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:	18007
Facility Name:	Western Medical Center - Santa Ana
Address:	1001 N. Tustin Ave.
City:	Santa Ana
Hospital Owner/Lic	censee: WMC-SA, Inc.
Year of Rep	porting: 2014
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Ad	ddress::
Name of Sub	bmitter: Robert Kessler
Submission	n Date: 12/19/2014 3:56:18 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- 00298	Administration	1001 N. Tustin Ave.	Retrofit	SPC2	01/01/2019	06/01/2018
BLD- 05722	Entrance Canopy	1001 N. Tustin Ave.	Retrofit	SPC2	01/01/2019	12/31/2018

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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-00298 Administration		Retrofit/Rep Project:	olacement	Other		
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
18007 H142861-30 0 -00	12/10/2014 12:00:00 AM				ACT	l No

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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: BL	.D-00298	Building Name: Add	ministration		_			
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	Rehabilitation Therapy	า			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysi	S			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

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Provide the number	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: E		Building Name: En	ntrance Canopy							
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/Postprtun	Inpatient n Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X 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						

Western Medical Center - Santa Ana Report Year: 2014 18007 Santa Ana Page:6 of 39 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00298 **Building Number: Building Name:** Administration 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 18007 Western Medical Center - Santa Ana Santa Ana Page:7 of 39 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05722 **Building Number: Building Name: Entrance Canopy** 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 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

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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-00295	Ancillary Building/ER Expansion	Remain
BLD-00296	Elevator Tower	Remain
BLD-00297	Nursing Tower	Remain
BLD-00298	Administration	Retrofit
BLD-00299	Shipping & Receiving	Remain
BLD-00300	Mechanical Building	Remain
BLD-00301	Radiation Therapy	Remain
BLD-00302	Support Services	Remain
BLD-05722	Entrance Canopy	Retrofit

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List ALL proposed	new buildings to be constructed at this or an	other site.	
Building Number	Building Name	New Site	
N_1	Entry Canopy	X	

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No data reported for whe corresponding building s	ether the gener	al acute care service	s and beds will be re	elocated to a	new, existing or retro	fitted building a	nd any 061(c)(2)(E).	
oon oop on amg banamg o		Tamboro for bananiya	y mar a Danamig reac			701 0000011 100	00.(0)(2)(2).	

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Report Year: 201	18007 Weste	rn Medical Cei	nter - Santa Ana		Santa Ana		Page:15 of 39				
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-00298 Building Name: Administration											
Type of Service Provided											
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia								
	IntensiveCare				Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol		Clinical Lab				Outpatient				
	escent		Radiological/		Newborn/ WellBaby	Ш	Surgery				
	Psychiatric Nursing		Imaging				On that Blant				
			Pharmaceutical		Emergency		Central Plant				
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services				
	Intermediate Care	X	Administration								
	Skilled Nursing										

lding Number:	BLD-05722 Buildi	ng Name: Er	ntrance Canopy			
Type of Service	e Provided	I 🗆	Surgical	Obstetrical		Rehabilitation
	Nursing		o an gream	Cesarean/Deliv		Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol		Clinical Lab	Recovery	_	Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging	·		
_	-		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services
	Intermediate Care	X	Administration			
	Skilled Nursing					

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Report the final config requirements whethe per Section 130061(c	r by retrofit or by rep	gs on the lacement a	hospital campus showing and the type of service the	g how ea	ach building will comply wi be provided in each genera	th the SPC Il actue car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-00295 Bu	uilding Nar	ne: Ancillary Building/E	ER Expa	nsion		
Configuration:	V/A						
Type of Service P	rovided						
Nurs	ing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inter	siveCare	X	Anesthesia		Obstetrical Recovery	X I	Renal Dialysis
Pedi- esce	atric/Adol nt	X	Clinical Lab		Recovery		
Psyc Nurs	hiatric	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	etrical /Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
Inter Care	mediate	X	Dietetic	 X	Nuclear Medicine	 X	Support
	ed Nursing		Administration		Nucleal Medicine		Services

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s whether by retrofit or by	ildings on the hospital campus sho replacement and the type of servi	owing how each bui ice that will be prov	ilding will comply wit ided in each genera	h the SPC-5/N I actue care ho	IPC-4 or 5 ospital building
nber: BLD-00296	Building Name: Elevator Towe	r			
on: N/A					
ervice Provided					
Nursing	Surgical				abilitation rapy
IntensiveCare	Anesthesia			Ren	al Dialysis
Pediatric/Adol escent	Clinical Lab	Neco	very		
Psychiatric Nursing	Radiological/ Imaging				patient gery
Obstetrical Ante/Postprtum	Pharmaceutical	☐ Emor	gonov.		tral Plant
Intermediate	Dietetic		gency	Cen	נומו רומוונ
	Administration	Nucle	ear Medicine		oport vices
Skilled Indisilig					
	nal configuration of all but is whether by retrofit or by 130061(c)(5) Inber: BLD-00296 on: N/A ervice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum	nal configuration of all buildings on the hospital campus shows whether by retrofit or by replacement and the type of serving serving to the type of serving serving to the type of serving serving to the type of serving to the typ	nal configuration of all buildings on the hospital campus showing how each but is whether by retrofit or by replacement and the type of service that will be provided on: NIA	nal configuration of all buildings on the hospital campus showing how each building will comply with swhether by retrofit or by replacement and the type of service that will be provided in each general interview of se	nal configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/Ns whether by retrofit or by replacement and the type of service that will be provided in each general actue care hot 130061(c)(5) nber: BLD-00296 Building Name: Elevator Tower on: N/A ervice Provided Nursing Surgical Obstetrical Cesarean/Deliv The IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Newborn/ WellBaby Surging Obstetrical Ante/Postprtum Emergency Centremaking Centrem

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	whether by retrofit or by				ach building will comply be provided in each gen		
uilding Numb	per: BLD-00297	Building Na	me: Nursing Tower				
Configuration	n: N/A						
Type of Se	rvice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	X	Obstetrical	Х	Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
X	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the fir requirements per Section 1	whether by retrofit or b	ouildings on the hospital campus show by replacement and the type of service	wing how each bu ce that will be prov	ilding will comply rided in each gene	with the SPC-5/ eral actue care h	NPC-4 or 5 nospital building
Building Num	ber: BLD-00298	Building Name: Administration				
Configuration	on: N/A					
Type of Se	ervice Provided					
	Nursing	Surgical		etrical rean/Deliv		habilitation erapy
	IntensiveCare	Anesthesia	Obste Reco	etrical verv	Re	nal Dialysis
	Pediatric/Adol escent	Clinical Lab	11000	voly		
	Psychiatric Nursing	Radiological/ Imaging	Newb WellE			tpatient rgery
	Obstetrical Ante/Postprtum	Pharmaceutical	☐ Emer	gency	П С	ntral Plant
	Intermediate	Dietetic		gendy		mar lan
	Care Skilled Nursing	X Administration	Nucle	ear Medicine		upport ervices
	-	I				

Report Year:	2014 18007	Western Medical Center - Sa	nta Ana	Santa Ana		Page:21 of 39
Report the fir requirements per Section 1	whether by retrofit or b	uildings on the hospital campus by replacement and the type of	s showing how each bu service that will be prov	illding will comply w vided in each gener	rith the SPC-5/l al actue care h	NPC-4 or 5 ospital building
Building Num	ber: BLD-00299	Building Name: Shipping &	& Receiving			
Configuration	on: N/A	· · · · · · · · · · · · · · · · · · ·				
Type of So	ervice Provided					
	Nursing	Surgical		etrical arean/Deliv		nabilitation erapy
	IntensiveCare	Anesthesia	Obst	etrical	Rei	nal Dialysis
	Pediatric/Adol escent	Clinical Lab	Rooc	viciy		
	Psychiatric Nursing	Radiological/ Imaging	Newl Welli			patient gery
	Obstetrical Ante/Postprtum	Pharmaceutica		rgency	☐ Cer	ntral Plant
	Intermediate	Dietetic		, gono,		
	Care Skilled Nursing	Administration		ear Medicine		pport rvices
		ı				

autrements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building r Section 130061(c)(5) BILD-00300 Building Name: Mechanical Building Configuration: N/A Type of Service Provided Nursing Surgical Obstetrical Cesarean/Deliv Therapy IntensiveCare Anesthesia Obstetrical Renal Dialysis Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby Surgery Dietetrical Ante/Postprtum Emergency X Central Plant Intermediate Care Nuclear Medicine Support Services Skilled Nursing Administration	eport the final c	configuration of all buil	dings on the	hospital campus show	wing how e	ach building will comply	with the SF	PC-5/NPC-4 or 5
Configuration: Nursing			горіавотісті	and the type of sorvio	o triat wiii i	oe provided in edon gen	crai dolde o	are nospital ballanig
Type of Service Provided Nursing Surgical Obstetrical Rehabilitation Therapy IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol Recovery Pediatric/Adol Sescent Olinical Lab Radiological/ Newborn/ WellBaby Outpatient Surgery Pharmaceutical Emergency X Central Plant Intermediate Care Nuclear Medicine Support Services	ilding Number	: BLD-00300	Building Na	me: Mechanical Bui	lding			
IntensiveCare	Configuration:	N/A						
IntensiveCare	Type of Servi	ce Provided						
Pediatric/Adol escent	1	Nursing		Surgical				
Pediatric/Adol escent		IntensiveCare		Anesthesia				Renal Dialysis
Psychiatric Nursing				Clinical Lab		. tosoto. y		
Obstetrical Ante/Postprtum Emergency X Central Plant Dietetic Nuclear Medicine Support Services								
Intermediate Care Dietetic Nuclear Medicine Support Services				Pharmaceutical		_	₩.	0 / 15/
Care Nuclear Medicine Support Services		·		Dietetic		Emergency	X	Central Plant
Administration						Nuclear Medicine		
		Skilled Nursing		Administration				

eport the final co			lical Center - Santa An		Santa Ana each building will comply	with the SF	Page:23 of 39
quirements when r Section 13006	ther by retrofit or by re	eplacement	and the type of service	e that will	be provided in each gene	eral actue c	are hospital building
uilding Number:	BLD-00301	Building Na	me: Radiation Thera	ру			
Configuration:	N/A						
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	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		Central Plant
	termediate		Dietetic		Emorgency		Contract fair
	are killed Nursing		Administration	X	Nuclear Medicine		Support Services

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Report the fir requirements per Section 1	whether by retrofit or b	ouildings on the hospital campus shoy replacement and the type of serv	owing how each bu vice that will be prov	ilding will comply w ided in each gener	rith the SPC-5/ral actue care h	NPC-4 or 5 nospital building
Building Num	ber: BLD-00302	Building Name: Support Servi	ices			
Configuration	on: N/A					
Type of So	ervice Provided					
	Nursing	Surgical		etrical rean/Deliv		habilitation erapy
	IntensiveCare	Anesthesia	Obste Reco		Re	nal Dialysis
	Pediatric/Adol escent	Clinical Lab	Neco	very		
	Psychiatric Nursing	Radiological/ Imaging	Newb WellE			tpatient rgery
	Obstetrical Ante/Postprtum	Pharmaceutical	☐ Emer	gency	☐ Ca	ntral Plant
	Intermediate	Dietetic		geney		miar iam
	Care Skilled Nursing	Administration	Nucle	ear Medicine		ipport ervices
	Sianoa Haroning					

		dical Center - Santa Ar		Santa Ana		Page:25 of 39
configuration of all buil nether by retrofit or by 061(c)(5)	ldings on the replacement	hospital campus show and the type of service	ving how e e that will	ach building will comply be provided in each gen	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building
r: BLD-05722	Building Na	me: Entrance Canop	у			
N/A						
ice 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		F		Control Direct
Intermediate		Dietetic		Emergency	Ш	Central Plant
Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services
	nether by retrofit or by 061(c)(5) r: BLD-05722 N/A ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate	nether by retrofit or by replacement 061(c)(5) r: BLD-05722 Building Na N/A ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care X	nether by retrofit or by replacement and the type of service D61(c)(5) T: BLD-05722 Building Name: Entrance Canop N/A ice Provided Nursing Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care X Administration	nether by retrofit or by replacement and the type of service that will 1061(c)(5) r: BLD-05722 Building Name: Entrance Canopy N/A ice Provided Nursing Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care X Administration	rether by retrofit or by replacement and the type of service that will be provided in each generation (061(c)(5) r: BLD-05722	r: BLD-05722 Building Name: Entrance Canopy N/A

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)											
Buildi	Building Number: BLD-00295 Building Name: Ancillary Building/ER Expansion											
Туре	e of Service Prov	rided										
	Nursing	Inpatient Beds	0	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
X	IntensiveCare	Inpatient Beds	34	X	Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	X	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	×	Emergency		Central Plant			
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X	Nuclear Medicine	X	Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration							
	Total Beds this Building		34									

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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-00296	Building Name	e: <mark>El</mark>	evator Tower						
Туре	of Service Prov	<u>rided</u>									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	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		of inpatient beds	by type of Service provided by b	ouildings that are classified a	s SPC-2, SPC-3, SPC-4,
Building Number: BL	D-00297	Building N	ame: Nursing Tower		
Type of Service Pro	vided				
X Nursing	Inpatient Beds	111	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	31	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	26	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
Psychiatric X Nursing	Inpatient Beds	28	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical X Ante/Postprtum	Inpatient Beds	52	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		248			

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building Number: BL	_D-00299	Building Nar	me: Shipping & Receiving]							
Type of Service Pro	ovided										
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0	Anesthesia								
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis						
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X 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: BL	D-00300	Building Nan	ne: Mecha	anical Building							
Type of Service Pro	vided										
Nursing	Inpatient Beds	0	St.	urgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy				
IntensiveCare	Inpatient Beds	0	Ar	nesthesia							
Pediatric/Adol escent	Inpatient Beds	0	Cli	inical Lab	Obstetrical Recovery	Rena	l Dialysis				
Psychiatric Nursing	Inpatient Beds	0		adiological/ aging	Newborn/ WellBaby	Outpa Surge					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Ph	narmaceutical	Emergency	X Centr	al Plant				
Intermediate Care	Inpatient Beds	0	□ Die	etetic	Nuclear Medicine	Supp Servi					
Skilled Nursing	Inpatient Beds	0	Ac	dministration							
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 Numbe	r: BLD-00301	Building Name	e: Radiat	tion Therapy				
Type of Service Provided								
Nursing	Inpatient Beds	0	S	urgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intensive	Care Inpatient Beds	0	Ar	nesthesia				
Pediatric/	Adol Inpatient Beds	0	CI	linical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatr Nursing	ic Inpatient Beds	0		adiological/ naging		Newborn/ WellBaby		Outpatient Surgery
Obstetrica Ante/Pos		0	Pł	narmaceutical		Emergency		Central Plant
Intermedi Care	ate Inpatient Beds	0	□ _{Di}	etetic	X	Nuclear Medicine		Support Services
Skilled No	ursing Inpatient Beds	0	Ac	dministration				
Total Bed Building	ls this	0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							
Building Number:	BLD-00302	Building Na	me: Support Services				
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCa	re Inpatient Beds	0	Anesthesia				
Pediatric/Ad escent	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprt	Inpatient tum Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	lnpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services		
Skilled Nurs	ing Inpatient Beds	0	Administration				
Total Beds t Building	his	0					

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)						
Building Number: BL	D-00295 Buildi	ing Name: Ancillary Building/ER Expansion				
Medical / Surgical (Incl	ude GYN)	Acute Respiratory Ca	are	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days		npatient 0 Days	
Perinatal (Exclude New	rborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days		npatient 0 Days	
Pediatric		Intensive Care Newb Nursery	orn	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days		npatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developmo Disabled	entally	
Inpatient 34 Bed	Inpatient 6342 Days		npatient 0 Days		npatient 0 Days	
Coronary Care		Chemical Dependence	су	Total Beds this Building Per Total Beds this Building Per		
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	Unit 34	Service 34	

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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-00297 Building Number:	ing Name: Nursing Tower					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 111 Inpatient 18600 Days	Inpatient 0 Inpatient 0 Days	Inpatient 28 Inpatient 0 Bed Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 52 Inpatient 5360 Days	Inpatient 7 Inpatient 1171 Bed Days	Inpatient 0 Inpatient 0 Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 26 Inpatient 0 Bed Days	Inpatient 16 Inpatient 1738 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 8 Inpatient 1536 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 248				

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Report Year: 2014 18007 Western Medical Center - Santa Ana Santa Ana Page:37 of 39 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-00300 Mechanical 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 18007 Western Medical Center - Santa Ana Santa Ana Page:38 of 39 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-00301 Radiation Therapy **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 18007 Western Medical Center - Santa Ana Santa Ana Page:39 of 39 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-00302 Support Services **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