical/Surgical (Include GYN)

Project Sub Date Plan Approved Proj. Start Proj. Completed Facility Scope Status Number Number Num in Date Date Date Facility Project Sub Project Plan Number Number Num Scope Complete Start Date Status Date In Approved d Date

10694 P-2012- 0 SPC-1 Decommissiong - South Wing, Bldg 02 2012-08-13 2012-09-18 12/12/2013 07/01/2019 FIEL 01683

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Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)

BLD-01815 **Building Name:** South Wing Building Number:

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Acute Psychiatric Removed from hospital services

Sub

01683

Facility Project Scope Date Plan Approved Proj. Start Proj. Completed Status Number Number Num in Date Date Date Project Sub Facility **Project** Plan Number Number Scope Num Complete Start Date Approved Status Date In d Date P-2012-10694 0 SPC-1 Decommissiong - South Wing, Bldg 02 2012-08-13 2012-09-18 12/12/2013 07/01/2019 FIEL

Surgical Obstetrical Rehabilitation Therapy Nursing	ding Number:	BLD-01814 Buildin	ng Name: M	ain Hospital				
Nursing	Type of Service	e Provided		Surgical				
IntensiveCare		Nursing		Anesthesia				
Pediatric/Adol escent		IntensiveCare		Clinical Lab	Ш			Renal Dialysis
Psychiatric Nursing Pharmaceutical Pharmaceutical Pharmaceutical Pharmaceutical Nuclear Medicine Intermediate Care X Administration Imaging Ante/Postprtum Administration								
Obstetrical Ante/Postprtum Dietetic Nuclear Medicine X Support Services Intermediate Care X Administration		Psychiatric Nursing		Imaging		·		Central Plant
Intermediate Care X Administration						Nuclear	X	Support
Administration		Intermediate		Dietetic		wedicine		Services
		Care	X	Administration				

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Report any general per Section 130061		atient service that is provided in any	genaral ac	cute care hospital	building t	hat is rated SPC-1	_
Building Number:	BLD-01815 Buildin	ng Name: South Wing					
Type of Service	Provided						
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	Anesthesia				Danal Diahaia	
	IntensiveCare			Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab		Newborn/ VellBaby		Outpatient Surgery	
X	Psychiatric Nursing	Radiological/ Imaging		·	_		
	· · · · · · · · · · · · · · · · · · ·	Pharmaceutical		Emergency	Ш	Central Plant	
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care	X Administration					
	Skilled Nursing						

port Year: 201 Report any general er Section 130061	acute care hospital in	Bernardine Medienpatient service the	nat is provided in any	genaral :	San Bernardino acute care hospital		Page:28 of 4	43
uilding Number:	BLD-01817 Buil	ding Name: C	entral Tower					
Type of Service	Provided							
		X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia				B 18:1 :	
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	X	Newborn/		Outpatient Surgery	
П	Psychiatric		Radiological/ Imaging		WellBaby			
Ш	Nursing		Pharmaceutical		Emergency		Central Plant	
X	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration					
	Skilled Nursing							

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Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)			
Building Number: BLD-01814	Building Name: Main Hospital		
Configuration: Remove from GA	C service by 1/1/2020		
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Dietetic		
Skilled Nursing	X Administration	Nuclear Medicine	Support Services

ether by retrofit or by re				ach building will comply be provided in each gene		
01(0)(3)						
BLD-01815	Building Na	me: South Wing				
Remove from GAC	service by	1/1/2020				
ce Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical		Pharmaceutical				
Ante/r ostpitum				Emergency		Central Plant
ntermediate Care		Dietetic		Nuclear Medicine		Support
Skilled Nursing	X	Administration			_	Services
	Remove from GAC Ce Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Dbstetrical Ante/Postprtum Intermediate Care	Remove from GAC service by Ce Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care X	Remove from GAC service by 1/1/2020 Ce Provided Nursing Surgical Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Clinical Lab Radiological/ Imaging Chare Ante/Postprtum Dietetic X Administration	Remove from GAC service by 1/1/2020 CE Provided Nursing Surgical Anesthesia Pediatric/Adol escent Psychiatric Nursing Distetrical Ante/Postprtum Intermediate Care X Administration	BLD-01815 Building Name: South Wing Remove from GAC service by 1/1/2020 Ce Provided Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Cediatric/Adol Secent Clinical Lab Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby Obstetrical Ante/Postprtum Emergency Intermediate Care Nuclear Medicine X Administration	BLD-01815 Building Name: South Wing Remove from GAC service by 1/1/2020 Ce Provided Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Cediatric/Adol Secent Radiological/ Imaging Newborn/ WellBaby Obstetrical Ante/Postprtum Emergency Dietetic Intermediate Care Nursing Nursing Nursing Administration

y replacement and the type of	Obstetrical Cesarean/Deliv	Rehabilitation	lding
ning building to NPC 4 or NPC Surgical Anesthesia	C 5 Obstetrical Cesarean/Deliv Obstetrical	Therapy	
Surgical Anesthesia	Obstetrical Cesarean/Deliv	Therapy	
Anesthesia	Cesarean/Deliv Obstetrical	Therapy	
Anesthesia	Cesarean/Deliv Obstetrical	Therapy	
Clinical Lab	Dogovoni	Renal Dialysis	5
Clinical Lab	Recovery		
Radiological	Newborn/ WellBaby	Outpatient Surgery	
Pharmaceuti		Control Plant	
Dietetic	[A] Emergency	Ceritiai Fiant	
Administration		e Support Services	
	Pharmaceut Dietetic	Pharmaceutical X Emergency Dietetic	Pharmaceutical X Emergency Central Plant Dietetic Nuclear Medicine Support Services

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	ner by retrofit or by re				ach building will comply be provided in each gene						
Building Number: BLD-01817 Building Name: Central Tower											
Configuration: Remove from GAC service by 1/1/2020											
Type of Service	Provided										
X Nu	rsing	X	Surgical	Х	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab		recovery						
	ychiatric rsing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery				
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte	ermediate		Dietetic		Lineigency		Central Flant				
— Ca	re illed Nursing	X	Administration		Nuclear Medicine	X	Support Services				
<u> </u>	illog Hursing										

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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-01818 Building Name: North Tower												
Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Service Provided												
X	Nursing		Surgical	Х	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X	IntensiveCare		Anesthesia		Obstetrical Recovery	X	Renal Dialysis					
	Pediatric/Adol escent		Clinical Lab		Receivery							
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant					
	Intermediate Care	X	Dietetic		Nuclear Medicine		Support					
	Skilled Nursing		Administration	_		_	Services					

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	by retrofit or by				ach building will comply on provided in each gene						
Building Number: BLD-01819 Building Name: Service Building											
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service Pr	ovided										
Nursir	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Intens	iveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
Pedia: escen	tric/Adol t		Clinical Lab		Recovery						
Psych Nursir			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
Obste	trical Postprtum		Pharmaceutical								
Ante/r	ostpitum		D	Ш	Emergency	X	Central Plant				
Interm Care	ediate		Dietetic		Nuclear Medicine		Support				
Skilled	d Nursing		Administration				Services				

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	hether by retrofit or by				ach building will comply be provided in each gen						
Building Number: BLD-01820 Building Name: Ancillary Building											
Configuration: Remove from GAC service by 1/1/2030											
Type of Serv	vice Provided										
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	IntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent	X	Clinical Lab		Recovery						
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant				
	Intermediate		Dietetic								
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services				

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Includ and S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Buildi	Building Number: BLD-01816 Building Name: Emergency Building									
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Buildi	ng Number: BLE	D-01818	Building Na	ame: No	rth Tower					
Туре	e of Service Prov	ided								
X	Nursing	Inpatient Beds	104		Surgical	X	Obstetrical Cesarean/Deliv		ehabilitation herapy	
X	IntensiveCare	Inpatient Beds	40		Anesthesia	_	_			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	χR	enal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery	
X	Obstetrical Ante/Postprtum	Inpatient Beds	14		Pharmaceutical		Emergency	С	entral Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	□ s s	upport ervices	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		158							

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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-01819 Building Name: Service Building										
Type of Service Pro	vided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Inpatient Beds	0	Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Inpatient Beds	0	Administration							
Total Beds this Building		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number	BLD-01820	Building Na	me: And	cillary Building					
Type of Servic	e Provided								
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy		
Intensive(Care Inpatient Beds	0	X	Anesthesia					
Pediatric// escent	Adol Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Rena	l Dialysis		
Psychiatri Nursing	c Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery		
Obstetrica Ante/Post		0	X	Pharmaceutical	Emergency	Centr	al Plant		
Intermedia Care	ate Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Supp Servi	ort ces		
Skilled Nu	ırsing Inpatient Beds	0		Administration					
Total Bed Building	s this	0							

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Report Year: 2014 10694 St. Bernardine Medical Center San Bernardino Page:41 of 43 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01818 North Tower **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 104 Inpatient Inpatient 0 Inpatient Inpatient Inpatient 30957 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient 14 Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient 20 Inpatient 4553 Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service 20 Inpatient Inpatient Inpatient Inpatient 5314 0 0 Bed Days Bed Days 158 158

Report Year: 2014 10694 St. Bernardine Medical Center San Bernardino Page:42 of 43 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01819 Service Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10694 St. Bernardine Medical Center San Bernardino Page:43 of 43 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01820 **Ancillary Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0