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 Hospita	tal Owner and Year of Report per Section 130061(e)
Facility Number:	10697
Facility Name:	Community Hospital of San Bernardino
Address:	1805 Medical Center Drive
City:	San Bernardino
Year of Recontact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A Name of Su Submission	Address: Address: Address: Robert Omens

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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- 01846	Original Hospital	1805 Medical Center Drive	Replace	SPC2	01/01/2015	12/31/2014
BLD- 01847	Storage Building	1805 Medical Center Drive	Remove	N/A	01/01/2015	12/31/2014
BLD- 01852	Utility/Central Plant 1/Service Buildings	1805 Medical Center Drive	Retrofit	SPC2	01/01/2015	12/31/2014

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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: Original Hospital Retrofit/Replacement Yes-Submitted BLD-01846 Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Status Date In Date d 10697 P-2012-0 SPC 1 Decommissioning: Original Hospital 8/24/2012 9/25/2012 06/30/2014 PEND No 01781 Bldg 01 12:00:00 12:00:00 AM AM 10697 P-2012-0 Pharmacy Relocation 11/26/2012 12/9/2013 12/31/2013 12/31/2014 FIEL No 02531 12:00:00 12:00:00 AM AM

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	g No: BLD-0	1852	Utility/Central Plant 1/Service Build	dings	Retrofit/Re Project:	placement	Yes-Sul	omitted	
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10697	SL110392-0	0	MATERIAL TESTING PROGRAM FOR CENTRAL PLANT #1/BLDG 7	2/18/2011 12:00:00 AM	2/18/2011 12:00:00 AM	02/25/2011	09/23/2011	FIEL	No

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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: BL	Building Number: BLD-01846 Building Name: Original Hospital							
Type of Service Prov	<u>/ided</u>							
Nursing	Inpatient Beds	15 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	1			
X Psychiatric Nursing	Inpatient Beds	22 Inpatient Days 7209	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitati Therapy	ion			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	<i>y</i> sis			
X Skilled Nursing	Inpatient Beds	88 Inpatient Days 31175	Support Services	Outpatient Surgery				
	Beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt			

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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: B		Building Name: Sto	orage Building					
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	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	Bodo	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

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Provid	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
	Building Number: BLD-01852 Building Name: Utility/Central Plant 1/Service Buildings Type of Service Provided								
<u>ıype</u>	of Service Prov	<u>iaea</u>			ı —				
	Nursing	Inpatient Beds	0 Inpatient Days	0	Surg	jical	Obstetrica Recovery		
	IntensiveCare	Inpatient Beds	0 Inpatient Days	0	Anes	sthesia	Newborn/ WellBaby		
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Day	/s 0	Clinic	cal Lab	Emergend	су	
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Day	/s 0	Radie Imag	ological/ ing	Nuclear Medicine		
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Day	/s 0	Phari	maceutical etic	Rehabilita Therapy	ition	
	Intermediate Care	Inpatient Beds	0 Inpatient Day	/s 0	Admi	inistration	Renal Dia		
	Skilled Nursing	Inpatient Beds	0 Inpatient Day	/s 0	Servi	ices	☐ Surgery		
			Total Beds this Building	0		etrical arean/Deliv	X Central P	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-01846 Build i	ing Name: Orig	inal Hospital					
Medical / Surgical (In	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric				
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 22 Bed	Inpatient 7209 Days			
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing				
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 88 Bed	Inpatient 3117 Days 5			
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card				
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment			
	npatient 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			
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	125	125			

Report Year: 2014 10697 Community Hospital of San Bernardino San Bernardino Page:8 of 50 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) Storage Building **Building Number:** BLD-01847 **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 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 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 10697 Community Hospital of San Bernardino San Bernardino Page:9 of 50 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) Utility/Central Plant 1/Service Buildings **Building Number:** BLD-01852 **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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed intensive Care Newborn **Pediatric 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 0 Inpatient Inpatient Inpatient ol 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-01846	Original Hospital	Replace
BLD-01847	Storage Building	Remove
BLD-01848	Physical Therapy	Remain
BLD-01849	South Hospital	Remain
BLD-01850	North Hospital	Remain
BLD-01851	Wings 700/800/900	Remain
BLD-01852	Utility/Central Plant 1/Service Buildings	Retrofit
BLD-01853	Central Plant #2	Remain
BLD-01854	Central Plant #3	Remain
BLD-03223	Telecom Building	Remain

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The proje replaced The plans replaced	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 N	Building Number: BLD-01846 Original Hospital Removal Date:									
Planned I	Jses for the buildir	ng to be remo	ved from acute care	service:						
	-	Other		Jurisdiction:						
	~ L		are hospital functions							
Inpatient	services currently	delivered in th	ne building:	_		_				
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia							
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	;		
X	Psychiatric Nursing		Radiological/ Imaging		lewborn/ VellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П.			Central Plant			
	Intermediate Care		Dietetic		mergency					
X	Skilled Nursing		Administration		luclear ledicine		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 N	Number: BLD-0)1847	Storage Bu	ilding	Removal Date:	12/31/2014			
Planned l	Jses for the build	ing to be re	emoved from acute care	service:					
Planned	use for building:								
Inpatient	services currently	delivered	in the building:	_	_	_			
	Nursing		Surgical	Obstetr Cesarea		Rehabilitation Therapy			
	IntensiveCare Pediatric/Adol escent] [Anesthesia Clinical Lab	Obstetr Recove		Renal Dialysis	3		
	Psychiatric Nursing		Radiological/ Imaging	Newbor WellBal		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical	Emerge	ncv [Central Plant			
	Intermediate Care		Dietetic	Lineige	nicy _	_			
	Skilled Nursing		Administration	Nuclear Medicin		Support Services			

Report Year: 2014 10697 Community Hospital of San Bernardino San Bernardino Page:14 of 50 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-01847 **Building Name:** Storage Building 2011 Year of Information: Building Nbr: Information Current As Of: Unit Type Medical/Surgical (include GYN) **Acute Respiratory Care Acute Psychiatric** Patient Patient 0 Inpatient 0 0 Inpatient Inpatient Patient 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** 0 Inpatient 0 Patient Inpatient 0 Patient 0 **Building per Unit** Beds Days Beds Days **Total Beds this** 0 **Building per Service**

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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)										
Building Nbr: BLD-01847 Building Name:	Storage Building	Year of Information: 2012								
Unit Type	lı	nformation Current As Of:								
Medical/Surgical (include GYN) Acute Respiratory Care Acute Psychiatric										
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds 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 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0							
Coronary Care	Chemical Dependency	Total Beds this	0							
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	<u> </u>							
·	·	Total Beds this Building per Service	0							

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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)										
Building Nbr: BLD-01847 Building Name:	Storage Building	Year of Information: 2013								
Unit Type Information Current As Of:										
Medical/Surgical (include GYN) Acute Respiratory Care Acute Psychiatric										
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 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 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0							
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled							
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0							
Coronary Care Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	0							
Beds Days	Beds Days	Total Beds this Building per Service	0							

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	Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building Nbr: BLD-0	2011							
Type of Services Provided	Name:			Information Current As Of:				
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	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	_			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	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	Administration					
Total Beds this Bu	uilding per service	0						

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Provide the number of from acute care servi	of inpatient beds and patices per Section 130061	ient days per type of service (c)(2)(D)	e for the year of 201	10, 2011 and 2012 for buildin	ngs to be removed		
Building Nbr: BLD-01847 Building Name: Storage Building Year of Information: 2012							
Type of Services Provided	rame.			Information Current As Of:			
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	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	Tronai Biaryoto		
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutic	cal Emergency	Central Plant		
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration				
Total Beds this B	uilding per service	0					

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Provide the number of from acute care servi	of inpatient beds and patices per Section 130061	ent days per type of service (c)(2)(D)	e for the year of 201	0, 2011 and 2012 for building	ngs to be removed
Building Nbr: BLD-0	D1847 Building Name:	Storage Building		Year of Information:	2013
Type of Services Provided	rame.			Information Current As Of:	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	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	Tronai Biaryoto
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutic	cal Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		CSSSS
Total Beds this B	uilding per service	0			

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Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Nursing N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Bell Psychiatric Nursing N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted I Skilled Nursing N/A	building?	

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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 Number: Original Hospital

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

Pharmaceutical Relocated to other building

	acility umber	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
10	697	P-2012- 01781	0	SPC 1 Decommissioning : Original Hospital Bldg 01	2012-08-24	2012-09-25	01/10/2014	01/31/2015	PEND
10	697	P-2012- 02531	0	Pharmacy Relocation	2012-11-26	2013-12-09	01/24/2014	01/31/2015	FIEL

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 Number:

BLD-01846

Building Name:

Original Hospital

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

Medical/Surgical (Include GYN)

N/A

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Report whether the general acute care services and beds will be relocated to a new, exis building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "l		
Building Number: BLD-01846 Building Name: Original Hospital Will general acute care services and beds will be relocated to a new, Existing or retrofitte	d building?	
Acute Psychiatric N/A		
Report whether the general acute care services and beds will be relocated to a new, exis building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "l		
Building Number: Driginal Hospital Original Hospital		
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	d building?	
Skilled Nursing N/A		

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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-01846 Buildir	g Name: O	riginal Hospital				
Type of Service	e Provided						
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare		Ariestriesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab				Outpatient
	escent		Radiological/ Imaging		Newborn/ WellBaby		Surgery
X	Psychiatric Nursing	X	Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services
	Intermediate Care		Administration				
X	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-01847 Buildin	g Name: Storage Building]				_
Type of Service	Provided						
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	Anesthesia				Danal Bishais	
	IntensiveCare			Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab		lewborn/		Outpatient Surgery	
	Psychiatric	Radiological	, <u> </u>	VellBaby			
	Nursing	Pharmaceuti	ical E	mergency		Central Plant	
	Obstetrical Ante/Postprtum	Dietetic	□ N M	luclear ledicine		Support Services	
	Intermediate Care	Administration	on				
	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-01852 Building Name: Utility/Central Plant 1/Service Buildings									
Type of Service	Provided								
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitati Therapy	on	
	Nursing		Anesthesia				Renal Dialy	voio	
	IntensiveCare		Clinical Lab		Obstetrical Recovery		Renai Dialy	515	
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing		Imaging Pharmaceutical		Emergency	X	Central Pla	nt	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	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-01846	Building Name: Original Hospital	I						
Configuration: Remove from G	AC service by 1/1/2015							
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recovery						
X Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Dietetic							
X Skilled Nursing	Administration	Nuclear Medicine	Support Services					

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	ner by retrofit or by r				ach building will comply wo be provided in each gener		
Building Number:	BLD-01847	Building Nar	ne: Storage Building				
Configuration:	Remove from GAC	service by 1	/1/2015				
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	estetrical		Pharmaceutical				
All	te/Postprtum			Ш	Emergency	С	entral Plant
Inte	ermediate re		Dietetic		Nuclear Medicine		Support Services
Ski	illed Nursing		Administration				ervices

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Report the final or requirements who per Section 1300	ether by retrofit or by	ldings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply voe provided in each gene	vith the SPC- ral actue car	-5/NPC-4 or 5 e hospital building		
Building Number	: BLD-01848	Building Na	me: Physical Therapy						
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5								
Type of Servi	ice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical Recovery	i	Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Receivery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine	П	Support		
	Skilled Nursing		Administration				Services		

uirements whether by retrofit or by r Section 130061(c)(5)	dings on the hospital campus show replacement and the type of service		
TILL N. I. DID 04040	5 11 N		
ilding Number: BLD-01849	Building Name: South Hospital		
Configuration: Retrofit Conforming	ig building to NPC 4 or NPC 5		
Type of Service Provided			
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	X Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	X Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
Obstetrical	Pharmaceutical		
Ante/Postprtum		X Emergency	Central Plant
Intermediate	Dietetic		
Care		X Nuclear Medicine	X Support Services
Skilled Nursing	Administration		3333

nether by retrofit or by 061(c)(5)	replacement	and the type of servic	e that will l	oe provided in each gene	eral actue c	are hospital building
r: BLD-01850	Building Na	me: North Hospital				
Retrofit Conformir	ng building to	NPC 4 or NPC 5				
ice Provided						
Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	X	Anesthesia	Х	Obstetrical	X	Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical		F		Ocated Blood
Intermediate	X	Dietetic		Emergency		Central Plant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	nether by retrofit or by 061(c)(5) r: BLD-01850 Retrofit Conformir ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	r: BLD-01850 Building Na Retrofit Conforming building to ice Provided Nursing X IntensiveCare X Pediatric/Adol escent	nether by retrofit or by replacement and the type of service D61(c)(5) r: BLD-01850	nether by retrofit or by replacement and the type of service that will be 2061(c)(5) r: BLD-01850 Building Name: North Hospital Retrofit Conforming building to NPC 4 or NPC 5 ice Provided Nursing X Surgical IntensiveCare X Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Administration	nether by retrofit or by replacement and the type of service that will be provided in each general contents of the contents of	r: BLD-01850 Building Name: North Hospital Retrofit Conforming building to NPC 4 or NPC 5 ice Provided Nursing X Surgical Obstetrical Cesarean/Deliv IntensiveCare X Anesthesia X Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Newborn/ WellBaby Obstetrical Ante/Postprtum Dietetic Emergency Administration Administration

· · · · · · · · · · · · · · · · · · ·	5 ilding
Configuration: Remove from GAC service by 1/1/2030 Type of Service Provided X Nursing Surgical Obstetrical Cesarean/Deliv Therapy IntensiveCare Anesthesia Obstetrical Renal Dialysi X Pediatric/Adol escent Clinical Lab X Psychiatric Nursing Radiological/ Newborn/ WellBaby Obstetrical Ante/Postprtum Emergency Central Plant	
Type of Service Provided X	
Nursing	
IntensiveCare	
Clinical Lab Recovery Renal Dialysis Recovery Recovery	l
X Pediatric/Adol escent	s
Psychiatric Nursing Imaging	
Obstetrical Ante/Postprtum Emergency Central Plant	
Intermediate	
Care Support Services	
Skilled Nursing X Administration	

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Report the final or requirements wh per Section 1300	ether by retrofit or by r	dings on the eplacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply be provided in each gene	with the SPC-5/ eral actue care h	NPC-4 or 5 nospital building
Building Number	: BLD-01852	Building Na	me: Utility/Central Plan	t 1/Serv	ice Buildings		
Configuration:	Remove from GAC	service by	1/1/2030				
Type of Servi	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X Ce	ntral Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		ipport ervices
		ı					

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Report the fina requirements of per Section 13	whether by retrofit or by	ldings on the replacement	hospital campus showir and the type of service	ng how e that will b	ach building will comply be provided in each gen	with the SPC-5/ eral actue care h	NPC-4 or 5 nospital building
Building Numb	per: BLD-01853	Building Na	me: Central Plant #2				
Configuration	n: Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Ser	rvice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		Receivery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X Ce	ntral Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		upport ervices
		•					

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Report the final correquirements whet per Section 13006	her by retrofit or by	dings on the replacement	hospital campus showir and the type of service t	ng how e that will t	ach building will comply voe provided in each gene	vith the SPC ral actue car	e-5/NPC-4 or 5 re hospital building
Building Number:	BLD-01854	Building Na	me: Central Plant #3				
Configuration:	Retrofit Conformir	g building to	NPC 4 or NPC 5				
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		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	termediate are		Dietetic		Nuclear Medicine	П	Support
Sk	killed Nursing		Administration				Services

port the final cor quirements wheth r Section 13006	her by retrofit or by re	ngs on the placement	hospital campus show and the type of service	ing how e that will l	ach building will comply be provided in each gene	with the SF eral actue o	PC-5/NPC-4 or 5 are hospital building
ilding Number:	BLD-03223 E	Building Na	me: Telecom Building)			
Configuration:	N/A						
Type of Service	Provided						
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	termediate		Dietetic				
Ca	are		Administration		Nuclear Medicine	Ш	Support Services

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Include 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-01848 Building Name: Physical Therapy								
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	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Include information on and SPC-5 per Section		f inpatient beds	by type of \$	Service provided by	buildings that are classified a	s SPC-2, SP	C-3, SPC-4,
Building Number: BLD-01849 Building Name: South Hospital							
Type of Service Provided							
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy
X IntensiveCare	Inpatient Beds	30	X	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	X Outp Surg	atient ery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Cent	ral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Supp Serv	port ices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		30					

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Include information on and SPC-5 per Section		of inpatient beds	by type of Se	ervice provided by	buildings that are classified a	s SPC-2, SPC	C-3, SPC-4,
Building Number: BLD-01850 Building Name: North Hospital							
Type of Service Provided							
X Nursing	Inpatient Beds	89	X	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
IntensiveCare	Inpatient Beds	0	X	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	X Rena	l Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpo	
Obstetrical X Ante/Postprtum	Inpatient Beds	24	_	Pharmaceutical	Emergency	Centi	al Plant
Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Supp Servi	
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		113					

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Include information on and SPC-5 per Section		f inpatient beds	by type of Service provided by b	uildings that are classified a	as SPC-2, SPC-3, SPC-4,		
Building Number: BL	D-01851	Building N	ame: Wings 700/800/900				
Type of Service Provided							
X Nursing	Inpatient Beds	15	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	27	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric X Nursing	Inpatient Beds	37	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	X Administration				
Total Beds this Building		79					

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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-01853 Building Name: Central Plant #2							
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	Pharmaceutica	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-01854 Building Name: Central Plant #3							
Type of Service Provided							
Nursing	Inpatient Beds	0	Surg	ical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
IntensiveCare	Inpatient Beds	0	Anes	thesia			
Pediatric/Adol	Inpatient Beds	0	Clinic	cal Lab	Obstetrical Recovery	Rena	ıl Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radio Imag	ological/ ing	Newborn/ WellBaby	Outpa Surge	atient ery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Phar	maceutical	Emergency	X Centi	ral Plant
Intermediate Care	Inpatient Beds	0	Diete	etic	Nuclear Medicine	Supp Servi	
Skilled Nursin	g Inpatient Beds	0	Admi	inistration			
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 Number: BLD-03223 Building Name: Telecom 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	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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SPC-5 per Section 130061(e)							
Building Number: BLD-01848 Bu	ilding Name: Physical Therapy						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days					
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 0					

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Report Year: 2014 10697 Community Hospital of San Bernardino San Bernardino Page:46 of 50 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-01850 North Hospital **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 89 Inpatient Inpatient 0 Inpatient Inpatient 12293 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient 24 6043 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 113 113

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Building Per

79

Unit

0

Building Per

79

Service

0

Inpatient

Days

Inpatient

Bed

Inpatient

Days

Inpatient

Bed

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Report Year: 2014 10697 Community Hospital of San Bernardino San Bernardino Page:50 of 50 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-03223 Telecom Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0