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Office of Statewide Health Planning and Development Facilities Development
Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10681	
Facility Name:	Mountains Community Hospital]
Address:	29101 Hospital Road]
City:	Lake Arrowhead]
Hospital Owner/Lice	ensee: San Bernardino Mountains Community Hospital District]
Year of Repo	porting: 2015	
Contact 1 e-mail Add	dress: [Confidential data left blank intentionally.]]
Contact 2 e-mail Ado	dress: [Confidential data left blank intentionally.]]
Contact 3 e-mail Add	dress:: [Confidential data left blank intentionally.]]
Name of Subr	mitter: San Bernardino Mountains Community Hospital District]
Submission	Date: 12/11/2015 10:50:30 AM]

Report `	Year: 2015 10681	Mountains Community Hospital		Lake Arr	owhead	Page:2 of 29	
For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per $130061(c)(1)(A)$. The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)							
3ldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC R If Requir		Anticipated Completion Date	
LD- 1474	Main Building	29101 Hospital Road	Retrofit	SPC2	01/01/2017	09/01/2016	
_D- 477	Emergency Generator Bldg	29101 Hospital Road	Rebuild	SPC5	01/01/2013	07/01/2006	
LD- 1478	Oxygen Storage Bldg	29101 Hospital Road	Retrofit	SPC2	01/01/2013	09/01/2016	

eport Year: 2015	10681 Mountains Community Hospital		Lake	Arrowhead		Page:3 of	29
	planned for rebuild, retrofit or replacement, t date or dates and projected Completion da section 130061(c)(1)(E).						
uilding No: BLD-01474	Main Building		Retrofit/Re Project:	eplacement	Yes-Subr	nitted]
acility Project Sub umber Number Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
681 H132915-36 -00	0 Seismic Retrofit Project	12/26/201 3	11/17/2015 12:00:00 AM	03/15/2015	10/15/2015	PEND	No
681 P-2012- 00003	0 Seismic Joint	1/3/2012	8/21/2014 12:00:00 AM	05/01/2014	09/01/2014	PEND	No
ojected construction star atus and approvals per S uilding No: BLD-01477	t date or dates and projected Completion da Section 130061(c)(1)(E). Emergency Generator Bldg	te or dates p		061(c)(1)(D) a	and the most rece	ent project	
acility Project Sub umber Number Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
0681 HS022019-0	0	8/5/2002	8/5/2003 12:00:00 AM	05/19/2005	07/01/2006	CLOS	No
	planned for rebuild, retrofit or replacement, t date or dates and projected Completion da Section 130061(c)(1)(E).						
uilding No: BLD-01478	Oxygen Storage Bldg		Retrofit/Re Project:	eplacement	Yes-Plan	ned	
SHPD FDD SB499 Report	Data Last Update: 12/10/2015	Submi	ssion Date: 12/1	1/2015	Printed: 12/13/20	15 6.25 4	Λ

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Provide the number of inpatient	beds and patient days per type of service	per building per Section 130061(c)(1)(F)	
Building Number: BLD-01474	Building Name:	Main Building	
Type of Service Provided			
X Nursing Inpatien Beds	t 17 Inpatient 1280 Days		overy
IntensiveCare Inpatien Beds	t 0 Inpatient Days 0		vborn/ IBaby
Pediatric/Adol Inpatien escent Beds	t 0 Inpatient Days 0	X Clinical Lab	ergency
Psychiatric Inpatien Nursing Beds	t 0 Inpatient Days 0	Imaging	lear Iicine
Obstetrical Inpatien Ante/Postprtum Beds	t 0 Inpatient Days 0		abilitation rapy
Intermediate Inpatien Care Beds	t 0 Inpatient Days 0		al Dialysis patient
X Skilled Nursing Inpatien Beds	t 20 Inpatient Days 7175	Services Surg	gery
	Total Beds this 37 Building	Obstetrical Cesarean/Deliv	tral Plant
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Report Year: 2015 1	10681 Mountains Community Hospital	Lake Arrowhead	Page:6 of 29				
Provide the number of inp	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-0	D1477 Building Name:	Emergency Generator Bldg					
Type of Service Provide	ed						
	patient 0 Inpatient 0 eds Days	Surgical Obste					
	patient 0 Inpatient Days 0 eds	Anesthesia Newb					
	patient 0 Inpatient Days 0 eds	Clinical Lab	gency				
	patient 0 Inpatient Days 0 eds	Radiological/ Nucle Imaging Medic					
	patient 0 Inpatient Days 0	Pharmaceutical Dietetic	bilitation apy				
	patient 0 Inpatient Days 0 eds		l Dialysis				
	patient 0 Inpatient Days 0	Support Outpa Services Surge					
	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	al Plant				
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Provide the number of	inpatient be	eds and patient days per type of service p	er building per Section 13006	1(c)(1)(F)
Building Number: BL		Building Name: O	xygen Storage Bldg	
Type of Service Prov	ided			
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		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	U Outpatient Surgery
		Total Beds this 0 Building	Cesarean/Deliv	X Central Plant
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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	BLD-01474 Build	ling Name: Main	Building]		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 17 Bed	Inpatient 1280 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 7175 Days		
Pediatric		intensive Care New Nursery	vborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	37	37		
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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	BLD-01477 Build	ling Name: Eme	ergency Generator Bld	9			
Medical / Surgical	(Include GYN)	Acute Respiratory	v Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0		
Bed Intensive Care Inpatient 0 Coronary Care Inpatient 0	Days	Bed Rehabilitation Center Inpatient Bed Chemical Dependency Inpatient 0	Days	Bed Int. Care / developr Disabled Inpatient 0 Bed Total Beds this Building Per Unit	Days nent Inpatient 0 Days Total Beds this Building Per Service		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	BLD-01478 Build	ling Name: Oxy	gen Storage Bldg				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0		

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

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

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)							
Building Number: BLD-01477 Emergency Generator Bldg Removal Date: 07/01/2006							
Planned Uses for the build	ing to be removed from acute care service	:					
Planned use for building:	Other Jurisdi	ction:					
Other Usage:	non acute care storage						
Inpatient services currently	v delivered in the building:	_	_				
Nursing	Surgical	Obstetrical Cesarean/De	eliv Rehabilitatio	n			
IntensiveCare Pediatric/Adol escent	Anesthesia	Obstetrical Recovery	Renal Dialys	is			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	t			
Intermediate Care	Dietetic	- /	_				
Skilled Nursing	Administration	Nuclear Medicine	Support Services				
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No data reported	d for Sectio	n 130061(c)(2)(D).				

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No data reporte	d for Sectio	n 130061(c)(2)(D).		

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Report whether the ge building sites or projec	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)							
Number:	D-01477 Building Name: e services and beds will be r Relocated to new building	Emergency Generator Bldg elocated to a new, Existing or retrofitted	building?					

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No data reporte	d for Sectio	on 130061(c)	(3).		

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number: BLD-01474 B	Building Name: Main Building							
Type of Service Provided								
	X Surgical	Obstetrical Reha Cesarean/Deliv Thera	bilitation apy					
X Nursing	X Anesthesia							
IntensiveCare	X Clinical Lab	Obstetrical Rena Recovery	l Dialysis					
Pediatric/Adol escent	X Radiological/	Newborn/ X Outpa WellBaby						
Psychiatric Nursing	Imaging		al Plant					
Obstetrical Ante/Postprtum	X Dietetic	Nuclear X Supp Medicine Service	ort					
Intermediate Care	X Administration							
X Skilled Nursing								
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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number: BLD-01477 Building Name: Emergency Generator Bldg									
Type of Service	e Provided								
		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy			
	Nursing	Anesthesia							
	IntensiveCare			Obstetrical Recovery	Re	nal Dialysis			
	Pediatric/Adol escent	Clinical Lab	— .			tpatient rgery			
	Psychiatric	Radiological/ Imaging		Newborn/ WellBaby		gery			
	Nursing	Pharmaceutical		Emergency	X Ce	ntral Plant			
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		oport rvices			
	Intermediate Care	Administration							
	Skilled Nursing								
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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number:	BLD-01478 Buildin	g Name: Oxygen Storage Bldg						
Type of Service	e Provided							
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing							
	IntensiveCare	Anesthesia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	Clinical Lab				Outpatient		
	escent	Radiological/		Newborn/ NellBaby		Surgery		
	Psychiatric Nursing	Imaging Pharmaceutical	L E	Emergency	X	Central Plant		
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services		
	Intermediate Care	Administration						
	Skilled Nursing							
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)								
Building Number: BLD-01474 Building Name: Main Building Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5								
Configuration: Retrofit Non-		OF NPC 5						
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy				
IntensiveCare	X Anesthesia	Obstetrical Recovery	Rena	l Dialysis				
Pediatric/Adol escent	X Clinical Lab	Recovery						
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpa Surge					
Obstetrical Ante/Postprtum	X Pharmaceutical	X Emergency	X Centr	al Plant				
Intermediate Care	X Dietetic							
X Skilled Nursing	X Administration	Nuclear Medicine	X Supp Servi					
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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-01475	Building Na	me: Radiology/Lab and	d ER Ado	dition			
Configuration: Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service	Provided							
Nu	ırsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis
-	ediatric/Adol cent	X	Clinical Lab		10001	oly		
	ychiatric Irsing	X	Radiological/ Imaging		Newb WellB			Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical	X	Emerç	gency		Central Plant
Int Ca	ermediate are		Dietetic		Nuclo	ar Medicine		Support
	illed Nursing		Administration		NUCIE			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-01477 Building Name: Emergency Generator Bldg									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy	
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		10000	oly			
	sychiatric ursing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emerç	gency	X	Central Plant	
	ermediate are		Dietetic		Nucle	ar Medicine		Support	
Sk	tilled 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-01478 Building Name: Oxygen Storage Bldg									
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5									
Type of Service Provided									
Nursing	Surgical	Obste Cesar	trical	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obste Recov		Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recov	lei y						
Psychiatric Nursing	Radiological/ Imaging	Newbo WellBa		Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emerg	gency X	Central Plant					
Intermediate Care	Dietetic			Quantat					
Skilled Nursing	Administration		ar Medicine	Support Services					
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-03687 Building Name: Emergency Generator Bldg II									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
Nursing	Surgical	Obster Cesar	trical an/Deliv] Rehabi Therap					
IntensiveCare	Anesthesia	Obste Recov		Renal	Dialysis				
Pediatric/Adol escent	Clinical Lab	10000							
Psychiatric Nursing	Radiological/ Imaging	Newbo WellBa] Outpati Surger					
Obstetrical Ante/Postprtum	Pharmaceutical	Emerg	gency X] Centra	l Plant				
Intermediate Care	Dietetic	Nuclea	ar Medicine	Suppo	ort				
Skilled Nursing	Administration			Servic					
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: BLD-01475 Building Name: Radiology/Lab and ER Addition								
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv	Reh The	abilitation apy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	Ren	al Dialysis
Psychiatric	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby	Outr Surg	patient jery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency	Cen	tral Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	Sup Serv	port vices
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-03687 Building Name: Emergency Generator Bldg II									
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		abilitation rapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Ren	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	Out Sur	patient gery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Ľ	Emergency	X Cer	tral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Sup Ser	port vices
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						
OSHPE	FDD SB499 Repo	rt D	Data Last Update	: 12/10/20)15 Submiss	ion Date	e: 12/11/2015	Printed: 12/13	3/2015 6:25 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: BLD-01475	Building Name: Radiology/Lab and ER Ac	dition						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t0					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0					
Coronary Care	Chemical Dependency		Beds this ling Per					
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit Servi						
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: BLD-03687 Build	ding Name: Emergency Generator Bldg	II						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0					
Coronary Care	Chemical Dependency	Building Per Buildin						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic	e 0					
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