Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

Provide the Hospital	Provide the Hospital Owner and Year of Report per Section 130061(e)								
Facility Number:	10556								
Facility Name:	Riversid	e Community Hospital							
Address:	4445 Ma	agnolia Ave							
City:	Riversid	е							
Hospital Owner/Lice	ensee:	Riverside Healthcare System dba Riverside Community Hospital							
Year of Rep	porting:	2016							
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Ad	dress::	[Confidential data left blank intentionally.]							
Name of Sub	omitter:	Jose Torres							
Submission	n Date:	10/26/2016 2:42:15 PM							

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, 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- 01384	Building A (Main)	4445 Magnolia Ave	Rebuild	SPC5	01/01/2018	12/31/2017
BLD- 01385	Building B	4445 Magnolia Ave	Retrofit	SPC2	01/01/2019	12/31/2018

Report Year: 10556 Riverside Community Hospital Page:3 of 30 2016 Riverside 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 A (Main) Yes-Submitted Building No: BLD-01384 Retrofit/Replacement Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 10556 1130010-33-0 PPR - Bed Tower Expansion 6/11/2013 10/01/2014 ACTI No 00 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). Yes-Submitted BLD-01385 Building B Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 10556 HL101530-0 0 SB 499: VSI OF BUILDING B 6/30/2010 12/28/2011 06/01/2012 01/01/2015 FIEL No 12:00:00 AM

Report Year: 2016	10556	Riverside Community Hospital	Riverside	Page:4 of 30				
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	.D-01384	Building Name: Bu	uilding A (Main)					
Type of Service Prov	<u>/ided</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	X 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 X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

Report	Year: 2016	10556	Riverside C	Community Ho	spital			Riverside			Page:5 of 30
Prov	ide the number of	inpatient bed	ls and patier	nt days per typ	e of servic	e per building	per	Section 130061(c)(1)(F)	
Build	ling Number: BL	D-01385		Building Nar	me:	Building B					
Туре	e of Service Prov	<u>rided</u>									
X	Nursing	Inpatient Beds		patient ays	58159	X :	Surgi	cal		Obstetrical Recovery	
X	IntensiveCare	Inpatient Beds	26 Inp	patient Days	9626		Anest	hesia	X	Newborn/ WellBaby	
X	Pediatric/Adol escent	Inpatient Beds	16 Ir	npatient Days	1043		Clinica	al Lab		Emergency	
	Psychiatric Nursing	Inpatient Beds	O Ir	npatient Days	0		Radio magii	ological/ ng	X	Nuclear Medicine	
X	Obstetrical Ante/Postprtum	Inpatient Beds	45 Ir	npatient Days	7588		harm Dietet	naceutical	X	Rehabilitati Therapy	on
	Intermediate Care	Inpatient Beds	O Ir	npatient Days	0			nistration		Renal Dialy	sis
	Skilled Nursing	Inpatient Beds	0 Ir	npatient Days	0		Suppo Servic	ces	Ш	Outpatient Surgery	
		Bodo	Total Beds Building	s this	273			etrical rean/Deliv		Central Pla	nt

Report Year: 2016 10556 **Riverside Community Hospital** Riverside Page:6 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01384 Building A (Main) **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2016 10556 Riverside Community Hospital Riverside Page:7 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building B Building Number:** BLD-01385 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 186 Inpatient 5815 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 9 Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 45 Inpatient 7588 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery 1043 20 8002 Inpatient 16 Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 1624 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 273 273 Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed

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

Building Number Building Name		Building to be Removed / Replaced / Rebuilt
BLD-01384	Building A (Main)	Rebuild
BLD-01385	Building B	Retrofit
BLD-01386	Building C (Inpatient Building)	Remain
BLD-01387	Building D	Remain
BLD-01388	Old Radiology Building	Remain
BLD-03107	Emergency Generator Enclosure	Remain

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No proposed no	ew buildings	to be consti	ructed at this or another site.		

Report Ye	ar: 2016 105	56 Riv	verside Community	Hospital	R	iverside		Page:10 of 30
The project replaced of The plann replaced of	For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for eplaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for eplaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)							
Building N	lumber: BLD-01384	4	Building A	(Main)		Removal Date:	12/31/2017]
Planned U	Ises for the building to	be remov	ed from acute care	e service:				
Planned u	use for building: Med	dical Office	Building	Jurisdiction:	OSHPD			
Inpatient s	services currently deli-	vered in th	e building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare Pediatric/Adol escent	X	Anesthesia Clinical Lab		Obstetrical Recovery		Renal Dialysis	3
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care	X	Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	X	Administration					

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Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted ClinicalLab Relocated to new building	building?	
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution or "Rebuild" or		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Dietetic Relocated to new building	building?	
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		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted leading Administration Relocated to new, retrofitted, & other building	building?	



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Report any general per Section 130061	acute care hospital inpa	atient service tl	nat is provided in any	general	acute care hospital	building t	hat is rated SPC-1
uilding Number:	BLD-01384 Buildir	g Name: B	uilding A (Main)				
Type of Service	e Provided	. —					
			Surgical	Ш	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab				Outpatient
Ш	escent		Radiological/	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging		_		
	-		Pharmaceutical	Ш	Emergency	Ш	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine		Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

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Report any general per Section 130061	acute care hospital i	inpatient service th	nat is provided in any	general	acute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-01385 Bui	ilding Name: Bu	uilding B					
Type of Service	e Provided							
		X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing		Anesthesia	_				
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
X	Pediatric/Adol escent		Clinical Lab	X	Newborn/		Outpatient Surgery	
	Psychiatric	X	Radiological/ Imaging		WellBaby			
	Nursing		Pharmaceutical		Emergency		Central Plant	
X	Obstetrical Ante/Postprtum		Dietetic	X	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report the final configuration of all built requirements whether by retrofit or by per Section 130061(c)(5)			
Building Number: BLD-01384	Building Name: Building A (Main	n)	
Configuration: Rebuild (Per SB90	Definition for Rebuild) with new S	PC5 and NPC4 or NPC5 building.	
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	X Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate Care	X Dietetic		
Skilled Nursing	X Administration	Nuclear Medicine	Support Services

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	whether by retrofit				ach building will comply be provided in each gen			
Building Num	nber: BLD-01385	Building Na	ıme: Building B					
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5								
Type of S	ervice Provided							
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		ehabilitation erapy	
X	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis	
X	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		utpatient irgery	
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	☐ Ce	entral Plant	
	Intermediate Care		Dietetic					
	Skilled Nursing		Administration	X	Nuclear Medicine		upport ervices	
		<u>-</u>						

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	vhether by retrofit or by				ach building will comply be provided in each gen		
uilding Numb	er: BLD-01386	Building Na	me: Building C (Inpa	tient Build	ng)		
Configuration	n: Retrofit Conformi	ng building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical Recovery	Х	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic		Emergency		Coma Fiant
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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	hether by retrofit or by				ach building will comply on provided in each gene		
Building Numbe	er: BLD-01387	Building Na	me: Building D				
Configuration:	Retrofit Non-Confe	orming buildi	ng to SPC 4D or SPC 5	and NP0	C 4 or NPC 5		
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Receivery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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	her by retrofit or by				ach building will comply woe provided in each gener		
Building Number:	BLD-01388	Building Nar	ne: Old Radiology Bui	lding			
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 4D or SPC 5	and NP0	C 4 or NPC 5		
Type of Service	Provided						
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery	R	tenal Dialysis
	ediatric/Adol cent		Clinical Lab		recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient urgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	c	entral Plant
	termediate are		Dietetic		Nuclear Medicine		Support
Sk	cilled Nursing		Administration				Services

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	ether by retrofit or by				ach building will comply we provided in each gener		
Building Number	: BLD-03107	Building Nam	e: Emergency Genera	ator Enc	losure		
Configuration:	Retrofit Conformir	ng building to N	IPC 4 or NPC 5				
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care		Dietetic	П	Nuclear Medicine	П	Support
	Skilled Nursing		Administration				Services

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Includ 4D ar	le information on t nd SPC-5 per Sect	the number of tion 130061(e	inpatient beds	by type of S	Service provided by t	ouildi	ngs that are classified a	s SPC-	2, SPC-3, SPC-4, SPC-
Buildi	ng Number: BLD	D-01386	Building N	lame: Bui	Iding C (Inpatient Bu	uildin	g)		
Туре	e of Service Prov	ided							
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	34	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		X Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		34						

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Include information o 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:	LD-01387	Building Na	me: Building D		
Type of Service Pr	ovided				
X Nursing	Inpatient Beds	66	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia	_	
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	X Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtur	Inpatient m Beds	0	X Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	g Inpatient Beds	0	Administration		
Total Beds this Building	S	66			

eport Year: 2016	10556	Riverside Commur	nity Hospital	Riverside	Page:25 of 30
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01388	Building Nar	ne: Old Radiology Building	9	
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 Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year:	2016	10556 R	iverside Commi	unity Hospi	tal		Riverside		Page:26 of 30
		he number of ion 130061(e		by type of S	Service provided by I	buildi	ngs that are classified a	s SPC-2	, SPC-3, SPC-4, SPC-
Building No	umber: BLD	0-03107	Building Na	ame: Em	nergency Generator	Enclo	osure		
Type of S	Service Prov	ided							
Nurs	sing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare	Inpatient Beds	0		Anesthesia				
Ped esce	iatric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psyc Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
Inte	rmediate e	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skill	ed Nursing	Inpatient Beds	0		Administration				
Tota Build	al Beds this ding		0						

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Riverside Community Hospital

Riverside

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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)

4D and SPC-5 per Se	ction 130061(e)				
Building Number:	BLD-01386	Building Name:	Building C (Inpatient Buildi	ing)	
Medical / Surgical (Ir	clude GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 4 Days	192 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatio Center	n	Int. Care / Developn Disabled	nentally
Inpatient 16 Bed	Inpatient 5	755 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical De	pendency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 18 Bed	Inpatient 5 Days	853 Inpatient Bed	0 Inpatient 0 Days	Unit 34	Service 34

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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-01387 Buil	ding Name: Building D	
Medical / Surgical (In	clude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 66 Bed	Inpatient 19310 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude No	ewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care		Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 66

Riverside Community Hospital Report Year: 2016 10556 Riverside Page:29 of 30 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01388 Old Radiology Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

Riverside Community Hospital Report Year: 2016 10556 Riverside Page:30 of 30 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-03107 **Emergency Generator Enclosure Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0

Days

ol

0

Bed

Bed

Days