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	Provide the Hospital Owner and Year of Report per Section 130061(e)							
Facility Number:	10697							
Facility Name:	Commu	nity Hospital of San Bernardino						
Address:	1805 Me	edical Center Drive						
City:	San Ber	nardino						
Hospital Owner/Lic	ensee:	Community Hospital of San Bernardino						
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	dress::	[Confidential data left blank intentionally.]						
Name of Sub	omitter:	Karl Wagner						
Submission	n Date:	12/10/2015 1:46:34 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- 01846	Original Hospital	1805 Medical Center Drive	Replace	SPC2	01/01/2015	12/31/2015
BLD- 01847	Storage Building	1805 Medical Center Drive	Remove	N/A	01/01/2015	12/31/2015

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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-	01846	Original Hospital		Retrofit/Re	eplacement	Yes-Subr	nitted]
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10697	P-2012- 01781	0	SPC 1 Decommissioning : Original Hospital Bldg 01	8/24/2012	9/25/2012 12:00:00 AM	06/30/2014		FIEL	. No
10697	P-2012- 02531	0	Pharmacy Relocation	11/26/201 2	12/9/2013 12:00:00 AM	12/31/2013	12/31/2014	CLOS	No No

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Provide the number o	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: Bl	Building Number: BLD-01846 Building Name: Original Hospital							
Type of Service Prov	<u>vided</u>							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	/			
X Psychiatric Nursing	Inpatient Beds	37 Inpatient Days 9682	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitat Therapy	ion			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	ysis			
X Skilled Nursing	Inpatient Beds	88 Inpatient Days 31558	Support Services	Outpatient Surgery				
		Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	ant			

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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:		Building Name: St	torage Building			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtur	Inpatient m Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	g Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
	Dodo	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant		

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Frovide the number of inpatient beds and patient days per type of unit per building per Section 130001(c)(1)(F)						
Building Number:	BLD-01846	Building Name: Orig	ginal Hospital			
Medical / Surgical	(Include GYN)	Acute Respiratory	y Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 37 Bed	Inpatient 9682 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 88 Bed	Inpatient 3155 Days 8	
Pediatric		intensive Care Ne 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 / develope Disabled	ment	
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	125	125	

Report Year: 2015 10697 Community Hospital of San Bernardino San Bernardino Page:7 of 48 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) Storage Building **Building Number:** BLD-01847 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01846	Original Hospital	Replace
BLD-01847	Storage Building	Remove
BLD-01848	Physical Therapy	Remain
BLD-01849	South Hospital	Remain
BLD-01850	North Hospital	Remain
BLD-01851	Wings 700/800/900	Remain
BLD-01852	Utility/Central Plant 1/Service Buildings	Retrofit
BLD-01853	Central Plant #2	Remain
BLD-01854	Central Plant #3	Remain
BLD-03223	Telecom Building	Remain

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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 N	Building Number: BLD-01846 Original Hospital Removal Date:								
Planned l	Jses for the buildi	ng to be rem	oved from acute care	service:					
Planned	use for building:	Other		Jurisdiction:					
	Other Usage:	Non-Acute C	Care Hospital Function	ns					
Inpatient :	services currently	delivered in	the building:			_			
	Nursing		Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy		
	IntensiveCare		Anesthesia		01				
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3	
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic						
X	Skilled Nursing		Administration		Nuclear Medicine		Support Services		

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The proje replaced The planr replaced	For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for eplaced 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 eplaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building N	Building Number: BLD-01847 Storage Building Removal Date:								
Planned l	Jses for the build	ing to be remo	ved from acute care se	rvice:					
Planned	use for building:	Other	Ju	ırisdiction:					
	Other Usage:	Administration	1						
Inpatient	services currently	delivered in th	e building:						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstatrical				
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic			_			
	Skilled Nursing		Administration		Nuclear Medicine		Support Services		

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Provide the number of inpatient and patient of acute care services per Section 130061(c)(2)(I	days per unit for the three years prior to the rep	porting year for buildings to be re	moved from
Building Nbr: BLD-01847 Building Name:	Storage Building	Year of Information: 2012	
Unit Type	lı	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	0
Deus Days	Deus Days	Total Beds this Building per Service	0

Report Year: 2015 10697 Community Hospital of San Bernardino San Bernardino Page:13 of 48 Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). 2013 Building Nbr: BLD-01847 Storage Building **Building Name:** Year of Information: Information Current As Of: **Unit Type Acute Respiratory Care Acute Psychiatric** Medical/Surgical (include GYN) Inpatient 0 Patient 0 0 Patient 0 0 Patient 0 Inpatient Inpatient **Beds** Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient ol Inpatient Patient Inpatient ol ol Inpatient Patient Days Beds Beds Davs Beds Davs **Intensive Care Newborn Nursery Intermediate Care Pediatric** Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient 0 Patient 0 **Beds** Days Beds Days Beds Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center 0 0 Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient ol Patient Days Beds Beds Days Beds Days **Coronary Care Chemical Dependency Total Beds this** 0 Patient Inpatient 0 Patient ol ol 0 Inpatient **Building per Unit** Beds Days Days Beds **Total Beds this** 0 **Building per Service**

Report Year: 2015 10697 Community Hospital of San Bernardino San Bernardino Page:14 of 48 Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). 2014 Building Nbr: BLD-01847 Storage Building **Building Name:** Year of Information: Information Current As Of: **Unit Type Acute Respiratory Care Acute Psychiatric** Medical/Surgical (include GYN) Inpatient 0 Patient 0 0 Patient 0 0 Patient 0 Inpatient Inpatient **Beds** Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient ol Inpatient Patient Inpatient ol ol Inpatient Patient Days Beds Beds Davs Beds Davs **Intensive Care Newborn Nursery Intermediate Care Pediatric** Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient 0 Patient 0 **Beds** Days Beds Days Beds Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center 0 0 Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient ol Patient Days Beds Beds Days Beds Days **Coronary Care Chemical Dependency Total Beds this** 0 Patient Inpatient 0 Patient ol ol 0 Inpatient **Building per Unit** Beds Days Days Beds **Total Beds this** 0 **Building per Service**

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	Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be semoved from acute care services per Section $130061(c)(2)(D)$.							
Building Nbr: BLD-0	D1847 Building Name:	Storage Building		Year of Information:	2012			
Type of Services Provided	ivanie.			nformation Current As Of:				
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis			
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	_			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency [Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration					
Total Beds this B	uilding per service	0						

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	Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-0	D1847 Building Name:	Storage Building		Year of Information:	2013			
Type of Services Provided				Information Current As Of:				
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis			
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	-			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutic	al Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	1				
Total Beds this B	uilding per service	0						

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	of inpatient and patient care services per Section		the three years prio	r to the reporting year for b	ouildings to be
Building Nbr: BLD-0	D1847 Building Name:	Storage Building		Year of Information:	2014
Type of Services Provided			l —	Information Current As Of:	08/18/2015
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	_
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutic	al Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	1	
Total Beds this B	uilding per service	0			

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Report whether t building sites or p	he general acute oproject numbers fo	care services and or buildings with a	beds will be relocated to a ne Building Resolution of "Rebui	w, existing or retrofitted buld" or "Replace" per Section	uilding and any corresponding on 130061(c)(2)(E)
Building Number:		, L	Original Hospital		
Psychiatric Nursi		nd beds will be rel	ocated to a new, Existing or re	etrofitted building?	
Report whether t building sites or p	he general acute o project numbers fo	care services and or buildings with a	beds will be relocated to a ne Building Resolution of "Rebui	w, existing or retrofitted buld" or "Replace" per Section	illding and any corresponding on 130061(c)(2)(E)
Building Number:	BLD-01846 B	Building Name:	Original Hospital		
Will general acut	e care services ar	nd beds will be rel	ocated to a new, Existing or re	etrofitted building?	
			beds will be relocated to a ne Building Resolution of "Rebui		
Building Number:	BLD-01846 B	Building Name:	Original Hospital		
Will general acut	e care services ar	nd beds will be rel	ocated to a new, Existing or re	etrofitted building?	
Pharmaceutical	Relocated	to other building			
New B	uilding		RetroFitted Building	Other SP	C2-SPC5 Building
				BLD-01851-Wings	700/800/900

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Report whether the general acute care services and building sites or project numbers for buildings with a									
Building BLD-01846 Building Name: Number:	Original Hospital								
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Acute Psychiatric N/A									
Report whether the general acute care services and building sites or project numbers for buildings with a									
Building BLD-01846 Building Name:	Original Hospital								
Will general acute care services and beds will be re	located to a new, Existing or retrofitted	building?							
Skilled Nursing N/A									

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port Year: 201	10697 Comn	nunity Hospital of	San Bernardino		San Bernardino		Page:21 of 48
Report any general er Section 130061	acute care hospital inpa (c)(4)	tient service that	is provided in any go	eneral	acute care hospital l	building t	hat is rated SPC-1
Building Number:	BLD-01846 Buildir	g Name: Origin	nal Hospital				
Type of Service	e Provided	. –					
		Sı	urgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		nesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	c	linical Lab				Outpatient
	escent Psychiatric		adiological/ naging		Newborn/ WellBaby		Surgery
X	Nursing	X P	harmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum		ietetic		Nuclear Medicine		Support Services
	Intermediate Care	A	dministration				
X	Skilled Nursing						

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Report any general per Section 130061	acute care hospital inpa	tient service that is p	provided in any genera	l acı	ute care hospital b	uilding t	hat is rated	SPC-1
Building Number:	BLD-01847 Buildin	g Name: Storage	Building					
Type of Service	Provided							
		Surg	ical		bstetrical esarean/Deliv		Rehabilita Therapy	ation
	Nursing	Anes	sthesia				Renal Dia	alvoio
	IntensiveCare	Clini	cal Lab		bstetrical ecovery	Ш	Renai Dia	117515
	Pediatric/Adol escent		iological/		ewborn/ /ellBaby		Outpatier Surgery	nt
	Psychiatric Nursing	Imaç			mergency		Central P	lont
			maceuticai	_	mergency	Ш	Central P	iani
	Obstetrical Ante/Postprtum	Diete	etic		uclear ledicine		Support Services	
	Intermediate Care	Adm	inistration					
	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-01846	Building Name: Original Hospita	I							
Configuration: Remove from GA	C service by 1/1/2020								
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab	Recovery							
X Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant						
Intermediate	Dietetic	Lineigency	Gential Flain						
Care X Skilled Nursing	Administration	Nuclear Medicine	Support Services						
	1								

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Report the final requirements w per Section 130	hether by retrofit or by	ldings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply be provided in each gene	with the SPC-5/ eral acute care h	NPC-4 or 5 nospital building		
Building Number	er: BLD-01847	Building Na	me: Storage Building						
Configuration: Remove from GAC service by 1/1/2015									
Type of Serv	vice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy		
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Receivery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	П с	ntral Plant		
	Intermediate		Dietetic		Emergency		mia i iam		
	Care Skilled Nursing	X	Administration		Nuclear Medicine		upport ervices		
		I							

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Report the fina requirements v per Section 13	vhether by retrofit or by	ldings on the replacement	hospital campus showir and the type of service	ng how e that will b	ach building will comply be provided in each gene	with the SPC-5/ eral acute care h	NPC-4 or 5 nospital building			
Building Numb	er: BLD-01848	Building Na	me: Physical Therapy							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Ser	vice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis			
	Pediatric/Adol escent	X	Clinical Lab		Receivery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	П с	ntral Plant			
	Intermediate		Dietetic		• .		miai i iain			
	Care Skilled Nursing		Administration		Nuclear Medicine		ipport ervices			
		I								

Section 130061(c)(5)	y replacement and the type of service	e that will be provided in each geni	erai acute care nospitai bulluling
ilding Number: BLD-01849	Building Name: South Hospital		
Configuration: Retrofit Conform	ning building to NPC 4 or NPC 5		
Type of Service Provided			
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	X Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical		
Intermediate	Dietetic	X Emergency	Central Plant
Care Skilled Nursing	Administration	X Nuclear Medicine	X Support Services
Okined Harding			

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Report the final requirements who per Section 130	hether by retrofit or by r	dings on the eplacement	hospital campus showin and the type of service t	ig how e hat will t	ach building will comply be provided in each gen	with the SPC-5/l eral acute care h	NPC-4 or 5 ospital building			
Building Numbe	r: BLD-01850	Building Na	me: North Hospital							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Serv	rice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient gery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	☐ Cei	ntral Plant			
	Intermediate		Dietetic			_				
	Care Skilled Nursing		Administration		Nuclear Medicine		ipport ervices			
		I								

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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-01851 Building Name: Wings 700/800/900										
Configuration: Remove from GAC service by 1/1/2030										
Type of Service	e Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	termediate are		Dietetic		Nuclear Medicine		Support			
Sk	killed Nursing		Administration	_		_	Services			

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

Report Year:	2015 10697	Community F	lospital of San Bernardi	no	San Bernardino		Page:30 of 48			
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	er: BLD-01853	Building Na	me: Central Plant #2							
Configuration	: Retrofit Conformir	ng building to	NPC 4 or NPC 5							
Type of Serv	vice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	□ Ce	ntral Plant			
	Intermediate		Dietetic		o.goo,					
	Care Skilled Nursing		Administration		Nuclear Medicine		upport ervices			
		I								

Report Year:	2015 10697	Community F	lospital of San Bernardi	no	San Bernardino)	Page:31 of 48			
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 Numl	ber: BLD-01854	Building Na	me: Central Plant #3							
Configuratio	n: Retrofit Conform	ing building to	NPC 4 or NPC 5							
Type of Se	rvice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis			
	Pediatric/Adol escent		Clinical Lab		recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	ПСе	ntral Plant			
	Intermediate		Dietetic		Linergency		mar ian			
	Care Skilled Nursing		Administration		Nuclear Medicine		upport ervices			
		ı								

Section 130061(acement	and the type of service	ınat wili t	oe provided in each gene	erai acute c	are nospital building				
ilding Number:	BLD-03223 Bu	ilding Nar	me: Telecom Building								
Configuration: N/A											
Type of Service F	Provided										
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
Pedi esce	atric/Adol ent		Clinical Lab		Recovery						
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	tetrical /Postprtum		Pharmaceutical		Emorgonov		Central Plant				
Inter	mediate		Dietetic		Emergency						
Care Skille	ed Nursing		Administration		Nuclear Medicine		Support Services				

Report Year:	2015	10697	Community Hosp	oital of Sa	n Bernardino	San Bernardino		Page:33 of 48
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 Nu	ımber: BLI	D-01848	Building Nar	me: Phy	ysical Therapy			
Type of S	ervice Prov	<u>rided</u>						
Nurs	ing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy
Inten	siveCare	Inpatient Beds	0		Anesthesia			
Pedia esce	atric/Adol nt	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psyc Nurs	hiatric ing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
Interi Care	mediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Serv	
Skille	ed Nursing	Inpatient Beds	0		Administration			
Total Build	l Beds this ling		0					

Report	Year: 2015	10697	Community Hosp	pital of Sa	n Bernardino		San Bernardino		Page:34 of 48
	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: BLC	D-01849	Building Na	me: So	uth Hospital				
Туре	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	30	X	Anesthesia		_		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	X	Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		30						

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Include information on and SPC-5 per Section		of inpatient beds	by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BLI	D-01850	Building N	lame: North Hospital		
Type of Service Prov	<u>vided</u>				
X Nursing	Inpatient Beds	89	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	24	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		113			

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Include information on and SPC-5 per Section		inpatient beds	by type of S	ervice provided by	buildings that are classified a	s SPC-2, SP0	C-3, SPC-4,
Building Number: BLI	D-01851	Building N	ame: Wir	ngs 700/800/900			
Type of Service Prov	<u>/ided</u>						
X Nursing	Inpatient Beds	15		Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy
IntensiveCare	Inpatient Beds	0		Anesthesia	_		
Pediatric/Adol escent	Inpatient Beds	27		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric X Nursing	Inpatient Beds	37		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	
Skilled Nursing	Inpatient Beds	0	X	Administration			
Total Beds this Building		79					

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Num	nber: BLE	D-01852	Building Nam	e: Uti	ility/Central Plant 1/Se	ervice	Buildings		
Type of Service Provided									
Nursin	g	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intensi	iveCare	Inpatient Beds	0		Anesthesia				
Pediat escent	ric/Adol t	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychi Nursin		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstet Ante/P	trical Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
Interm Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled	l Nursing	Inpatient Beds	0		Administration				
Total E Buildin	Beds this		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number:	BLD-01853	Building Na	ame: Cent	tral Plant #2				
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtui	Inpatient m Beds	0	_ '	Pharmaceutical		Emergency	X	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled Nursin	g Inpatient Beds	0	/	Administration				
Total Beds this Building	s	0						

Report Year: 20	10697	Community Ho	spital of Sa	n Bernardino		San Bernardino		Page:39 of 48
Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number:	BLD-01854	Building Na	ame: Ce	ntral Plant #3				
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation erapy
IntensiveCar	re Inpatient Beds	0		Anesthesia				
Pediatric/Add	ol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient Irgery
Obstetrical Ante/Postprt	Inpatient tum Beds	0		Pharmaceutical		Emergency	X Ce	entral Plant
Intermediate Care	e Inpatient Beds	0		Dietetic		Nuclear Medicine		ipport ervices
Skilled Nursi	ing Inpatient Beds	0		Administration				
Total Beds tl Building	his	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)								
Buildir	ng Number: BLC	D-03223	Building Name	: Te	elecom Building				
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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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:	LD-01848 Build i	ing Name: Physical Therapy						
Medical / Surgical (Incl	lude GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days					
Perinatal (Exclude Nev	vborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed					
Pediatric		Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days					
Coronary Care		Chemical Dependency	Total Beds this Building Per Building Per					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0					

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Report Year: 2015 10697 Community Hospital of San Bernardino San Bernardino Page:43 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-01850 North Hospital **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 89 Inpatient Inpatient 0 Inpatient Inpatient 13624 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient 24 5766 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 113 113

Report Year: 2015 10697 Community Hospital of San Bernardino San Bernardino Page:44 of 48 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-01851 Wings 700/800/900 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 15 Inpatient Inpatient 0 Inpatient 11218 2296 37 Days Days Bed 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 2510 Inpatient 0 Inpatient 27 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

OSHPD FDD SB499 Report Data Last Update: 10/14/2015 Submission Date: 12/10/2015 Printed: 12/12/2015 6:25 AM

Days

79

79

Bed

Bed

Days

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Report Year: 2015 10697 Community Hospital of San Bernardino San Bernardino Page:46 of 48 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-01853 Central Plant #2 **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 10697 Community Hospital of San Bernardino San Bernardino Page:47 of 48 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-01854 Central Plant #3 **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 10697 Community Hospital of San Bernardino San Bernardino Page:48 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-03223 Telecom Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0