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Office of Statewide Health Planning and Development
Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

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

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

Facility Number:	18007		
Facility Name:	Orange	County Global Medical Center	
Address:	1001 N	Tustin Ave	
City:	Santa A	na	
Hospital Owner/Lice	ensee:	Orange County Global Medical Center, Inc.	
Year of Repo	orting:	2015	
Contact 1 e-mail Ado	dress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ado	dress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	tress::	[Confidential data left blank intentionally.]	
Name of Subr	mitter:	Robert Kessler	
Submission	Date:	12/14/2015 3:22:15 PM	

Report	Year: 2015 18007	Orange County Global Medical	Center	Santa Ana		Page:2 of 39		
For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)								
Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date		
BLD- 00298	Administration	1001 N Tustin Ave	Retrofit	SPC2	01/01/2019	06/01/2018		
BLD- 05722	Entrance Canopy	1001 N Tustin Ave	Retrofit	SPC2	01/01/2019	12/31/2018		
	I							

Report Year: 2015 1800	07 Orange County Global Medical	Center	Santa Ana	Pa	ge:3 of 39				
For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section $130061(c)(1)(C)$ . The projected construction start date or dates and projected Completion date or dates per Section $130061(c)(1)(D)$ and the most recent project status and approvals per Section $130061(c)(1)(E)$ .									
Building No: BLD-00298	Administration		Retrofit/Replacemen Project:	Yes-Submitt	ed				
Facility Project Sub Number Number Num Sc	cope	Date In	Plan Approved Projected Date Start Date	Projected Completion Date St	CEQA atus Review				
18007 H142861-30 0 V. -00	S.I. Voluntary Seismic Improvement	12/10/201 4	6/9/2015 12:00:00 AM		PEND No				
OSHPD FDD SB499 Report	Data Last Update: 12/14/2015	Submis	sion Date: 12/14/2015	Printed: 12/16/2015	6·25 AM				

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BLD-00298	Building Number: BLD-00298 Building Name: Administration								
Type of Service Provided									
Nursing Inpatien Beds	t 0 Inpatient 0 Days		Dbstetrical Recovery						
IntensiveCare Inpatien Beds	t 0 Inpatient Days 0		lewborn/ VellBaby						
Pediatric/Adol Inpatient escent Beds	t 0 Inpatient Days 0	Clinical Lab	mergency						
Psychiatric Inpatien Nursing Beds	t 0 Inpatient Days 0	Imaging	luclear Aedicine						
Obstetrical Inpatien Ante/Postprtum Beds	t 0 Inpatient Days 0		Rehabilitation Therapy						
Intermediate Inpatien Care Beds	t 0 Inpatient Days 0		Renal Dialysis						
Skilled Nursing Inpatien Beds	t 0 Inpatient Days 0		Dutpatient Surgery						
	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant						
OSHPD FDD SB499 Report	Data Last Update: 12/14/2015 Su	ubmission Date: 12/14/2015 Print	ed: 12/16/2015 6:25 AM						

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Provide the number of	inpatient be	eds and patient days per type of service per	building per Section 130061	(c)(1)(F)			
Building Number: BLI	D-05722	Building Name: Entr	rance Canopy				
Type of Service Provided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Outpatient Surgery			
	Doub	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant			
OSHPD FDD SB499 Report	t	Data Last Update: 12/14/2015 Sul	bmission Date: 12/14/2015	Printed: 12/16/2015 6:25 AM			

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)								
Building Number:	BLD-00298 Buildi	ng Name: Adm	inistration					
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric				
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing				
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care New Nursery	vborn	Intermediate Card				
	npatient 0 Pays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent			
	ays	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			
	ays	Inpatient 0 Bed	Inpatient 0 Days	0	0			
OSHPD FDD SB499 Rep	ort Data Last Up	date: 12/14/2015	Submission Date:	12/14/2015 Printe	d: 12/16/2015 6:25 AM			

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)									
Building Number:     BLD-05722     Building Name:     Entrance Canopy									
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Pediatric		intensive Care New Nursery	born	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 / developn Disabled	nent				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0				

Report Year:

2015 18007

Orange County Global Medical Center

Santa Ana

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

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

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List ALL proposed new buildings to be constructed at this or another site.								
Building Number	Building Nam	e		New Site				
N_1	Entry Canopy	1		Х				
OSHPD FDD SB499 Re	port	Data Last Update:	12/14/2015	Submission Date	e: 12/14/2015	Printed: 12/16/2	015 6:25 AM	

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No data reported	for Sectio	n 130061 (c	)(2)(A) , (B), or (C)			

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

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lo data reporte	d for Sectio	n 130061(	c)(2)(D).			

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No data reported	d for wheth	er the gen	eral acute care	services and be	eds will be reloc	ated to a ne	ew, existing o	r retrofitted buildir ace" per Section	ng and any	
	ululing site	s or projec		Juliungs with a l					130001(0)(2)(E)	

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

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number: BLD-00298 Building Name: Administration								
Type of Service Provided								
		Surgical	Obstetr Cesarea		Rehabilitation Therapy			
	Nursing	Anesthesia			Panal Diakraia			
	IntensiveCare	Clinical Lab	Obstetr Recove		Renal Dialysis			
	Pediatric/Adol escent	Radiological/	Newbor WellBal		Outpatient Surgery			
	Psychiatric Nursing	Imaging Pharmaceutical	Emerge		Central Plant			
	Obstetrical Ante/Postprtum		Nuclear Medicin		Support Services			
	Intermediate 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-05722 Building Name: Entrance Canopy								
Type of Service Provided								
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy				
	ng 🗌	Anesthesia	1		Nichreig			
Intensi	iveCare	Clinical Lab	Obstetrical Recovery	Renal D	narysis			
Pediati escent	ric/Adol	Radiological/	] Newborn/ WellBaby	Outpation Surgery				
Psychi Nursing		Imaging	_	—				
		Pharmaceutical	Emergency	Central	Plant			
Obstet Ante/P	Postprtum	Dietetic	Nuclear Medicine	Support Service				
Interme Care	ediate 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-00295       Building Name:       Ancillary Building/ER Expansion									
Configuration: N/A									
Type of Service Provided									
Nursing	X Surgical		etrical X rean/Deliv	Rehabilitation Therapy					
X IntensiveCa	re X Anesthesia	Obste Reco	etrical	Renal Dialysis					
Pediatric/Ad escent	ol X Clinical Lab		,						
Psychiatric Nursing	X Radiological/ Imaging	Newb WellE		Outpatient Surgery					
Obstetrical Ante/Postprt	X Pharmaceutical	X Emer	rgency	Central Plant					
Intermediate Care	Dietetic			Quarant					
Skilled Nursi	ing Administration	X Nucle	ear 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-00296	Building Na	me: Elevator Tower					
Configuration: N/A								
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		,			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	termediate are		Dietetic		Nuclear Medicine		Support	
	killed 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-00297 Building Name: Nursing Tower								
Configuration: N/A								
Type of Service Provided								
X Nursing	Surgical		etrical arean/Deliv		habilitation erapy			
IntensiveCare	Anesthesia	X Obst Reco	etrical overv	Re	nal Dialysis			
Pediatric/Adol escent	Clinical Lab							
Psychiatric Nursing	Radiological/ Imaging	X Newl Well			tpatient rgery			
X Obstetrical Ante/Postprtum	Pharmaceutical	Eme	rgency	Ce	ntral Plant			
X Intermediate Care	Dietetic		ear Medicine		upport			
Skilled Nursing	Administration				ervices			
		Outuri i Dir	40/44/0045					
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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-00298	Building Na	me: Administration					
Configuration: N/A								
Type of Service	e Provided							
Nu Nu	ursing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstet Recove			Renal Dialysis
	ediatric/Adol cent		Clinical Lab			,		
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	ency		Central Plant
Int Ca	ermediate are		Dietetic		Nuclea	r Medicine		Support
Sk	tilled Nursing	X	Administration		Nuclea			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-00299 Building Name: Shipping & Receiving								
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical		etrical	Rehabilitation Therapy				
IntensiveCare	Anesthesia	Obste Reco	etrical	Renal Dialysis				
Pediatric/Adol escent	Clinical Lab							
Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Central Plant				
Intermediate Care	Dietetic			0				
Skilled Nursing	Administration		ear Medicine	Support Services				
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	Dula Lusi Opulio. 12/17/2010	Submission Dat						

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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-00300 Building Name: Mechanical Building								
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy				
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	l Dialysis				
Pediatric/Adol escent	Clinical Lab	Receivery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Centr	al Plant				
Intermediate Care	Dietetic	Nuclear Medicine	e Supp	oort				
Skilled Nursing	Administration		Servi					
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00301	Building Name: Radiation Therap	у							
Configuration: N/A									
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	l Dialysis					
Pediatric/Adol escent	Clinical Lab								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant					
Intermediate Care	Dietetic	Nuclear Medicine							
Skilled Nursing	Administration		Servi						
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)									
Building Number:	BLD-00302	Building Na	me: Support Services						
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obstet Cesar	trical ean/Deliv		Rehabilitation Therapy	
Int	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis	
	ediatric/Adol cent		Clinical Lab			,			
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	jency		Central Plant	
Int Ca	ermediate are		Dietetic		Nuclea	ar Medicine	x	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-05722	Building Name: Entrance Canopy	1							
Configuration: N/A									
Type of Service Provided									
Nursing	Surgical	Obstetrica Cesarean/		Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrica Recovery		Renal Dialysis					
Pediatric/Adol escent	Clinical Lab								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergenc	у 🗌	Central Plant					
Intermediate Care	Dietetic	Nuclear M		Support					
Skilled Nursing	X Administration			Services					
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Buildi	Building Number:       BLD-00295         Building Name:       Ancillary Building/ER Expansion									
Туре	e of Service Prov	vided								
	Nursing	Inpatient Beds	0	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	34	X	Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	X	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X	Emergency		Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X	Nuclear Medicine	X	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		34							
OSHPE	) FDD SB499 Repo	rt	Data Last Update:	12/14/20	015 Submissi	on Date	: 12/14/2015	Printed:	12/16/2015 6:25 AM	

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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	0-00296	Building N	Name: Ele	evator Tower				
<u>Type o</u>	f Service Prov	ided							
<b>N</b>	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy	
ln	ntensiveCare	Inpatient Beds	0		Anesthesia	_			
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis	
	sychiatric lursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery	
	bstetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant	
	ntermediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Serv	port ices	
	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		0						
OSHPD FE	DD SB499 Repor	t Da	ata Last Update	: 12/14/20	015 Submiss	sion Date: 12/14/2015	Printed: 12/16/	/2015 6:25 AM	

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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	ing Number: BLI	D-00297	Building N	lame: Nu	rsing Tower				
Туре	e of Service Prov	<u>vided</u>							
X	Nursing	Inpatient Beds	111		Surgical	X Obstet Cesare	rical	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	31		Anesthesia				
X	Pediatric/Adol escent	Inpatient Beds	26		Clinical Lab	X Obstet Recove		Renal Dialysis	
X	Psychiatric Nursing	Inpatient Beds	28		Radiological/ Imaging	X Newbo WellBa		Outpatient Surgery	
X	Obstetrical Ante/Postprtum	Inpatient Beds	52		Pharmaceutical	Emerg	ency	Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclea Medicii		Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		248						
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building	Number: BLC	0-00299	Building N	Name: Sh	ipping & Receiving				
<u>Туре о</u>	of Service Prov	rided							
<b>N</b>	lursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	abilitation apy	
l Ir	ntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis	
	Psychiatric Iursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery	
	Dbstetrical Inte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant	
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	port ices	
□ s	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this Building		0						
OSHPD FI	DD SB499 Repor	rt Da	ata Last Update	: 12/14/20	)15 Submissi	on Date: 12/14/2015	Printed: 12/16/	/2015 6:25 AM	

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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-00300	Building N	ame: Mechanica	l Building					
Type of Service	Provided								
Nursing	Inpatient Beds	0	Surgica	al	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy		
IntensiveCa	are Inpatient Beds	0	Anesth	esia					
Pediatric/Adescent	dol Inpatient Beds	0	Clinical	l Lab	Obstetrical Recovery	Rena	al Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiolo Imaging		Newborn/ WellBaby	Outp Surg	atient ery		
Obstetrical Ante/Postpl	Inpatient rtum Beds	0	Pharma	aceutical	Emergency	X Cent	ral Plant		
Intermediat	e Inpatient Beds	0	Dietetic	C	Nuclear Medicine	Supp Serv	port ices		
Skilled Nurs	sing Inpatient Beds	0	Admini	stration					
Total Beds Building	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: Bl	_D-00301	Building Na	ame: Radia	tion Therapy					
Type of Service Pro	ovided								
Nursing	Inpatient Beds	0	s s	urgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy		
IntensiveCare	Inpatient Beds	0		nesthesia					
Pediatric/Adol escent	Inpatient Beds	0	□ <sup>c</sup>	linical Lab	Obstetrical Recovery	Rena	l Dialysis		
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby	Outp Surge	atient ery		
Obstetrical Ante/Postprtun	Inpatient Beds	0	P	harmaceutical	Emergency	Cent	ral Plant		
Intermediate	Inpatient Beds	0		ietetic	X Nuclear Medicine	Supp Servi	ort ces		
Skilled Nursing	Inpatient Beds	0		dministration					
Total Beds this Building		0							
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Numbe	er: BLD-00302	Building Na	ame: Support Services						
Type of Servi	ce Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
Intensive	eCare Inpatient Beds	0	Anesthesia						
Pediatric escent	:/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiat	ric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetric Ante/Pos		0	Pharmaceutical	Emergency	Central Plant				
Intermed Care	liate Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services				
Skilled N	lursing Inpatient Beds	0	Administration						
Total Be 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:         BLD-00295         Building Name:         Ancillary Building/ER Expansion								
Medical / Surgical (Inclue	de GYN)	Acute Respiratory Care	Acute Psychiatric					
	npatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t O				
Perinatal (Exclude Newb	orn / GYN)	Burn	Skilled Nursing					
	npatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t O				
Pediatric		Intensive Care Newborn Nursery	Intermediate Care					
	npatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t O				
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled					
	npatient 6821 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Coronary Care		Chemical Dependency		l Beds this ling Per				
	npatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv					
OSHPD FDD SB499 Report	Data Last Up	date: 12/14/2015 Submission Date:	12/14/2015 Printed: 12/16	/2015 6:25 AM				

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: BLD-00296 Bu	Lilding Name: Elevator Tower							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed						
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         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: BLD-00297 Bu	ilding Name: Nursing Tower		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 69 Inpatient 13660 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 28 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 52 Inpatient 5083 Bed Days	Inpatient 7 Inpatient 1112 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 26 Inpatient 0 Bed Days	Inpatient 16 Inpatient 1769 Bed Days	Inpatient 42 Inpatient 4890 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 8 Inpatient 56 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           248         248	
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)		
Building Number: BLD-00299 Bu	Jilding Name:         Shipping & Receiving	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit         Service           0         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: BLD-00300 Bu	ilding Name: Mechanical Building	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit         Service           0         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: BLD-00301 Bu	ilding Name: Radiation Therapy		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit         Service           0         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: BLD-00302 Bu	ilding Name: Support Services	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0
OSHPD FDD SB499 Report Data Last	Update: 12/14/2015 Submission Date	e: 12/14/2015 Printed: 12/16/2015 6:25 AM