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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:	10190	
Facility Name:	El Centro Regional Medical Center	
Address:	1415 Ross Avenue	
City:	El Centro	
Hospital Owner/Lice	nsee: El Centro Regional Medical Center	
Year of Repo	orting: 2016	
Contact 1 e-mail Add	dress: [Confidential data left blank intentionally.]	]
Contact 2 e-mail Add	dress: [Confidential data left blank intentionally.]	]
Contact 3 e-mail Add	Iress:: [Confidential data left blank intentionally.]	]
Name of Subr	nitter: James Kari	]
Submission	Date: 10/6/2016 4:51:59 PM	

Report `	Year: 2016 1019	0 El Centro Regional Medical Ce	enter	El Centro		Page:2 of 91	
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, SPC4D 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- 00752	South Wing	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020	
BLD- 00753	L/D Bldg	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020	
BLD- 00754	Central Wing	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020	
BLD- 00755	West Addition	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020	
3LD- 00756	Central Plant	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020	
BLD- 00757	North Wing	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020	
BLD- 02688	Storage Building #1	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020	
BLD- 02689	Storage Building #2	1415 Ross Avenue	Rebuild	SPC5	01/01/2020	01/01/2020	

Report Year: 2016	10190 El Centro Regional Medical Center	El Centro	Page:3 of 91
	planned for rebuild, retrofit or replacement, provid t date or dates and projected Completion date or ection 130061(c)(1)(E).		
Building No: BLD-00752	South Wing	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub Number Number Num	Scope Da	Plan Approved Projected te In Date Start Date	Projected CEQA Completion Date Status Review
10190 H152019-13 -00	0 Bed Expansion 7/3 <sup>2</sup>	/2015 8/1/2016 01/01/2017 12:00:00 AM	01/01/2020 ACTI No
For each building which is projected construction star status and approvals per S Building No: BLD-00753	planned for rebuild, retrofit or replacement, provid t date or dates and projected Completion date or fection 130061(c)(1)(E).	le the project numbers, per Section 1 dates per Section 130061(c)(1)(D) a Retrofit/Replacement Project:	130061(c)(1)(C). The nd the most recent project Yes-Submitted
Facility Project Sub Number Number Num	Scope Da	Plan Approved Projected te In Date Start Date	Projected CEQA Completion Date Status Review
10190 H152019-13 -00	0 Bed Expansion 7/3 <sup>4</sup>	/2015 8/1/2016 01/01/2017 12:00:00 AM	01/01/2020 ACTI No
OSHPD FDD SB499 Report	Data Last Update: 10/06/2016	Submission Date: 10/06/2016	Printed: 10/8/2016 6:30 AM

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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-00754 Central Wing		Retrofit/Re Project:	eplacement	Yes-Sub	mitted	
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10190 H132862-13 0 ECRMC Ancillary Services Building -00	12/19/201 3	12/23/2014 12:00:00 AM	05/31/2016	01/01/2020	PEND	No
For each building which is planned for rebuild, retrofit or replacement, projected construction start date or dates and projected Completion d status and approvals per Section 130061(c)(1)(E).						
Building No: BLD-00755 West Addition		Retrofit/Re Project:	eplacement	Yes-Sub	mitted	
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10190 H132862-13 0 ECRMC Ancillary Services Building -00	12/19/201 3	12/23/2014 12:00:00 AM	05/31/2016	01/01/2020	PEND	No
OSHPD FDD SB499 Report Data Last Update: 10/06/2016	Submi	ssion Date: 10/0	06/2016	Printed: 10/8/20	16 6:30 AM	

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For each building which is planned for rebuild, retrofit projected construction start date or dates and projected status and approvals per Section 130061(c)(1)(E).					
Building No: BLD-00756 Central Plant		trofit/Replacement oject:	Yes-Sub	mitted	
Facility Project Sub Number Number Num Scope	Plan Ap Date In Da		Projected Completion Date	Status	CEQA Review
10190 P-2013- 0 Central Utility Plant Upgrad 00222	le 1/29/2013 4/9/2 12:00		01/01/2020	FIEL	No
For each building which is planned for rebuild, retrofit projected construction start date or dates and projecte status and approvals per Section 130061(c)(1)(E). Building No: BLD-00757 North Wing	d Completion date or dates per Section	on 130061(c)(1)(D) a		ent project	
	Pro	oject:			
Facility Project Sub Number Number Num Scope	Plan Ap Date In Da		Projected Completion Date	Status	CEQA Review
10190 H152019-13 0 Bed Expansion -00	7/31/2015 8/1/2 12:00		01/01/2020	ACTI	No

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For each building which is planned for rebuild, retrofit or replacement, projected construction start date or dates and projected Completion dates and approvals per Section $130061(c)(1)(E)$ .						
Building No: BLD-02688 Storage Building #1		Retrofit/R Project:	eplacement	Yes-Sub	nitted	
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10190 H132862-13 0 ECRMC Ancillary Services Building -00	12/19/201 3	12/23/2014 12:00:00 AM	05/31/2016	01/01/2020	PEND	No
For each building which is planned for rebuild, retrofit or replacement, projected construction start date or dates and projected Completion dates and approvals per Section $130061(c)(1)(E)$ .						
Building No: BLD-02689 Storage Building #2		Retrofit/R Project:	eplacement	Yes-Subi	mitted	
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10190 H132862-13 0 ECRMC Ancillary Services Building -00	12/19/201 3	12/23/2014 12:00:00 AM	05/31/2016	01/01/2020	PEND	No
OSHPD FDD SB499 Report Data Last Update: 10/06/2016	Submi	ssion Date: 10/	06/2016	Printed: 10/8/20	10 0:30 AM	

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Provide the number of inpatient	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-00752	Building Name: Sou	uth Wing					
Type of Service Provided							
X Nursing Inpatient Beds	30 Inpatient 410 Days	Surgical	Obstetrical Recovery				
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical     Dietetic	Rehabilitation Therapy				
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Services	Surgery				
	Total Beds this <b>30</b> Building	Obstetrical Cesarean/Deliv	Central Plant				
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Provide the number of inpati	ient beds and patient days per type of service pe	r building per Section 130061(c)(1)(F)	)					
Building Number: BLD-007	Building Number: BLD-00753 Building Name: L/D Bldg							
Type of Service Provided								
Nursing Inpat Beds			Obstetrical Recovery					
IntensiveCare Inpat Beds			Newborn/ WellBaby					
Pediatric/Adol Inpates escent Beds		Clinical Lab	Emergency					
Psychiatric Inpat Nursing Beds			Nuclear Medicine					
X Obstetrical Inpat Ante/Postprtum Beds			Rehabilitation Therapy					
Intermediate Inpat Care Beds			Renal Dialysis					
Skilled Nursing Inpat Beds			Outpatient Surgery					
	Total Beds this <b>6</b> Building	Cesarean/Deliv —	Central Plant					
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Provide the number of inp	patient beds and	patient days per type of servi	ice per building per Sec	ction 130061(c)(1)(F)	
Building Number: BLD-0	00754	Building Name:	Central Wing		
Type of Service Provide	ed		_		
	npatient	0 Inpatient 0 Days	Surgical	Obstetrica Recovery	I
	npatient	0 Inpatient Days 0	Anesthes	ia Newborn/ WellBaby	
	npatient Beds	0 Inpatient Days 0	Clinical La	ab Emergenc	у
	npatient	0 Inpatient Days 0	Radiologi Imaging	cal/ Nuclear Medicine	
	npatient	0 Inpatient Days 0	Pharmace	eutical Rehabilitat Therapy	ion
	npatient	0 Inpatient Days 0	Administra	_	-
	npatient	0 Inpatient Days 0	_ X Support Services	Outpatient Surgery	
	Tota Build		0 Cesarean		ant
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Provide the number of	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-00755 Building Name: West Addition						
Type of Service Prov	rided		_				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical     Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery			
		Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant			
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Provide the number of	inpatient b	eds and patient days per type of service pe	r building per Section 13006	1(c)(1)(F)
Building Number: BL	D-00756	Building Name: Cer	ntral Plant	
Type of Service Prov	ided		_	
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical     Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
		Total Beds this <b>0</b> Building	Cesarean/Deliv	X Central Plant
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Provide the number of inpat	tient beds and patient days per type of service per	building per Section 130061(c)(	I)(F)
Building Number: BLD-007	757 Building Name: North	h Wing	
Type of Service Provided			
X Nursing Inpa Bed	atient 32 Inpatient 3395 ds Days	Surgical	Obstetrical Recovery
X IntensiveCare Inpa Bed	atient 8 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpa escent Bed	atient 0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpa Nursing Bed	atient 0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpa Ante/Postprtum Bed	atient 0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpa Care Bed	atient 0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing Inpa	atient 0 Inpatient Days 0	Support Services	Outpatient Surgery
	Total Beds this 40 Building	Cesarean/Deliv	Central Plant
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Provide the number of	f inpatient b	eds and patient days per type of service pe	r building per Section 13006	1(c)(1)(F)
Building Number: BL	D-02688	Building Name: Sto	prage Building #1	
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
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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
		Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/06/2016 Su	ubmission Date: 10/06/2016	Printed: 10/8/2016 6:30 AM

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Provide the number of	f inpatient b	eds and patient days per type of service pe	r building per Section 13006	1(c)(1)(F)
Building Number: BL	D-02689	Building Name: Sto	prage Building #2	
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
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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
		Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/06/2016 Su	ubmission Date: 10/06/2016	Printed: 10/8/2016 6:30 AM

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Provide the number	r of Inpatient beds and patier	nt days per type of uni	t per building per Sect	ion 130061(c)(1)(F)	
Building Number:	BLD-00752 Build	ding Name: Sou	th Wing		]
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 30 Bed	Inpatient 410 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 Net 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 / developm Disabled	ent
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	30	30
OSHPD FDD SB499 I	Report Data Last U	pdate: 10/06/2016	Submission Date	e: 10/06/2016 Printed	I: 10/8/2016 6:30 AM

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Provide the number	r of Inpatient beds and patier	nt days per type of unit	per building per Section	on 130061(c)(1)(F)	
Building Number:	BLD-00753 Build	ling Name: L/D E	Bldg		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	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	6	6

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Provide the number of Inpatient beds ar	nd patient days per type of unit per building per Sec	tion 130061(c)(1)(F)	
Building Number: BLD-00755	Building Name: West Addition		_
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 (excluse 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 Card	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / development 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 Unit Service	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0	

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Provide the number	r of Inpatient beds and patier	nt days per type of uni	t per building per Section	on 130061(c)(1)(F)	
Building Number:	BLD-00756 Build	ling Name: Cen	tral Plant		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / 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

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Provide the number	of Inpatient beds and patien	t days per type of unit	t per building per Section	on 130061(c)(1)(F)	
Building Number:	BLD-00757 Build	ing Name: North	h Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 32 Bed	Inpatient 3395 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	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 8 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	40	40

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Provide the numbe	r of Inpatient beds and patie	nt days per type of uni	t per building per Sectio	n 130061(c)(1)(F)	
Building Number:	BLD-02688 Buil	ding Name: Stor	age Building #1		
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 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 / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds a	nd patient days per type of unit per building per Sec	ction 130061(c)(1)(F)
Building Number: BLD-02689	Building Name: Storage Building #2	
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 (excluse 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 Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development 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 Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0

Report Year:	
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2016

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-00752	South Wing	Rebuild
BLD-00753	L/D Bldg	Rebuild
BLD-00754	Central Wing	Rebuild
BLD-00755	West Addition	Rebuild
BLD-00756	Central Plant	Rebuild
BLD-00757	North Wing	Rebuild
BLD-00759	Admin Bldg	Rebuild
BLD-00760	OB Building	Rebuild
BLD-00761	Radiology Building	Remain
BLD-00762	Rad Annex	Remain
BLD-00763	Lab Building	Remain
BLD-00764	Annex	Rebuild
BLD-02685	East Wing - South	Rebuild
BLD-02686	New Wing	Remain
BLD-02687	New Central Plant	Remain
BLD-02688	Storage Building #1	Rebuild
BLD-02689	Storage Building #2	Rebuild
BLD-02887	Admin Bldg Addition	Rebuild
BLD-02888	East Wing - North	Rebuild

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

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number: BLD-0075	2 South Wing		Removal 01/01/2020 Date:					
Planned Uses for the building t	o be removed from acute care service	ə:						
Planned use for building:								
Inpatient services currently deli	ivered in the building:							
X Nursing	Surgical	Obstetrical Cesarean/De	eliv Rehabilitatio	on				
IntensiveCare	Anesthesia							
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialy	sis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt				
Intermediate Care	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Administration							
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number: BLD-0	0753 L/D Bldg		Removal 01/01/2020 Date:	0				
Planned Uses for the building to be removed from acute care service:  Planned use for building:  Inpatient services currently delivered in the building:								
Nursing	Surgical Anesthesia	X Obstetrical Cesarean/Del	iv Rehabilita	ation				
Pediatric/Adol escent	Clinical Lab	X Obstetrical Recovery	Renal Dia	alysis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatier Surgery	nt				
X Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central P	lant				
Intermediate Care	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Administration							
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number: BLD-007	'54 Central Wing		Removal 01/01/2020 Date:					
Planned Uses for the building	to be removed from acute care servi	ce:						
Planned use for building:								
Inpatient services currently de	elivered in the building:							
Nursing	Surgical	Obstetrical Cesarean/D	eliv Rehabilita	ation				
IntensiveCare	Anesthesia							
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dia	Ilysis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatien Surgery	t				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central P	lant				
Intermediate Care	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	Administration							
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number: BLD-(	00755	West Addition			Removal Date:	[	01/01/2020	]
Planned Uses for the building to be removed from acute care service: Planned use for building: Inpatient services currently delivered in the building:								
Nursing		Surgical Anesthesia		Obstetrical Cesarean/Del	iv		Rehabilitation Therapy	
Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery			Renal Dialysis	3
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery	
Obstetrical Ante/Postprtum		Pharmaceutical		Emergency			Central Plant	
Intermediate Care		Dietetic		Nuclear Medicine		X	Support Services	
Skilled Nursing		Administration						
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number: BLD-0	00756 Central Plant		Removal 01/01/202 Date:	20				
Planned Uses for the build	ing to be removed from acute care ser	vice:						
Planned use for building:								
Inpatient services currently	v delivered in the building:							
	Surgical	Obstetrical Cesarean/De	eliv Rehabili Therapy					
IntensiveCare Pediatric/Adol escent	Anesthesia	Obstetrical Recovery	Renal D	ialysis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery	ent				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central	Plant				
Intermediate Care	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Administration							
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number: BLD-0	North Wing		Removal 01/01/202 Date:	20				
Planned Uses for the build	ing to be removed from acute care s	ervice:						
Planned use for building:								
Inpatient services currently	v delivered in the building:							
X Nursing		Obstetrical Cesarean/Del	iv Rehabili Therapy					
X IntensiveCare Pediatric/Adol escent	Anesthesia	Obstetrical Recovery	Renal D	ialysis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery	nt				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central	Plant				
Intermediate Care	Dietetic	Nuclear Medicine	Support Services	i				
Skilled Nursing	Administration							
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)							
Building Number: BLD-0268	8 Storage Buildin		Removal 01/01/20 Date:	20			
Planned Uses for the building t	to be removed from acute care serv	vice:					
Planned use for building:							
Inpatient services currently del	ivered in the building:						
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap				
IntensiveCare	Anesthesia			y			
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal [	Dialysis			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpati Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central	Plant			
Intermediate Care	Dietetic	Nuclear Medicine	X Suppor Service	t s			
Skilled Nursing	Administration			-			
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Number: BLD-(	02689	Storage Building #2			Removal Date:	01/01/2020	]	
Planned Uses for the building to be removed from acute care service:  Planned use for building:  Inpatient services currently delivered in the building:								
Nursing		urgical nesthesia		etrical arean/Deliv		Rehabilitatior Therapy	I	
Pediatric/Adol escent		inical Lab		etrical overy		Renal Dialysi	S	
Psychiatric Nursing		adiological/ naging		born/ Baby		Outpatient Surgery		
Obstetrical Ante/Postprtum		narmaceutical	Eme	rgency		Central Plant		
Intermediate Care	Di	etetic	Nucl Med			X Support Services		
Skilled Nursing		dministration						
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lo data reporte	d for Section	n 130061(c	c)(2)(D).		

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lo data reported for Section 130061(c)(2)(D).								

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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)								
Building BLD-00752 Building Name: So Number:	uth Wing							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Nursing N/A								
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)								
Building BLD-00753 Building Name: L/D Number: Will general acute care services and beds will be reloca	Bldg ated to a new, Existing or retrofitted	building?						
Obstetrical Ante Postprtum								
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)								
Building BLD-00753 Building Name: L/D Number:	) Bldg							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Obstetrical Cesarean/Deliv								
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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)									
Building BLD-00753 Building Name: L/D Bld	g								
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Obstetrical Recovery N/A									
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)									
Building BLD-00754 Building Name: Central Number:	Wing								
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Support Services N/A									
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)									
Building BLD-00755 Building Name: West Advances	ddition								
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Support Services N/A									
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Report whether the general acute care services and beds will be relocate building sites or project numbers for buildings with a Building Resolution of		
Building BLD-00756 Building Name: Central Plant		
Will general acute care services and beds will be relocated to a new, Exis	iting or retrofitted building?	
CentralPlant N/A		
Report whether the general acute care services and beds will be relocate building sites or project numbers for buildings with a Building Resolution of		
Building Number: BLD-00757 Building Name: North Wing		
Will general acute care services and beds will be relocated to a new, Exis	sting or retrofitted building?	
Nursing N/A		
Report whether the general acute care services and beds will be relocate building sites or project numbers for buildings with a Building Resolution of		
Building BLD-00757 Building Name: North Wing Number:		
Will general acute care services and beds will be relocated to a new, Exis	sting or retrofitted building?	
Intensive Care N/A		
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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)						
Building BLD-00757 Building Name: North Wing Number:						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Intensive Care N/A						
Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re						
Building BLD-02688 Building Name: Storage Building #1						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Support Services N/A						
Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re						
Building BLD-02689 Building Name: Storage Building #2						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Support Services N/A						
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	e care services and beds will be reloc for buildings with a Building Resolution					ng	
Building BLD-00759 Number:	Building Name: Admin Bldg						
Will general acute care services	and beds will be relocated to a new, I	Existing or retrofitted I	building?				
Administration N/A							
Facility Project Sub Number Number Num Sc	оре	Date In	Plan Approved Date	Start Date	Project Complete d	Status	
10190 H132862- 0 EC 13-00	RMC Ancillary Services Building	2013-12-19	2014-12-23	12/24/2014	01/01/2020	PEND	
Building Number: Will general acute care services	Building Name: OB Building and beds will be relocated to a new, B	Existing or retrofitted l	puildina?				
Obstetrical Ante N/A			, and a second				
Postprtum							
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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)						
Building Number: DB Building Name: OB Building						
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?					
Perinatal (exclude Newborn / GYN))						
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or '						
Building BLD-00764 Building Name: Annex						
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?					
Support Services N/A						
Report whether the general acute care services and beds will be relocated to a new, exis building sites or project numbers for buildings with a Building Resolution of "Rebuild" or '						
Building BLD-02685 Building Name: East Wing - South Number:						
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?					
Radiological/Imaging N/A						
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Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		
Building BLD-02887 Building Name: Admin Bldg Addition		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Support Services N/A	]	
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		
Building BLD-02888 Building Name: East Wing - North Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Pediatric Adolescent N/A	]	
	_	
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		
Building BLD-02888 Building Name: East Wing - North Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Pediatric N/A	]	
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lo data reporte	d for Sectio	n 130061(c	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-00752 Building	g Name: South Wing				
Type of Service	Provided					
		Surgical	Obstetrical Cesarean/Del	iv Rehabi		
X	Nursing	Anesthesia		- Ropold		
	IntensiveCare	Clinical Lab	Obstetrical Recovery		Dialysis	
	Pediatric/Adol escent		Newborn/ WellBaby	Outpati Surger		
	Psychiatric Nursing	Radiological/ Imaging		_		
	, , , , , , , , , , , , , , , , , , ,	Pharmaceutical	Emergency	Centra	Plant	
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	t es	
	Intermediate Care	Administration				
	Skilled Nursing					
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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number: BLD-00753 Building Name: L/D Bldg							
Type of Service	e Provided						
		Surgical	X Obstetrical Cesarean/Deliv	Rehabi Therap			
	Nursing	Anesthesia	_				
	IntensiveCare		X Obstetrical Recovery	Renal I	Dialysis		
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpati Surgery			
	Psychiatric	Radiological/ Imaging	WellBaby				
	Nursing	Pharmaceutical	Emergency	Central	Plant		
X	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number: BLD-00754 Building Name: Central Wing							
Type of Service Provided							
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap			
	Nursing	Anesthesia	_		N-1 - '-		
	IntensiveCare		Obstetrical Recovery	Renal I	Jiaiysis		
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpati Surgery	ent /		
	Psychiatric	Radiological/ Imaging	WellBaby				
	Nursing	Pharmaceutical	Emergency	Central	Plant		
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number:	BLD-00755 Buildin	g Name: West Addition					
Type of Service	e Provided						
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap			
	Nursing	Anesthesia	_		N-1 - 1-		
	IntensiveCare		Obstetrical Recovery	Renal D	Jiaiysis		
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery	ent /		
	Psychiatric	Radiological/ Imaging	WellBaby				
	Nursing	Pharmaceutical	Emergency	Central	Plant		
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number:	BLD-00756 Buildin	g Name: Central Plant					
Type of Service	e Provided						
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap			
	Nursing	Anesthesia	_		N-1 - 1		
	IntensiveCare		Obstetrical Recovery	Renal D	Jiaiysis		
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery	ent /		
	Psychiatric	Radiological/ Imaging	WellBaby				
	Nursing	Pharmaceutical	Emergency	X Central	Plant		
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number:	BLD-00757 Buildin	g Name: North Wing					
Type of Service Provided							
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap			
X	Nursing						
X	IntensiveCare	Anesthesia	Obstetrical Recovery	Renal D	Dialysis		
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpati Surgery			
	Psychiatric	Radiological/ Imaging	WellBaby				
	Nursing	Pharmaceutical	Emergency	Central	Plant		
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
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Report any general per Section 130061		tient service that is provided in any	general acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-02688 Buildin	g Name: Storage Building #1			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing	Anesthesia	_	_	
	IntensiveCare		Obstetrical Recovery	Renal I	Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpati Surgery	ent
	Psychiatric	Radiological/ Imaging	WellBaby		
	Nursing	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061		tient service that is provided in any	general acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-02689 Buildin	g Name: Storage Building #2			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing				
	IntensiveCare	Anesthesia	Obstetrical	Renal [	Dialysis
		Clinical Lab	Recovery		
	Pediatric/Adol escent		Newborn/	Outpati Surgery	ent /
	Psychiatric	Radiological/ Imaging	WellBaby		
	Nursing	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum		Nuclear	X Suppor	
		Dietetic	Medicine	Service	S
	Intermediate Care				
		Administration			
	Skilled Nursing				
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-00752	Building Name: South Wing										
Configuration: N/A											
Type of Service Provided											
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy								
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis								
Pediatric/Adol escent	Clinical Lab	(Coord)									
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery								
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant								
	Dietetic										
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services								
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	ner by retrofit or by				ach building will comply w be provided in each gener			
Building Number:	BLD-00753	Building Na	me: L/D Bldg					
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate		Dietetic					
_	illed Nursing		Administration		Nuclear Medicine		Support Services	
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ng how e that will t	ach building will comply be provided in each gene	with the SP eral acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00754	Building Na	me: Central Wing				
Configuration:	N/A						
Type of Service	e Provided						
Nu 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				
	killed Nursing		Administration		Nuclear Medicine		Support Services
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ig how e hat will t	ach building will com be provided in each (	ply with the SP general acute c	C-5/NPC-4 or 5 are hospital building	]
Building Number:	BLD-00755	Building Na	me: West Addition					
Configuration:	N/A							
Type of Service	Provided							
Nu 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					
	killed Nursing		Administration		Nuclear Medicine		Support Services	
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comp be provided in each ge	ly with the SP eneral acute ca	C-5/NPC-4 or 5 are hospital building	
Building Number:	BLD-00756	Building Na	me: Central Plant					
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant	
Int Ca	termediate		Dietetic					
	illed Nursing		Administration		Nuclear Medicine		Support Services	
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Report the final cor requirements wheth per Section 130067	her by retrofit or by	ildings on the replacement	hospital campus showir and the type of service	ng how e that will t	ach building will comply be provided in each ger	/ with the SP neral acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00757	Building Na	me: North Wing				
Configuration:	N/A						
Type of Service	e Provided						
Nu 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
	bstetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ig how e hat will t	ach building will cor e provided in each	mply with the SP general acute ca	C-5/NPC-4 or 5 are hospital building	g
Building Number:	BLD-00759	Building Na	me: Admin Bldg					
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		,			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant	
Int Ca	termediate		Dietetic					
	illed Nursing		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-00760	Building Na	me: OB Building							
Configuration:	N/A									
Type of Service	e Provided									
	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical 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-00761	Building Na	me: Radiology Building							
Configuration:	N/A									
Type of Service	Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		,					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing		Administration				Services			
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Report the final cor requirements wheth per Section 130067	her by retrofit or by	ildings on the replacement	hospital campus showir and the type of service t	ng how e that will t	ach building will comply be provided in each gene	with the SP eral acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00762	Building Na	me: Rad Annex				
Configuration:	N/A						
Type of Service	e Provided						
Nu 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
	bstetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic				
	killed Nursing		Administration		Nuclear Medicine		Support Services
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	buildings on the hospital campus showi by replacement and the type of service			
Building Number: BLD-00763	Building Name: Lab Building			
Configuration: N/A				
Type of Service Provided				
Nursing	Surgical	Obste Cesar	etrical ean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obste Recov		Renal Dialysis
Pediatric/Adol escent	Clinical Lab	1,000	, or y	
Psychiatric Nursing	Radiological/ Imaging	Newbo WellB		Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emerg	gency	Central Plant
Intermediate Care	Dietetic		ar Medicine	Summert
Skilled Nursing	Administration			Support Services
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ng how e that will t	ach building will comply be provided in each gene	with the SP eral acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00764	Building Na	me: Annex				
Configuration:	N/A						
Type of Service	e Provided						
Nu 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				
	killed Nursing		Administration		Nuclear Medicine		Support Services
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	ther by retrofit or by		hospital campus showin and the type of service the				
Building Number:	BLD-02685	Building Na	me: East Wing - South				
Configuration:	N/A						
Type of Service	e Provided						
	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		,		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic		Nuclear Medicine		Support
	killed Nursing		Administration				Services
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Report the final cor requirements wheth per Section 130067	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service	ng how e that will I	ach building will comply be provided in each gene	with the SP eral acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-02686	Building Na	me: New Wing				
Configuration:	N/A						
Type of Service	e Provided						
Nu 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				
	killed Nursing		Administration		Nuclear Medicine		Support Services
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	of all buildings on the hospital campus showi fit or by replacement and the type of service			
Building Number: BLD-026	Building Name: New Central Plan	nt		
Configuration: N/A				
Type of Service Provided				
Nursing	Surgical		etrical rean/Deliv	Rehabilitation Therapy
IntensiveCa	Anesthesia	Obste Reco	etrical	Renal Dialysis
Pediatric/Ad escent	Clinical Lab			
Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outpatient Surgery
Obstetrical Ante/Postprt	m Pharmaceutical	Emer	gency	Central Plant
Intermediate Care	Dietetic		ear Medicine	Support
Skilled Nursi	g Administration			Services
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ldings on the replacement	hospital campus showin and the type of service th	g how e hat will t	ach building will com be provided in each g	ply with the SP general acute c	C-5/NPC-4 or 5 are hospital building	
Building Number:	BLD-02688	Building Na	me: Storage Building #	1				
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		,			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant	
Int Ca	termediate		Dietetic					
	killed Nursing		Administration		Nuclear Medicine		Support Services	
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	her by retrofit or by		hospital campus showing and the type of service the type of servic					
Building Number:	BLD-02689	Building Nar	me: Storage Building #	2				
Configuration:	N/A							
Type of Service	Provided							
Nu	rsing		Surgical		Obstet Cesare	trical ean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis
	diatric/Adol cent		Clinical Lab					
	ychiatric rsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emerg	jency		Central Plant
Inte Ca	ermediate re		Dietetic		Nuclos	ar Medicine		Support
Ski	illed Nursing		Administration		Nuclea			Services
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Report the final configur requirements whether b per Section 130061(c)(5	y retrofit or by								
Building Number: BLI	D-02887	Building Nar	me: Admin Bldg Additi	on					
Configuration: N/A	N Contraction of the second seco								
Type of Service Pro	vided								
Nursing	]		Surgical		Obstetrica Cesarean			Rehabilitation Therapy	
	veCare		Anesthesia		Obstetrica Recovery	al		Renal Dialysis	
Pediatri escent	ic/Adol		Clinical Lab						
Psychia Nursing			Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery	
Obstetr Ante/Po	ical ostprtum		Pharmaceutical		Emergeno	:y		Central Plant	
Interme Care	diate		Dietetic					<b>a</b>	
	Nursing		Administration		Nuclear M	ledicine		Support Services	
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	her by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-02888	Building Na	me: East Wing - North					
Configuration:	N/A							
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab					
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate		Dietetic		Nuclear Medicine		Support	
	illed Nursing		Administration				Support 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, SPC-4, AD and SPC-5 per Section 130061(e)										
Building Number: BL	D-00759	Building N	lame: Ad	lmin Bldg			]			
Type of Service Pro	vided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant			
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sup Sup Ser	oport vices			
Skilled Nursing	Inpatient Beds	0	X	Administration						
Total Beds this Building		0								
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	le information on nd SPC-5 per <mark>Sec</mark>			by type of S	Service provided by b	uildings that are class	ified as SPC-2, S	PC-3, SPC-4, SPC-
Buildi	ng Number: BLC	D-00760	Building N	lame: OE	3 Building			]
Туре	e of Service Prov	rided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/De		habilitation erapy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	13		Pharmaceutical	Emergency	Ce	ntral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine		pport rvices
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		13					
		r	ato Loot Lindoto:	10/06/2016	5 Submission	Date: 10/06/2016	Printed: 10/8/2	0046 6:20 AM
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Include information of 4D and SPC-5 per S			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-00761	Building Na	me: Radiology Building		
Type of Service P	rovided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Ado escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursin	g Inpatient Beds	0	Administration		
Total Beds thi Building	s	0			
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Include information on 4D and SPC-5 per Sec			by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00762	Building Na	ame: Rad Annex		
Type of Service Prov	vided				
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	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate	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 4D and SPC-5 per Sec			by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00763	Building Na	ame: Lab Building		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X 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	Central Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)						
Building Number:	BLD-00764	Building N	Jame: Annex			]
Type of Service I	Provided					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCa	re Inpatient Beds	0	Anesthesia			
Pediatric/Ad escent	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby		tpatient ·gery
Obstetrical Ante/Postprt	Inpatient tum Beds	0	Pharmaceutical	Emergency	Cer	ntral Plant
Intermediate	e Inpatient Beds	0	Dietetic	Nuclear Medicine	X Sup Ser	oport vices
Skilled Nurs	ing Inpatient Beds	0	Administration			
Total Beds t Building	his	0				
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Include information or 4D and SPC-5 per Se			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	.D-02685	Building Na	me: East Wing - South		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			
OSHPD FDD SB499 Report	: D	ata Last Update:	10/06/2016 Submission	n Date: 10/06/2016 Pr	inted: 10/8/2016 6:30 AM

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, SPC-4D and SPC-5 per Section 130061(e)         Building Number:       BLD-02686       Building Name:         Number:       BLD-02686       Building Name:       New Wing         Type of Service Provided       Impatient       48       Surgical       Obstetrical       Rehabilitation         X       Nursing       Inpatient       48       Anesthesia       Rehabilitation       Therapy         X       IntensiveCare       Inpatient       12       Anesthesia       Obstetrical       Renal Dialysis
Type of Service Provided         X       Nursing       Inpatient       48       Surgical       Obstetrical       Rehabilitation         X       IntensiveCare       Inpatient       12       Anesthesia       Rehabilitation         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical       Renal Dialysis
X       Nursing       Inpatient Beds       48       Surgical       Obstetrical Cesarean/Deliv       Rehabilitation Therapy         X       IntensiveCare       Inpatient Beds       12       Anesthesia       Rehabilitation         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical Recovery       Renal Dialysis
Intensive Care     Inpatient     12     Anesthesia       Pediatric/Adol     Inpatient     0     Clinical Lab     Obstetrical Recovery     Renal Dialysis
Beds Beds Beds Beds Beds Beds Beds Beds
Pediatric/Adol Inpatient 0 Clinical Lab Recovery
escent Beds
Psychiatric Inpatient 0 Radiological/ Nursing Beds O Outpatient Surgery
Obstetrical Inpatient 0 Pharmaceutical Central Plant Central Plant
Intermediate Inpatient 0 Dietetic Nuclear Support Care Beds
Skilled Nursing     Administration       Inpatient     0       Beds     Inpatient
Total Beds this     60       Building     100
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Include information o 4D and SPC-5 per Se			by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: B	LD-02687	Building Na	ame: New Central Plant		
Type of Service Pro	ovided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtur	Inpatient n Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	) Inpatient Beds	0	Administration		
Total Beds this Building	3	0			
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Include information on the 4D and SPC-5 per Section	e number of inpatient beds n 130061(e)	by type of Service provided by bui	ldings that are classified as	s SPC-2, SF	PC-3, SPC-4, SPC-
Building Number: BLD-02	D2887 Building N	Name: Admin Bldg Addition			
Type of Service Provide	ed				
	npatient 0 Beds	Surgical	Obstetrical Cesarean/Deliv		nabilitation rapy
	npatient 0 Beds	Anesthesia			
	npatient 0 Beds	Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis
	npatient 0 Beds	Radiological/ Imaging	Newborn/ WellBaby		patient gery
	npatient 0 3eds	Pharmaceutical	Emergency	Cer	tral Plant
	npatient 0 Beds	Dietetic	Nuclear Medicine	X Sup Ser	port vices
	npatient 0 Beds	Administration			
Total Beds this Building	0				
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Include information on 4D and SPC-5 per Sec	the number of tion 130061(	of inpatient beds e)	by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02888	Building N	ame: East Wing - North		
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol X escent	Inpatient Beds	12	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	Central Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		12			
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Include information on the number of inpatient 4D and SPC-5 per Section 130061(e)	beds by type of unit provided by buildings tha	t are classified as SPC-2, SPC-3,	SPC-4, SPC-
Building Number: BLD-00759 Building Number:	Iding Name: Admin Bldg		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Coronary Care	Chemical Dependency		Beds this ling Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	
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Include information on the number of inpatient 4D and SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC	C-4, SPC-
Building Number: BLD-00760 Building Number:	Iding Name: OB 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 Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 13 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Total Beds this Total Be Building Per Building	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	13
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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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-00761 Build	ding Name: Radiology 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	Unit         Service           0         0				
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Include information on the number of inpatient 4D and SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, S	PC-4, SPC-
Building Number: BLD-00762 Buil	ding Name: Rad Annex		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Building Per Buildin	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic	<b>e</b> 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, SPC-4D and SPC-5 per Section 130061(e)			SPC-4, SPC-
Building Number: BLD-00763 Bui	Iding Name: Lab Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Coronary Care	Chemical Dependency	Building Per Build	Beds this ling Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi	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, SPC-4D and SPC-5 per Section 130061(e)			SPC-4, SPC-
Building Number: BLD-00764 Buil	ding Name: Annex		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	ıt 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	it 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	ıt 0
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ling Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	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, SPC-4D and SPC-5 per Section 130061(e)				
Building Number: BLD-02685 Build	ding Name: East Wing - South			
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 thisTotal Beds thisBuilding PerBuilding 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, SPC-4D and SPC-5 per Section 130061(e)		
Building Number: BLD-02686	Building Name: New Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 48 Inpatient 986 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 12 Inpatient 3135 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           60         60
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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, SPC-4D and SPC-5 per Section 130061(e)			-4, SPC-
Building Number: BLD-02687 Bu	ilding Name: New Central Plant		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Total Beds this Total Bed Building Per Building F	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	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, SPC-4D and SPC-5 per Section 130061(e)		
Building Number: BLD-02887 Buil	ding Name: Admin Bldg Addition	
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 thisTotal Beds thisBuilding PerBuilding 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, SPC-4D and SPC-5 per Section 130061(e)		
Building Number: BLD-02888 Buil	ding Name: East Wing - North	
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 12 Inpatient 1325 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           12         12
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