## Office of Statewide Health Planning and Development Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

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

| Provide the Hospital Owner and Year of Report per Section 130061(e) |          |   |  |  |  |  |  |  |  |
|---|----------|---|--|--|--|--|--|--|--|
| Facility Number:  | 10694    | 10694   |  |  |  |  |  |  |  |
| Facility Name:  | St. Bern | ardine Medical Center                         |  |  |  |  |  |  |  |
| Address:  | 2101 N   | 2101 N Waterman Ave                           |  |  |  |  |  |  |  |
| City:   | San Ber  | San Bernardino                                |  |  |  |  |  |  |  |
|   |          |   |  |  |  |  |  |  |  |
| Hospital Owner/Licensee:  |          | St Bernardine Medical Center                  |  |  |  |  |  |  |  |
| Year of Reporting:  |          | 2015  |  |  |  |  |  |  |  |
| Contact 1 e-mail Ad   | ddress:  | [Confidential data left blank intentionally.] |  |  |  |  |  |  |  |
| Contact 2 e-mail Ad   | ddress:  | [Confidential data left blank intentionally.] |  |  |  |  |  |  |  |
| Contact 3 e-mail Ad   | ldress:: | [Confidential data left blank intentionally.] |  |  |  |  |  |  |  |
| Name of Sub   | omitter: | Karl Wagner                                   |  |  |  |  |  |  |  |
| Submission  | n Date:  | 12/10/2015 1:41:35 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.<br>No.  | Building Name | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|---------------|---------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD-<br>01814 | Main Hospital | 2101 N Waterman Ave        | Replace                | SPC2                            | 01/01/2020        | 07/01/2019                     |
| BLD-<br>01817 | Central Tower | 2101 N Waterman Ave        | Retrofit               | SPC2                            | 01/01/2020        | 07/01/2019                     |

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No:

BLD-01814

Main Hospital

Retrofit/Replacement Project:

Yes-Submitted

Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In 10694 H131460-36 0 IT Services Building 7/8/2013 7/15/2014 06/01/2014 05/31/2015 FIEL No -00 12:00:00 AM 10694 P-2012-0 SPC-1 Decommissioning- Main Wing- Bldg 11/9/2012 4/24/2013 01/02/2016 FIEL No 02402 12:00:00 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 No:** 

BLD-01817

**Central Tower** 

Retrofit/Replacement Project:

Yes-Submitted

| Facility<br>Number | Project<br>Number | Sub<br>Num | Scope   | Date In        | Plan Approved<br>Date | Projected<br>Start Date | Projected<br>Completion Date | Status | CEQA<br>Review |
|--------------------|-------------------|------------|---|----------------|-----------------------|-------------------------|------------------------------|--------|----------------|
| 10694              | IL082842-0        | 0          | PPR- CENTRAL TOWER - PATIENT TOWEF<br>SEISMIC UPGRADE | 12/23/200<br>8 |                       | 04/06/2012              | 01/02/2014                   | ACTI   | No             |

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|----------------------------|-------------------|--|--------------------------------|-------------------------|--------------|
| Provide the number of      | f inpatient bed   | ds and patient days per type of service pe | er building per Section 130061 | 1(c)(1)(F)              |              |
| Building Number: BL        | .D-01814          | Building Name: Ma                          | ain Hospital                   |                         | _            |
| Type of Service Prov       | <u>/ided</u>      |  |                                |                         |              |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days                         | Surgical                       | Obstetrical Recovery    |              |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0                         | Anesthesia                     | Newborn/<br>WellBaby    |              |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0                         | Clinical Lab                   | Emergency               | 1            |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                         | Radiological/<br>Imaging       | Nuclear<br>Medicine     |              |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                         | Pharmaceutical Dietetic        | Rehabilitati<br>Therapy | ion          |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Administration               | Renal Dialy             | <i>y</i> sis |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Support<br>Services          | Outpatient<br>Surgery   |              |
|                            | beus              | Total Beds this Building                   | Obstetrical Cesarean/Deliv     | Central Pla             | nt           |
|                            |                   |  |                                |                         |              |
|                            |                   |  |                                |                         |              |
|                            |                   |  |                                |                         |              |

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|--------|-------------------------------|-------------------|----------------------|-------------------|--------------|-------------------|-------------------------|------------------------|--------------|
| Prov   | ide the number of             | inpatient bed     | ls and pat           | ient days per ty  | pe of servic | e per building pe | r Section 130061        | (c)(1)(F)              |              |
| Build  | ling Number: BL               | D-01817           |                      | Building Na       | ıme:         | Central Tower     |                         |                        |              |
| Туре   | e of Service Prov             | <u>rided</u>      |                      |                   |              |                   |                         |                        |              |
| X      | Nursing                       | Inpatient<br>Beds | 105                  | Inpatient<br>Days | 16388        | X Surg            | jical                   | Obstetrica<br>Recovery | al           |
| X      | IntensiveCare                 | Inpatient<br>Beds | 27                   | Inpatient Days    | 7603         | Anes              | sthesia                 | X Newborn/<br>WellBaby |              |
| X      | Pediatric/Adol escent         | Inpatient<br>Beds | 20                   | Inpatient Days    | s 0          | Clinic            | cal Lab                 | Emergend               | cy           |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0                    | Inpatient Days    | s 0          | Radi<br>Imag      | iological/<br>ging      | Nuclear<br>Medicine    |              |
| X      | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 32                   | Inpatient Days    | 5151         | Phar              | maceutical              | Rehabilita Therapy     | ition        |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0                    | Inpatient Days    | 0            | X Adm X Supp      | inistration             | Renal Dia              |              |
|        | Skilled Nursing               | Inpatient<br>Beds | 0                    | Inpatient Days    | s 0          | Serv              | rices                   | Surgery                | L            |
|        |                               |                   | Total Be<br>Building |                   | 184          |                   | tetrical<br>arean/Deliv | Central P              | ant          |
|        |                               |                   |                      |                   |              |                   |                         |                        |              |
|        |                               |                   |                      |                   |              |                   |                         |                        |              |
|        |                               |                   |                      |                   |              |                   |                         |                        |              |

Report Year: 2015 10694 St. Bernardine Medical Center San Bernardino Page:6 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01814 Main Hospital **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2015 10694 St. Bernardine Medical Center San Bernardino Page:7 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Central Tower Building Number:** BLD-01817 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 105 Inpatient 1638 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 8 Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 5151 Inpatient 32 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Days Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** 20 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 27 Inpatient 7603 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 184 Inpatient Inpatient Inpatient 184 Days Days Bed Bed

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

| Building<br>Number | Building Name      | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|--------------------|--|
| BLD-01814          | Main Hospital      | Replace  |
| BLD-01816          | Emergency Building | Remain   |
| BLD-01817          | Central Tower      | Retrofit                                       |
| BLD-01818          | North Tower        | Remain   |
| BLD-01819          | Service Building   | Remain   |
| BLD-01820          | Ancillary Building | Remain   |

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|--------------------|--|----------------|--------------|
| List ALL proposed  | I new buildings to be constructed at this or another site. |                | _            |
| Building<br>Number | Building Name  | New<br>Site    |              |
| N_1                | IT Building  |                |              |
|                    |  |                |              |

| Report Ye   | ear: 2015                     | 10694        | St. Bernardine Medica    | al Center     | Sa                            | an Bernardino |                           | Page:10 of 30 |  |
|---|-------------------------------|--------------|--------------------------|---------------|-------------------------------|---------------|---------------------------|---------------|--|
| 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-01814 Main Hospital Removal Date: 07/01/2019   |                               |              |                          |               |                               |               |                           |               |  |
| Planned I   | Uses for the buildi           | ng to be rem | oved from acute care     | service:      |                               |               |                           |               |  |
|   |                               | Other        |                          | Jurisdiction: |                               |               |                           |               |  |
|   | Other Usage:                  | Non-Acute (  | Care Hospital Function   | ns            |                               |               |                           |               |  |
| Inpatient   | services currently            | delivered in | the building:            |               |                               |               |                           |               |  |
|   | Nursing                       |              | Surgical                 |               | Obstetrical<br>Cesarean/Deliv |               | Rehabilitation<br>Therapy |               |  |
|   | IntensiveCare                 |              | Anesthesia               |               |                               |               |                           |               |  |
|   | Pediatric/Adol escent         |              | Clinical Lab             |               | Obstetrical<br>Recovery       |               | Renal Dialysis            | 3             |  |
|   | Psychiatric<br>Nursing        |              | Radiological/<br>Imaging |               | Newborn/<br>WellBaby          |               | Outpatient<br>Surgery     |               |  |
|   | Obstetrical<br>Ante/Postprtum |              | Pharmaceutical           |               | ·                             |               | Central Plant             |               |  |
|   | Intermediate<br>Care          |              | Dietetic                 |               | Emergency                     |               |                           |               |  |
|   | Skilled Nursing               | X            | Administration           |               | Nuclear<br>Medicine           | X             | Support<br>Services       |               |  |
|   |                               |              |                          |               |                               |               |                           |               |  |
|   |                               |              |                          |               |                               |               |                           |               |  |

Report Year: St. Bernardine Medical Center 2015 10694 San Bernardino Page:11 of 30 No data reported for Section 130061(c)(2)(D).

Report Year: St. Bernardine Medical Center 2015 10694 San Bernardino Page:12 of 30 No data reported for Section 130061(c)(2)(D).

Report Year: 2015 10694 St. Bernardine Medical Center San Bernardino Page:13 of 30 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) Main Hospital BLD-01814 **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? N/A Administration 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) Main Hospital BLD-01814 **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services Relocated to new building **New Building** RetroFitted Building Other SPC2-SPC5 Building N\_1-IT Building Facility Project Sub **Project** Plan Number Number Num Scope Complete Approved Start Date Status Date In Date H131460-07/24/2014 10694 0 IT Services Building 2013-07-08 2014-07-15 08/29/2014 FIEL 36-00

Report Year: St. Bernardine Medical Center San Bernardino 2015 10694 Page:14 of 30 No data reported for Section 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-01814 Building Name: Main Hospital  |                               |                          |  |                               |   |                           |  |  |  |
| Type of Service Provided   |                               |                          |  |                               |   |                           |  |  |  |
|  |                               | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |
|  | Nursing                       | Anesthesia               |  |                               |   |                           |  |  |  |
| I  | ntensiveCare                  |                          |  | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |  |  |
|  | Pediatric/Adol<br>escent      | Clinical Lab             |  | Newborn/                      |   | Outpatient<br>Surgery     |  |  |  |
| <br>   | Psychiatric                   | Radiological/<br>Imaging |  | WellBaby                      |   |                           |  |  |  |
|  | Nursing                       | Pharmaceutical           |  | Emergency                     |   | Central Plant             |  |  |  |
|  | Obstetrical<br>Ante/Postprtum | Dietetic                 |  | Nuclear<br>Medicine           | X | Support<br>Services       |  |  |  |
|  | ntermediate<br>Care           | X 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-01817 Buildi              | ng Name: C     | entral Tower             |   |                               |   |   |    |
| Type of Service  | Provided                      |                |                          |   |                               |   |   |    |
|  |                               | X              | Surgical                 | X | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy               |    |
| X  | Nursing                       |                | Anesthesia               |   |                               |   |   |    |
| X  | IntensiveCare                 |                |                          |   | Obstetrical<br>Recovery       |   | Renal Dialysis                          |    |
| X  | Pediatric/Adol escent         |                | Clinical Lab             | X | Newborn/                      |   | Outpatient<br>Surgery                   |    |
|  | Psychiatric                   |                | Radiological/<br>Imaging |   | WellBaby                      |   | - · · · · · · · · · · · · · · · · · · · |    |
|  | Nursing                       |                | Pharmaceutical           |   | Emergency                     |   | Central Plant                           |    |
| X  | Obstetrical<br>Ante/Postprtum |                | Dietetic                 |   | Nuclear<br>Medicine           | X | Support<br>Services                     |    |
|  | Intermediate<br>Care          | X              | 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-01814  | Building Name: Main Hospital  |                               |                         |  |  |  |  |  |  |
| Configuration: Remove from GA   | C service by 1/1/2020         |                               |                         |  |  |  |  |  |  |
| Type of Service Provided  |                               |                               |                         |  |  |  |  |  |  |
| Nursing   | Surgical                      | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy  |  |  |  |  |  |  |
| IntensiveCare   | Anesthesia                    | Obstetrical                   | Renal Dialysis          |  |  |  |  |  |  |
| Pediatric/Adol escent   | Clinical Lab                  | Recovery                      |                         |  |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging      | Newborn/<br>WellBaby          | X Outpatient<br>Surgery |  |  |  |  |  |  |
| Obstetrical Ante/Postprtum  | Pharmaceutical                | Emergency                     | Central Plant           |  |  |  |  |  |  |
| Intermediate  | Dietetic                      |                               |                         |  |  |  |  |  |  |
| Care Skilled Nursing  | X Administration              | Nuclear 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-01816            | Building Nan   | ne: Emergency Buildir    | ng |                               |  |                           |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |                      |                |                          |    |                               |  |                           |  |  |  |
| Type of Service   | Provided             |                |                          |    |                               |  |                           |  |  |  |
| Nu  | rsing                |                | Surgical                 |    | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |  |
| Into  | ensiveCare           |                | Anesthesia               |    | Obstetrical<br>Recovery       |  | Renal Dialysis            |  |  |  |
|   | diatric/Adol<br>cent |                | Clinical Lab             |    | recovery                      |  |                           |  |  |  |
|   | ychiatric<br>Irsing  |                | Radiological/<br>Imaging |    | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |  |  |  |
|   | estetrical           |                | Pharmaceutical           |    |                               |  |                           |  |  |  |
| Ш An  | te/Postprtum         |                |                          | X  | Emergency                     |  | Central Plant             |  |  |  |
| Into Ca   | ermediate<br>ire     |                | Dietetic                 |    | Nuclear Medicine              |  | Support                   |  |  |  |
| Sk  | illed 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-01817 Building Name: Central Tower   |                        |               |                          |   |                               |   |                           |  |  |  |  |  |  |
| Configuration: Remove from GAC service by 1/1/2020  |                        |               |                          |   |                               |   |                           |  |  |  |  |  |  |
| Type of Se  | ervice Provided        |               |                          |   |                               |   |                           |  |  |  |  |  |  |
| X   | Nursing                | X             | Surgical                 | X | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |  |  |  |
| X   | IntensiveCare          |               | Anesthesia               |   | Obstetrical<br>Recovery       | F | Renal Dialysis            |  |  |  |  |  |  |
|   | Pediatric/Adol escent  |               | Clinical Lab             |   | Recovery                      |   |                           |  |  |  |  |  |  |
|   | Psychiatric<br>Nursing |               | Radiological/<br>Imaging | X | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |  |  |  |  |  |
| Х   | Obstetrical            |               | Pharmaceutical           | _ |                               |   |                           |  |  |  |  |  |  |
|   | Ante/Postprtum         |               |                          |   | Emergency                     |   | Central Plant             |  |  |  |  |  |  |
|   | Intermediate<br>Care   |               | Dietetic                 |   | Nuclear Medicine              |   | Support                   |  |  |  |  |  |  |
|   | Skilled Nursing        | X             | 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-01818 Building Name: North Tower   |  |   |   |   |   |  |  |  |  |  |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |  |   |   |   |   |  |  |  |  |  |  |  |  |
| ervice Provided   |  |   |   |   |   |  |  |  |  |  |  |  |  |
| Nursing   |  | Surgical  | X   | Obstetrical<br>Cesarean/Deliv   |   | Rehabilitation<br>Therapy  |  |  |  |  |  |  |  |
| IntensiveCare   |  | Anesthesia  |   | Obstetrical   | X   | Renal Dialysis   |  |  |  |  |  |  |  |
| Pediatric/Adol escent   |  | Clinical Lab  |   | Recovery  |   |  |  |  |  |  |  |  |  |
| Psychiatric<br>Nursing  |  | Radiological/<br>Imaging  |   | Newborn/<br>WellBaby  |   | Outpatient<br>Surgery  |  |  |  |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   |  | Pharmaceutical  |   | Emergency   |   | Central Plant  |  |  |  |  |  |  |  |
| Intermediate  | X  | Dietetic  |   |   |   |  |  |  |  |  |  |  |  |
| Care Skilled Nursing  |  | Administration  |   | Nuclear Medicine  | Ш   | Support<br>Services  |  |  |  |  |  |  |  |
|   | whether by retrofit or by 30061(c)(5)  ber: BLD-01818  Retrofit Conform  rvice Provided  Nursing  IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care | whether by retrofit or by replacement 30061(c)(5)  ber: BLD-01818 Building Nation: Retrofit Conforming building to ervice Provided  Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum  Intermediate Care | whether by retrofit or by replacement and the type of service 30061(c)(5)  ber: BLD-01818 | whether by retrofit or by replacement and the type of service that will be 30061(c)(5)  ber: BLD-01818 Building Name: North Tower  on: Retrofit Conforming building to NPC 4 or NPC 5  ervice Provided  Nursing Surgical X  IntensiveCare Anesthesia  Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging  Obstetrical Ante/Postprtum  Intermediate Care Administration | whether by retrofit or by replacement and the type of service that will be provided in each gen 30061 (c)(5)  ber: BLD-01818 Building Name: North Tower  Retrofit Conforming building to NPC 4 or NPC 5  Prvice Provided  Nursing Surgical X Obstetrical Cesarean/Deliv  IntensiveCare Anesthesia Obstetrical Recovery  Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby  Obstetrical Ante/Postprtum Emergency  Intermediate Care Nuclear Medicine  Administration | whether by retrofit or by replacement and the type of service that will be provided in each general acute of 30061(c)(5)  ber: BLD-01818 |  |  |  |  |  |  |  |

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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 Num  | Building Number: BLD-01819 Building Name: Service Building |               |                          |  |                               |     |                           |  |  |  |  |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |  |               |                          |  |                               |     |                           |  |  |  |  |  |  |  |
| Type of So  | ervice Provided  |               |                          |  |                               |     |                           |  |  |  |  |  |  |  |
|   | Nursing  |               | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |     | Rehabilitation<br>Therapy |  |  |  |  |  |  |  |
|   | IntensiveCare  |               | Anesthesia               |  | Obstetrical<br>Recovery       | R   | tenal Dialysis            |  |  |  |  |  |  |  |
|   | Pediatric/Adol escent                                      |               | Clinical Lab             |  | Recovery                      |     |                           |  |  |  |  |  |  |  |
|   | Psychiatric<br>Nursing                                     |               | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |     | Outpatient<br>urgery      |  |  |  |  |  |  |  |
|   | Obstetrical  |               | Pharmaceutical           |  |                               |     |                           |  |  |  |  |  |  |  |
|   | Ante/Postprtum   |               |                          |  | Emergency                     | X C | entral Plant              |  |  |  |  |  |  |  |
|   | Intermediate<br>Care                                       |               | Dietetic                 |  | Nuclear Medicine              |     | Support                   |  |  |  |  |  |  |  |
|   | Skilled Nursing  |               | Administration           |  |                               |     | Services                  |  |  |  |  |  |  |  |
|   |  |               |                          |  |                               |     |                           |  |  |  |  |  |  |  |
|   |  |               |                          |  |                               |     |                           |  |  |  |  |  |  |  |
|   |  |               |                          |  |                               |     |                           |  |  |  |  |  |  |  |

| eport Year:   | 2015 10694             | St. Bernardir | ne Medical Center        |   | San Bernardino                |   | Page:22 of 30             |  |  |  |  |  |  |
|---|------------------------|---------------|--------------------------|---|-------------------------------|---|---------------------------|--|--|--|--|--|--|
| 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-01820 Building Name: Ancillary Building  |                        |               |                          |   |                               |   |                           |  |  |  |  |  |  |
| Configuration: Remove from GAC service by 1/1/2030  |                        |               |                          |   |                               |   |                           |  |  |  |  |  |  |
| Type of Se  | rvice Provided         |               |                          |   |                               |   |                           |  |  |  |  |  |  |
|   | Nursing                | X             | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |  |  |  |
|   | IntensiveCare          | X             | Anesthesia               |   | Obstetrical<br>Recovery       | F | Renal Dialysis            |  |  |  |  |  |  |
|   | Pediatric/Adol escent  | X             | Clinical Lab             |   | Recovery                      |   |                           |  |  |  |  |  |  |
|   | Psychiatric<br>Nursing | X             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Gurgery     |  |  |  |  |  |  |
|   | Obstetrical            | X             | Pharmaceutical           |   |                               |   |                           |  |  |  |  |  |  |
|   | Ante/Postprtum         |               |                          |   | Emergency                     |   | Central Plant             |  |  |  |  |  |  |
|   | Intermediate<br>Care   |               | Dietetic                 | X | Nuclear Medicine              |   | Support                   |  |  |  |  |  |  |
|   | Skilled Nursing        |               | Administration           |   |                               |   | Services                  |  |  |  |  |  |  |
|   |                        |               |                          |   |                               |   |                           |  |  |  |  |  |  |
|   |                        |               |                          |   |                               |   |                           |  |  |  |  |  |  |
|   |                        |               |                          |   |                               |   |                           |  |  |  |  |  |  |

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|-----------------|--|-------------------|-------------------|-----------|--------------------------|---|-------------------------------|--|---------------------------|--|--|
| Includ<br>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          | ng Number: BLI   | D-01816           | Building Nam      | ne: Em    | nergency Building        |   |                               |  |                           |  |  |
| Туре            | e of Service Prov  | <u>rided</u>      |                   |           |                          |   |                               |  |                           |  |  |
|                 | Nursing  | Inpatient<br>Beds | 0                 |           | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |
|                 | IntensiveCare  | Inpatient<br>Beds | 0                 |           | Anesthesia               |   |                               |  |                           |  |  |
|                 | Pediatric/Adol escent  | Inpatient<br>Beds | 0                 |           | Clinical Lab             |   | Obstetrical<br>Recovery       |  | Renal Dialysis            |  |  |
|                 | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                 |           | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |  |  |
|                 | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0                 |           | Pharmaceutical           | X | Emergency                     |  | Central Plant             |  |  |
|                 | Intermediate<br>Care   | Inpatient<br>Beds | 0                 |           | Dietetic                 |   | Nuclear<br>Medicine           |  | Support<br>Services       |  |  |
|                 | Skilled Nursing  | Inpatient<br>Beds | 0                 |           | Administration           |   |                               |  |                           |  |  |
|                 | Total Beds this<br>Building  |                   | 0                 |           |                          |   |                               |  |                           |  |  |
|                 |  |                   |                   |           |                          |   |                               |  |                           |  |  |

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|--------|--|-------------------|------------------|-------------|--------------------------|------------------------------|--------------|--------------------|--|--|--|
|        | Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) |                   |                  |             |                          |                              |              |                    |  |  |  |
| Buildi | ng Number: BLE   | D-01818           | Building Na      | me: No      | orth Tower               |                              |              |                    |  |  |  |
| Туре   | of Service Prov  | <u>rided</u>      |                  |             |                          |                              |              |                    |  |  |  |
| X      | Nursing  | Inpatient<br>Beds | 104              |             | Surgical                 | X Obstetrical Cesarean/Deliv | Reha<br>Ther | abilitation<br>apy |  |  |  |
| X      | IntensiveCare  | Inpatient<br>Beds | 40               |             | Anesthesia               |                              |              |                    |  |  |  |
|        | Pediatric/Adol escent  | Inpatient<br>Beds | 0                |             | Clinical Lab             | Obstetrical<br>Recovery      | X Rena       | al Dialysis        |  |  |  |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                |             | Radiological/<br>Imaging | Newborn/<br>WellBaby         | Outp<br>Surg | patient<br>ery     |  |  |  |
| X      | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 14               |             | Pharmaceutical           | Emergency                    | Cent         | ral Plant          |  |  |  |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0                | X           | Dietetic                 | Nuclear<br>Medicine          | Supp<br>Serv |                    |  |  |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0                |             | Administration           |                              |              |                    |  |  |  |
|        | Total Beds this<br>Building  |                   | 158              |             |                          |                              |              |                    |  |  |  |
|        |  |                   |                  |             |                          |                              |              |                    |  |  |  |
|        |  |                   |                  |             |                          |                              |              |                    |  |  |  |

| Report Y    | Year: 2015   | 10694             | St. Bernardine Med | dical C | enter                    |  | San Bernardino                |   | Page:25 of 30             |  |
|-------------|--|-------------------|--------------------|---------|--------------------------|--|-------------------------------|---|---------------------------|--|
|             | 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) |                   |                    |         |                          |  |                               |   |                           |  |
| Buildin     | g Number: BLD  | D-01819           | Building Name      | e: Se   | ervice Building          |  |                               |   |                           |  |
| <u>Type</u> | of Service Prov  | ided              |                    |         |                          |  |                               |   |                           |  |
|             | Nursing  | Inpatient<br>Beds | 0                  |         | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |
|             | IntensiveCare  | Inpatient<br>Beds | 0                  |         | Anesthesia               |  |                               |   |                           |  |
|             | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0                  |         | Clinical Lab             |  | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |
|             | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                  |         | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |
|             | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0                  |         | Pharmaceutical           |  | Emergency                     | X | Central Plant             |  |
|             | Intermediate<br>Care   | Inpatient<br>Beds | 0                  |         | Dietetic                 |  | Nuclear<br>Medicine           |   | Support<br>Services       |  |
|             | Skilled Nursing  | Inpatient<br>Beds | 0                  |         | Administration           |  |                               |   |                           |  |
|             | Total Beds this<br>Building  |                   | 0                  |         |                          |  |                               |   |                           |  |
|             |  |                   |                    |         |                          |  |                               |   |                           |  |

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|--------|--|-------------------|--------------------|---------|--------------------------|---|-------------------------------|---|---------------------------|--|
|        | Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) |                   |                    |         |                          |   |                               |   |                           |  |
| Buildi | ng Number: BLE   | D-01820           | Building Name      | e: Ar   | ncillary Building        |   |                               |   |                           |  |
| Туре   | e of Service Prov  | rided             |                    |         |                          |   |                               |   |                           |  |
|        | Nursing  | Inpatient<br>Beds | 0                  | X       | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |
|        | IntensiveCare  | Inpatient<br>Beds | 0                  | X       | Anesthesia               |   | _                             |   |                           |  |
|        | Pediatric/Adol escent  | Inpatient<br>Beds | 0                  | X       | Clinical Lab             |   | Obstetrical<br>Recovery       |   | Renal Dialysis            |  |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                  | X       | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |  |
|        | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0                  | X       | Pharmaceutical           |   | Emergency                     |   | Central Plant             |  |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0                  | Ш       | Dietetic                 | X | Nuclear<br>Medicine           | X | Support<br>Services       |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0                  |         | Administration           |   |                               |   |                           |  |
|        | Total Beds this<br>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

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-01816 **Building Name: Building Number: Emergency Building** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 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 0 Inpatient 0 Davs Bed Bed Days 0 0

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Report Year: 2015 10694 St. Bernardine Medical Center San Bernardino Page:29 of 30 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01819 Service Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 10694 St. Bernardine Medical Center San Bernardino Page:30 of 30 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01820 **Ancillary Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0