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:	10468								
Facility Name:	Mission	dission Hospital Laguna Beach							
Address:	31872 C	1872 Coast Highway							
City:	Laguna	Beach							
Hospital Owner/Lic	ensee:	Mission Hospital Regional Medical Center / St. Joseph Health System							
Year of Rep	porting:	2015							
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]							
Name of Sub	omitter:	Bill Eveloff							
Submission	n Date:	12/11/2015 3:13:22 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- 02434	Nursing Tower	31872 Coast Highway	Retrofit	SPC2	01/01/2020	06/30/2019

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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-0)2434	Nursing Tower		Retrofit/Re Project:	eplacement	Yes-Subr	nitted	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10468	HL110794-0	0	SB 1661: VSI IMPROVEMENT OF THE NURSING TOWER	4/6/2011	8/20/2013 12:00:00 AM	01/06/2011	12/30/2012	FIEL	No
10468	HL110794-0	0	SB 1661: VSI IMPROVEMENT OF THE NURSING TOWER	4/6/2011	8/20/2013 12:00:00 AM	09/01/2013		FIEL	No
10468	IL080650-0	0	SB 1661: SPC-2 SEISMIC UPGRADE OF SCMC CAMPUS	12/31/200 8		12/31/2008	12/31/2014	CLOS	No

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Provide the number	er of inpatient be	ds and patient days per type of service	per building per Section 13006	61(c)(1)(F)	
Building Number:	BLD-02434	Building Name:	Nursing Tower		
Type of Service F	Provided				
X Nursing	Inpatient Beds	85 Inpatient 10806 Days	Surgical	Obstetrical Recovery	
X IntensiveCar	e Inpatient Beds	10 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Add	ol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
X Psychiatric Nursing	Inpatient Beds	36 Inpatient Days 8491	Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprt	Inpatient um Beds	19 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	1
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	X Renal Dialysi	s
X Skilled Nursi	ng Inpatient Beds	29 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery	
		Total Beds this Building	Cesarean/Deliv	Central Plant	

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Provide the number	of inpatient beds and	patient days per type of uni	t per building per Section 1	30061(c)(1)(F)	
Building Number:	BLD-02434	Building Name: Nurs	sing Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 104 Bed	Inpatient 1080 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 36 Bed	Inpatient 8491 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 29 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 10 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	179	179

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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-02433	Original Building	Remain
BLD-02434	Nursing Tower	Retrofit
BLD-02435	Elevator Tower	Remain
BLD-02436	Radiographic	Remain
BLD-02437	Radiographic - South Addition	Remain
BLD-02438	Administration Building	Remain
BLD-02439	Mechanical / Central Plant	Remain
BLD-02440	Linear Accelerator Suite (Treatment)	Remain

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No proposed n	ew buildings	to be constr	ructed at this or another site.		

Report Year: Mission Hospital Laguna Beach Laguna Beach 2015 10468 Page:8 of 35 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year: Mission Hospital Laguna Beach 2015 10468 Laguna Beach Page:9 of 35 No data reported for Section 130061(c)(2)(D).

Report Year: Mission Hospital Laguna Beach 2015 10468 Laguna Beach Page:10 of 35 No data reported for Section 130061(c)(2)(D).

Report Year:	2015	10468	Mission Hosp	ital Laguna Bea	ch		Laguna Beach		Page:11 of 35	
No data reporte	ed for whethe	er the general	al acute care s	ervices and bed	ds will be relocated	to a	new, existing or retro ebuild" or "Replace"	ofitted building a	and any 1061(c)(2)(E).	
	ounum g onco	or projecti		ago a 2	anamy recording r				(0)(=)(=).	

Report Year: 10468 Mission Hospital Laguna Beach Laguna Beach 2015 Page:12 of 35 No data reported for Section 130061(c)(3).

Section 130061		ng Name: N	ursing Tower				
Type of Service	e Provided						
			Surgical	Ш	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
X	Nursing		Anesthesia				
X	IntensiveCare				Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol		Clinical Lab				Outpatient
	escent		Radiological/		Newborn/ WellBaby		Surgery
X	Psychiatric Nursing		Imaging		Emergency		Central Plant
			Pharmaceutical	Ш	Emergency	Ш	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
X	Skilled Nursing						

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Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)	ldings on the hospital campus show replacement and the type of service	ing how each building will comply we that will be provided in each gener	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-02433	Building Name: Original Building		
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic	Lineigency	Gential Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing			

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Report the final equirements whoer Section 130	nether by retrofit or by r	dings on the replacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each gen	with the SF eral acute o	PC-5/NPC-4 or 5 care hospital building
uilding Numbe	r: BLD-02434	Building Na	me: Nursing Tower				
Configuration:	N/A						
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Littergettey		Ociliai Fiaill
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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configuration of all build nether by retrofit or by r 061(c)(5)	dings on the replacement	hospital campus show and the type of service	ving how e e that will	each building will comply be provided in each gen	with the SF eral acute o	PC-5/NPC-4 or 5 are hospital building
r: BLD-02435	Building Na	me: Elevator Tower				
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 Plant
Intermediate		Dietetic		Emergency	Ш	Central Plant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
r	nether by retrofit or by 1061(c)(5) T: BLD-02435 N/A ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	nether by retrofit or by replacement 061(c)(5) T: BLD-02435 Building Na N/A ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	BLD-02435 Building Name: Elevator Tower N/A ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Administration	nether by retrofit or by replacement and the type of service that will 1061(c)(5) T: BLD-02435 Building Name: Elevator Tower N/A ice Provided Nursing Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Administration	rether by retrofit or by replacement and the type of service that will be provided in each generation of the provided of the control of the provided of the control of the provided of the pro	BLD-02435 Building Name: Elevator Tower N/A

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onfiguration of all build ther by retrofit or by re 51(c)(5)	lings on the eplacement	hospital campus show and the type of service	ring how e e that will	ach building will comply be provided in each gen	with the SF eral acute o	PC-5/NPC-4 or 5 care hospital building
BLD-02436	Building Na	me: Radiographic				
N/A						
e Provided						
lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
ediatric/Adol scent		Clinical Lab		Recovery		
sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Inte/Postprtum		Pharmaceutical		Emorgono.		Central Plant
ntermediate		Dietetic	_	Emergency		Central Flant
are killed Nursing		Administration		Nuclear Medicine		Support Services
	BLD-02436 N/A e Provided ursing ttensiveCare ediatric/Adol scent sychiatric ursing bstetrical nte/Postprtum stermediate are	ther by retrofit or by replacement of (c)(5) BLD-02436 Building Na N/A e Provided ursing definition of the provided second	ther by retrofit or by replacement and the type of service of (c)(5) BLD-02436	ther by retrofit or by replacement and the type of service that will bit(c)(5) BLD-02436	ther by retrofit or by replacement and the type of service that will be provided in each gen in (c)(5) BLD-02436	BLD-02436 Building Name: Radiographic N/A

port Year:	2015 10468 I configuration of all but that he retrefit or by	ildings on the	hospital campus show	wing how e	Laguna Beach ach building will comply be provided in each gen	with the SP	Page:18 of 35 C-5/NPC-4 or 5				
r Section 130		леріасеттеті. ————————————————————————————————————	and the type of service	e mai wiii i	e provided in each gen	erai acute ca	are nospital bullding				
uilding Numbo	er: BLD-02437	Building Na	me: Radiographic -	South Addi	tion						
Configuration: N/A											
Type of Ser	vice Provided										
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		. iosoro. y						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical Ante/Postprtum		Pharmaceutical		_						
	Ante/r ostpitum		Dietetic		Emergency		Central Plant				
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services				
	Skilled Nursing		Administration				Services				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-02438	Building Nar	ne: Administration Bui	lding							
Configuration: N/A											
Type of Service Provided											
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis				
	diatric/Adol cent		Clinical Lab		Recovery						
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery				
	stetrical te/Postprtum		Pharmaceutical		Emergency	c	entral Plant				
Inte Car	ermediate re		Dietetic		Nuclear Medicine	∏ s	Support				
Skil	lled Nursing		Administration	_		— g	Services				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)												
Building Number: BLD-02439 Building Name: Mechanical / Central Plant												
Configuration: N/A												
Type of Service Provided												
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Int	tensiveCare		Anesthesia		Obstetrical Recovery	i	Renal Dialysis					
	ediatric/Adol cent		Clinical Lab		recovery							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant					
	termediate are		Dietetic		Nuclear Medicine	П	Support					
Sk	killed Nursing		Administration				Services					

eport Year:	2015 10468	Mission Hosp	oital Laguna Beach		Laguna Beach		Page:21 of 35				
Report the final equirements wher Section 130	nether by retrofit or by	dings on the replacement	hospital campus show and the type of service	ving how e e that will	each building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building				
Building Number: BLD-02440 Building Name: Linear Accelerator Suite (Treatment)											
Configuration: N/A											
Type of Serv	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		Emergency		Central Plant				
	Intermediate		Dietetic								
	Care Skilled Nursing		Administration		Nuclear Medicine		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-02433 Building Name: Original Building										
Туре	e of Service Prov	<u>rided</u>									
X	Nursing	Inpatient Beds	28	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery		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		Nuclear Medicine	X	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		28								

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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-02435	Building Nan	ne: Elevator Tower							
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 n 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 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	0-02436	Building Nam	ne: Ra	adiographic]		
Туре	of Service Prov	<u>rided</u>									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re	nal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby	Ou Sui	tpatient rgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency	Ce	ntral Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Su _l Sei	oport rvices		
	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-02437	Building Na	ame: Ra	diographic - South	Additior	1				
Type of Service P	rovided									
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		abilitation rapy		
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Ado escent	I Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Ren	al Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby	Out _l	patient gery		
Obstetrical Ante/Postprtu	Inpatient m Beds	0		Pharmaceutical		Emergency	Cen	tral Plant		
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		port vices		
Skilled Nursin	g Inpatient Beds	0		Administration						
Total Beds thi Building	is	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 N	umber: BLD	0-02438	Building Name:	Ad	ministration Building					
Type of S	Service Prov	ided								
Nurs	sing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	nsiveCare	Inpatient Beds	0		Anesthesia					
Ped esce	liatric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
Inte Care	rmediate e	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services	
Skill	led Nursing	Inpatient Beds	0	X	Administration					
	al Beds this ding		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 I	Building Number: BLD-02439 Building Name: Mechanical / Central Plant										
Type of	Service Prov	<u>ided</u>									
Nu	ursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare	Inpatient Beds	0		Anesthesia						
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant		
	termediate are	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services		
Sk	killed Nursing	Inpatient Beds	0		Administration						
	otal Beds this uilding		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	Building Number: BLD-02440 Building Name: Linear Accelerator Suite (Treatment)										
Туре	e of Service Prov	ided									
	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	F	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	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 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: BLI	D-02433 Buildi	ng Name: Origi	Original Building		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 rays
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 lays
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 In D	npatient 0 lays
Intensive Care		Rehabilitation Center		Int. Care / Developme Disabled	entally
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0		npatient 0 ays
Coronary Care		Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 28	Service 28

Report Year: 2015 10468 Mission Hospital Laguna Beach Laguna Beach Page:30 of 35 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-02435 **Elevator Tower 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

Report Year: 2015 10468 Mission Hospital Laguna Beach Laguna Beach Page:31 of 35 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-02436 Radiographic **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

Report Year: 2015 10468 Mission Hospital Laguna Beach Laguna Beach Page:32 of 35 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-02437 Radiographic - South Addition **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 Days Bed 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 0 0

Report Year: 2015 10468 Mission Hospital Laguna Beach Laguna Beach Page:33 of 35 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-02438 Administration 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 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 0 0

Report Year: 2015 10468 Mission Hospital Laguna Beach Laguna Beach Page:34 of 35 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-02439 Mechanical / Central Plant **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

Report Year: 2015 10468 Mission Hospital Laguna Beach Laguna Beach Page:35 of 35 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-02440 Linear Accelerator Suite (Treatment) **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 Bed Days Days Bed 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 0 0