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: Facility Name: Address: City:	Loma Linda University Medical Center 11234 Anderson St. Loma Linda							
Hospital Owner/Licensee:		Loma Linda University Medical Center 2016						
Year of Rep	_	[Confidential data left blank intentionally.]						
Contact 2 e-mail Address: Contact 3 e-mail Address::		[Confidential data left blank intentionally.] [Confidential data left blank intentionally.]						
Name of Sub		Loma Linda Unversity Medical Center						
Submission Date:		1/13/2017 12:00:56 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- 01479	Main Hospital Tower - Area C	11234 Anderson St.	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 03023	Main Hospital Tower - Area A	11234 Anderson St.	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 03025	Original Plant	11234 Anderson St.	Retrofit	SPC-4D	01/01/2020	01/01/2020

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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-0	1479	Main Hospital Tower - Area C		Retrofit/Re Project:	eplacement	Yes-Submitted	
	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date Status	CEQA Review
10677	H161449-36 -00	0	Loma Linda University UniMed Substation Replacement	6/8/2016	12/29/2016 12:00:00 AM	12/15/2016	OP	EN No
10677	H161637-36 -00	0	LLUMC Building 7 & 8 Connector	6/28/2016	9/22/2016 12:00:00 AM	02/01/2017	OP	EN No
10677	H161856-36 -00	0	LLUMC Schuman Bridge & Lobby Expansion	7/21/2016	8/16/2016 12:00:00 AM	02/01/2018	AG	CTI No
10677	H161864-36 -00	0	LLUMC Galleria & Main Entrance Canopy	7/21/2016	8/16/2016 12:00:00 AM	02/01/2018	AG	CTI No
10677	H162083-36 -00	0	Campus Transformation Project - Generator Enclosure	8/17/2016		08/01/2018	A	CTI No
10677	I150010-36- 00	0	PPR - Campus Transformation Project	5/12/2015		03/23/2016	A	CTI No
10677	S142915-36 -00	0	CTP Make Ready-FDC Relocation	12/17/201 4	2/25/2015 12:00:00 AM	09/24/2015	FI	EL No
10677	S150833-36 -00	0	CTP - Site Make Ready	4/2/2015	8/13/2015 12:00:00 AM	09/24/2015	Fl	EL No
10677	S152206-36 -00	0	CTP Site Make Ready 02	8/20/2015	1/22/2016 12:00:00 AM	02/15/2016	F	EL No

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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-0	3023	Main Hospital Tower - Area A		Retrofit/Re	eplacement	Yes-Subr	nitted	
Facility Number	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10677	I150010-36- 00	0	PPR - Campus Transformation Project	5/12/2015		03/23/2016		ACTI	No
10677	S142915-36 -00	0	CTP Make Ready-FDC Relocation	12/17/201 4	2/25/2015 12:00:00 AM	09/24/2015		FIEL	No
10677	S150833-36 -00	0	CTP - Site Make Ready	4/2/2015	8/13/2015 12:00:00 AM	09/24/2015		FIEL	No
10677	S152206-36 -00	0	CTP Site Make Ready 02	8/20/2015	1/22/2016 12:00:00 AM	02/15/2016		FIEL	No

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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-0	3025	Original Plant		Retrofit/Re	eplacement	Yes-Subn	nitted	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10677	H160798-36 -00	0	Chiller Plant	3/31/2016	12/7/2016 12:00:00 AM	12/16/2016	12/31/2019	PEND	No
10677	I140008-36- 00	0	Loma Linda University Steam Plant Building, SPC 4D Seismic Improvements	11/4/2014		06/01/2016	04/01/2018	ACTI	No

Report Year: 2016 10677 Loma Linda University Medical Center Loma Linda Page:6 of 76 Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) BLD-01479 Main Hospital Tower - Area C **Building Number: Building Name:** Type of Service Provided Obstetrical $|\mathsf{x}|$ Surgical Nursing 281 Inpatient 60692 Inpatient Recovery **Beds** Days Newborn/ 27818 IntensiveCare Inpatient Inpatient Days Anesthesia WellBaby Beds **Emergency** 89 Inpatient Days 21316 Clinical Lab X Pediatric/Adol Inpatient escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days **Psychiatric** 0 Inpatient Nursing **Beds Pharmaceutical** Rehabilitation 35 Obstetrical Inpatient Inpatient Days 5299 Dietetic Therapy Ante/Postprtum Beds Renal Dialysis Administration Inpatient Days 0 Intermediate Inpatient Care **Beds** X Support Outpatient Services Surgery Inpatient Days Skilled Nursing Inpatient 0 Beds Obstetrical Total Beds this 478 Cesarean/Deliv Central Plant Building

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Provide the nu	mber of inpatient bed	ds and patient days per type of service	per building per Section 130061	I(c)(1)(F)	
Building Numb	er: BLD-03023	Building Name:	Main Hospital Tower - Area A		
			I —		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
Intensive	Care Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby	
Pediatric, escent	/Adol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	/
Psychiati Nursing	ric Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	X Nuclear Medicine	
			Pharmaceutical	X Rehabilitat	ion
Obstetric Ante/Pos		0 Inpatient Days 0	Dietetic	X Rehabilitat Therapy	IOH
Intermed Care	iate Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	ysis
Skilled N		0 Inpatient Days 0	X Support Services	Outpatient Surgery	
Onlineari	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	ant

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Provide the number o	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: Bl		Building Name: Ori	iginal Plant		
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	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	sis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	beas	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plar	nt

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)									
Building Number:	BLD-01479	Building Name: Mair	n Hospital Tower - Area C						
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric					
Inpatient 281 Bed	Inpatient 6069 Days 2	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing					
Inpatient 35 Bed	Inpatient 5299 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Pediatric		intensive Care New Nursery	wborn	Intermediate Card					
Inpatient 89 Bed	Inpatient 2131 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / develope Disabled	ment				
Inpatient 73 Bed	Inpatient 2781 Days 8	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	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	478	478				

Report Year: 2016 10677 Loma Linda University Medical Center Loma Linda Page:10 of 76 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03023 Main Hospital Tower - Area A **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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2016 10677 Loma Linda University Medical Center Loma Linda Page:11 of 76 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03025 Original Plant **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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01479	Main Hospital Tower - Area C	Rebuild
BLD-01480	Main Hospital Tower - Area B	Remove
BLD-01481	Emergency Room Expansion - 1976	Rebuild
BLD-01482	Northeast Wing - Schuman Pavilion	Remain
BLD-01483	South Wing Phase 2	Remain
BLD-01485	South Wing Phase I	Remain
BLD-01486	Co-Generation Plant	Remain
BLD-02961	Chiller Facility	Remain
BLD-03021	South Wing Phase I	Remain
BLD-03022	South Wing Phase I	Remain
BLD-03023	Main Hospital Tower - Area A	Rebuild
BLD-03024	South Wing Phase 2	Remain
BLD-03025	Original Plant	Retrofit
BLD-05490	Emergency Generator	Remove

List ALL propose	ed new buildings to be constructe	d at this or another site.	
Building Number	Building Name	New Site	
N_1	New LLUMC Hospital Build	ng	

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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-01479 Main Hospital Tower - Area C Removal Date: 01/01/2020									
Planned l	Jses for the building to	be remov	ved from acute care service:						
Planned	use for building:								
Inpatient	services currently deliv	vered in th	e building:						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X	IntensiveCare	X	Anesthesia						
X	Pediatric/Adol escent	X	Clinical Lab	X	Obstetrical Recovery	X Renal Dialysis	S		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X Outpatient Surgery			
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	Central Plant			
	Intermediate Care	X	Dietetic	X	Nuclear Medicine	X Support Services			
	Skilled Nursing	X	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 N	umber: BLD-0	3023	Main Hospi	tal Tower - Area	A	Removal Date:	01/01/2020			
Planned U	lses for the buildi	ng to be remov	ed from acute care	service:						
Planned u	use for building:									
Inpatient s	Inpatient services currently delivered in the building:									
	Nursing		Surgical		Obstetrical Cesarean/Deli	iv.	X Rehabilitation	1		
	IntensiveCare	X	Anesthesia		Ocsarcan, Den	•	Погару			
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysi	s		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	Intermediate Care		Dietetic	X	Nuclear Medicine		X Support Services			
	Skilled Nursing		Administration				Services			

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Provide the number of inpatient beds and parcare services per Section 130061(c)(2)(D).	tient days per unit for the year of 2013, 20	014, and 2015 for buildings to be re	emoved from acute
Building Nbr: BLD-01480 Building Name:	Main Hospital Tower - Area B	Year of Information: 2	2013
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0 Inpatient 0 Patie Beds Days	
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0 Inpatient 0 Patie Beds Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0 Inpatient 0 Patie Beds Days	
Intensive Care	Rehabilitation Center	Int. Care/Developmentally	Disabled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0 Inpatient 0 Patie Beds Days	
Coronary Care	Chemical Dependency	Total Beds this	0
Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0 Building per Unit	
	24,0	Total Beds this Building per Serv	ice 0

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Provide the number of inpatient beds and parcare services per Section 130061(c)(2)(D).	tient days per unit for the year of 2013, 2014, ar	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-01480 Building Name:	Main Hospital Tower - Area B	Year of Information: 2015	
Unit Type	Ir	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Coronary Care Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this Building per Unit Total Beds this	0
		Building per Service	0

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Provide the number of inpatient beds and p care services per Section 130061(c)(2)(D).	atient days per unit for the year of 2013, 2014, ar	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-05490 Building Name	Emergency Generator	Year of Information: 2013	
Unit Type	Ir	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0
Beds Days	Beds Days	Total Beds this Building per Service	0

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Provide the number of inpatient beds and pactors services per Section 130061(c)(2)(D).	atient days per unit for the year of 2013, 2014, ar	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-05490 Building Name:	Emergency Generator	Year of Information: 2014	
Unit Type	Ir	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0
Beds Days	Beds Days	Total Beds this	0
		Building per Service	
		Building per Service	

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Provide the number of inpatient beds and pactors services per Section 130061(c)(2)(D).	tient days per unit for the year of 2013, 2014, an	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-05490 Building Name:	Emergency Generator	Year of Information: 2015	
Unit Type	In	offormation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0
Beds Days	Beds Days	Total Beds this Building per Service	0

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	of inpatient beds and pa care services per Section		ce for the year of 20	013, 2014, and 2015 for build	ings to be
Building Nbr: BLD-0	D1480 Building Name:	Main Hospital Tower - Are	ea B	Year of Information:	2013
Type of Services Provided	Name.			Information Current As Of:	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	_
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceution	cal Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administratio		
Total Beds this B	uilding per service	0			

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	of inpatient beds and parcare services per Section	tient days per type of servi n 130061(c)(2)(D).	ce for the year of 201	3, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D1480 Building Name:	Main Hospital Tower - Are	еа В	Year of Information:	2014
Type of Services Provided				nformation Current As Of:	10/04/2016
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	0			

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	of inpatient beds and pa care services per Section	tient days per type of servi n 130061(c)(2)(D).	ce for the year of 201	3, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D1480 Building Name:	Main Hospital Tower - Are	ea B	Year of Information:	2015
Type of Services Provided				nformation Current As Of:	10/04/2016
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	0			

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	of inpatient beds and pa care services per Section	tient days per type of servi n 130061(c)(2)(D).	ce for the year of 201	13, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D5490 Building Name:	Emergency Generator		Year of Information:	2013
Type of Services Provided				Information Current As Of:	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	-
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	I Emergency	X Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	suilding per service	0			

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	of inpatient beds and parcare services per Section	tient days per type of servi n 130061(c)(2)(D).	ce for the year of 201	3, 2014, and 2015 for build	dings to be
Building Nbr: BLD-0	D5490 Building Name:	Emergency Generator		Year of Information:	2014
Type of Services Provided				Information Current As Of:	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	0			

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	of inpatient beds and pa care services per Section	tient days per type of servi n 130061(c)(2)(D).	ce for the year of 201	.3, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D5490 Building Name:	Emergency Generator		Year of Information:	2015
Type of Services Provided				Information Current As Of:	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	, ,
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	I Emergency	X Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	0			

Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency Relocated to new building New Building RetroFitted Building Other SPC2-SPC5 Building N_1-New LLUMC Hospital Building Facility Project Sub Number Num Scope Date In Approved Date In Approved Date Date In Approved Date Od/11/2016 12/31/2019 ACTI 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-01479 Building Name: Main Hospital Tower - Area C	Report Year: 2016 Loma Linda U	University Medical Center		Loma Linda		Page:2	28 of 76
Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency Relocated to new building New Building RetroFitted Building N_1-New LLUMC Hospital Building Facility Project Sub Number Num Scope Date In Approved Start Date Complete Status Date 10677 1150010- 0 PPR - Campus Transformation Project 2015-05-12 04/11/2016 12/31/2019 ACTI 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 Name: Main Hospital Tower - Area C							ng
Relocated to new building New Building RetroFitted Building Other SPC2-SPC5 Building N_1-New LLUMC Hospital Building Facility Project Sub Number Num Scope Date In Approved Date Date In Approved Date Date In Approved Date Od/11/2016 12/31/2019 ACTI 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 Name: Main Hospital Tower - Area C	Number:						
New Building RetroFitted Building Other SPC2-SPC5 Building N_1-New LLUMC Hospital Building Facility Project Sub Number Num Scope Date In Approved Date Date In Approved Date Date In Approved Date O PPR - Campus Transformation Project 2015-05-12 O4/11/2016 12/31/2019 ACTI 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-01479 Building Name: Main Hospital Tower - Area C	Will general acute care services and beds will be re	elocated to a new, Existing	or retrofitted	building?			
Facility Project Sub Number Num Scope Date In Approved Start Date Complete Status d 10677 1150010- 0 PPR - Campus Transformation Project 2015-05-12 04/11/2016 12/31/2019 ACTI 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 Name: Main Hospital Tower - Area C	Emergency Relocated to new building						
Facility Project Sub Number Number Scope Date In Approved Date Date In Approved Date Project Complete Status d Date In Approved Date O 4/11/2016 12/31/2019 ACTI 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 Name: Main Hospital Tower - Area C	New Building	RetroFitted Building		Other SP	C2-SPC5 Buil	<u>ding</u>	
Number Number Number Num Scope Date In Approved Date Date In Approved Date Start Date Complete Status d 10677 I150010- 0 PPR - Campus Transformation Project 2015-05-12 04/11/2016 12/31/2019 ACTI 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 Name: Main Hospital Tower - Area C	N_1-New LLUMC Hospital Building						
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 Name: Main Hospital Tower - Area C Number:	•		Date In	Approved	Start Date	Complete	Status
building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C	10077 Trees of Tritt Gampas Transier	mation Project	2015-05-12		04/11/2016	12/31/2019	ACTI
Number:							ng
Will general acute care services and heds will be relocated to a new Existing or retrofitted building?	Building Number: BLD-01479 Building Name:	Main Hospital Tower - Are	а С]		
will general acute care services and beds will be relocated to a new, Existing of retrollitied building:	Will general acute care services and beds will be re	elocated to a new, Existing	or retrofitted	building?			
Nursing N/A	Nursing N/A						

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Report whether the general acute of building sites or project numbers for	care services and beds will be relocated to a new, or buildings with a Building Resolution of "Rebuild"	existing or retrofitted building an or "Replace" per Section 13006	d any corresponding 1(c)(2)(E)
Building BLD-01479 B	uilding Name: Main Hospital Tower - Area C		
Will general acute care services an	d beds will be relocated to a new, Existing or retro	ofitted building?	
Intensive Care N/A			
	care services and beds will be relocated to a new, or buildings with a Building Resolution of "Rebuild"		
Building BLD-01479 B Number:	uilding Name: Main Hospital Tower - Area C		
Will general acute care services an	d beds will be relocated to a new, Existing or retro	ofitted building?	
Obstetrical Ante Postprtum			
	care services and beds will be relocated to a new, or buildings with a Building Resolution of "Rebuild"		
Building BLD-01479 B	uilding Name: Main Hospital Tower - Area C		
Will general acute care services an	d beds will be relocated to a new, Existing or retro	ofitted building?	
Surgical 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 Number: Will general acute Anesthesia	BLD-01479 Building Name: te care services and beds will be in N/A	Main Hospital Tower - Area C relocated to a new, Existing or retrofitted	building?	
		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Building Number: Will general acute	BLD-01479 Building Name: te care services and beds will be in N/A	Main Hospital Tower - Area C relocated to a new, Existing or retrofitted	building?	
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: Will general acute Radiological/Image		Main Hospital Tower - Area C relocated to a new, Existing or retrofitted	building?	

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Report whether the general acute care services and beds w building sites or project numbers for buildings with a Building			
Building Number: BLD-01479 Building Name: Main Ho	ospital Tower - Area C		
Will general acute care services and beds will be relocated	to a new, Existing or retrofitted	building?	
Pharmaceutical N/A			
Report whether the general acute care services and beds w building sites or project numbers for buildings with a Building			
Number:	ospital Tower - Area C		
Will general acute care services and beds will be relocated	to a new, Existing or retrofitted	building?	
Dietetic N/A			
Report whether the general acute care services and beds w building sites or project numbers for buildings with a Building			
Building Name: Main Ho	ospital Tower - Area C		
Will general acute care services and beds will be relocated	to a new, Existing or retrofitted	building?	
Administration N/A			

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Report whether the general acute care services and beds will be relocated to a n building sites or project numbers for buildings with a Building Resolution of "Rebu		
Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C		
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 n building sites or project numbers for buildings with a Building Resolution of "Rebu		
Building Number: Will general acute care services and beds will be relocated to a new, Existing or Obstetrical Cesarean/Deliv BLD-01479 Building Name: Main Hospital Tower - Area Control N/A		
Report whether the general acute care services and beds will be relocated to a n building sites or project numbers for buildings with a Building Resolution of "Rebu		
Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C		
Will general acute care services and beds will be relocated to a new, Existing or	retrofitted building?	
Obstetrical Recovery 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 correspon building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	ding
Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Newborn/Well Baby N/A	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any correspon building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	ding
Building Number: BLD-01479 Building Name: Main Hospital Tower - Area C	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Emergency N/A	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any correspon building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	ding
Building Name: Main Hospital Tower - Area C	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Nuclear Medicine 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 Number: Will general acute care services and beds will I Renal Dialysis N/A		ed building?		
Report whether the general acute care services building sites or project numbers for buildings was a service of the services o				
Building Number: Will general acute care services and beds will I OutpatientSurgery N/A		ed building?		
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 Name Number: Will general acute care services and beds will I Pediatric N/A		ed building?		

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Report whether the general acute care services ar building sites or project numbers for buildings with			
Building Number: BLD-01479 Building Name:	Main Hospital Tower - Area C		
Will general acute care services and beds will be r	relocated to a new, Existing or retrofitted	building?	
Intensive Care N/A			
Report whether the general acute care services ar building sites or project numbers for buildings with			
Building Number: BLD-03023 Building Name:	Main Hospital Tower - Area A		
Will general acute care services and beds will be r	relocated to a new, Existing or retrofitted	building?	
Anesthesia N/A			
Report whether the general acute care services ar building sites or project numbers for buildings with			
Building Number: BLD-03023 Building Name:	Main Hospital Tower - Area A		
Will general acute care services and beds will be r	relocated to a new, Existing or retrofitted	building?	
Support Services N/A			
1			

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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: BLD-03023 Building Name: Main Hospital Tower - Area A			
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?		
Nuclear Medicine 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 '			
Building Name: Main Hospital Tower - Area A Number:			
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Rehabilitation N/A			
Therapy	_		

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Each hospital owner shall also report for each facil number of inpatient beds by type of unit and service		ved from active care service, any net	change in the
Building Name: Number:	Main Hospital Tower - Area B		
Will general acute care services and beds will be re	elocated to a new, Existing or retrofitted	d building?	
CentralPlant Removed from hospital ser	rvices	1	
Each hospital owner shall also report for each facil number of inpatient beds by type of unit and service		ved from active care service, any net	change in the
	- per decider reduct (e)(e)		
Building Name: Number:	Emergency Generator		
Will general acute care services and beds will be re	elocated to a new, Existing or retrofitted	d building?	
CentralPlant N/A		7	
		_	

Section 130061 Iding Number:			nat is provided in any ain Hospital Tower - /		acute care hospital	building t	hat is rated SPC-1
Type of Service	e Provided		O mind	[v]			Rehabilitation
	Nuroina	X	Surgical	X	Obstetrical Cesarean/Deliv		Therapy
Х	Nursing	X	Anesthesia				Danal Diahaia
X	IntensiveCare			X	Obstetrical Recovery	X	Renal Dialysis
Х	Pediatric/Adol escent	X	Clinical Lab	X	Newborn/	Х	Outpatient Surgery
		X	Radiological/ Imaging		WellBaby		Cargory
	Psychiatric Nursing	X	Pharmaceutical	Х	Emergency		Central Plant
X	Obstetrical Ante/Postprtum			X	Nuclear	X	Support
	Ante/Fostpitum	X	Dietetic		Medicine		Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

eport Year: 201 eport any general er Section 130061	acute care hospita	Loma Linda Universi	ty Medical Center nat is provided in any	general	Loma Linda acute care hospital	building t	Page:39 of 76)
uilding Number:	BLD-03023 B	Building Name: Ma	ain Hospital Tower -	Area A				_
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	Nursing	X	Anesthesia				Danal Diahraia	
	IntensiveCare		Oliviral Lat	Ш	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic	X	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report any general per Section 130061	acute care hospital inpa	tient service that is pr	ovided in any general	acute c	are hospital b	uilding t	hat is rated	SPC-1
Building Number:	BLD-03025 Buildin	g Name: Original F	Plant					
Type of Service	Provided							
		Surgio	cal	Obste Cesar	trical ean/Deliv		Rehabilita Therapy	ition
	Nursing	Anest	hesia	.			Renal Dia	lveie
	IntensiveCare	Clinic	al Lab	Obste Recov			Nenai Dia	ilyolo
	Pediatric/Adol escent		ological/	Newbo			Outpatier Surgery	t
	Psychiatric Nursing	Imagi		Emerg	·		Central P	lant
			naceuticai	Linois	gerioy	Х	Central F	ani
	Obstetrical Ante/Postprtum	Diete	tic	Nuclea Medici			Support Services	
	Intermediate Care	Admiı	nistration					
	Skilled Nursing							

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Report the final requirements wh per Section 130	hether by retrofit or by	dings on the replacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply voe provided in each gene	vith the SP ral acute ca	C-5/NPC-4 or 5 are hospital building
Building Numbe	er: BLD-01479	Building Na	me: Main Hospital To	wer - Are	a C		
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SP	C5 and N	NPC4 or NPC5 building.		
Type of Serv	rice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	Х	Anesthesia	X	Obstetrical Recovery	X	Renal Dialysis
X	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	Х	Radiological/ Imaging	Х	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate Care	X	Dietetic	X	Nuclear Medicine	X	Support
	Skilled Nursing	X	Administration		Tudical modicine		Services

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Report the final correquirements whet per Section 13006	her by retrofit or by re	lings on the eplacement	hospital campus showin and the type of service t	g how ean	ach building will comply we provided in each gener	vith the SPC-5/ ral acute care h	NPC-4 or 5 ospital building
Building Number:	BLD-01480	Building Nar	ne: Main Hospital Tow	er - Area	а В		
Configuration:	Remove from GAC	service by 1	/1/2020				
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	ediatric/Adol scent		Clinical Lab		recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient gery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	☐ Cel	ntral Plant
	termediate		Dietetic		Emergency		mar i am
	are killed Nursing		Administration		Nuclear Medicine		ipport ervices
_	l						

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	her by retrofit or by r				ach building will comply wi be provided in each genera	
Building Number:	BLD-01481	Building Nar	ne: Emergency Room	Expans	on - 1976	
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SP0	C5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		receivery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	rermediate		Dietetic			
	are tilled Nursing		Administration	Ш	Nuclear Medicine	Support Services
	'	1				

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	her by retrofit or by r				ach building will comply be provided in each gene		
Building Number:	BLD-01482	Building Nar	me: Northeast Wing - S	Schumar	n Pavilion		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
Int	tensiveCare	X	Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	ediatric/Adol scent		Clinical Lab		recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		tpatient gery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	☐ Cei	ntral Plant
	termediate		Dietetic		Linergency		intal Flam
	are killed Nursing		Administration		Nuclear Medicine		pport prvices
		I					

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	hether by retrofit or by				ach building will comply be provided in each gen		
uilding Numbe	er: BLD-01483	Building Na	me: South Wing Pha	ase 2			
Configuration	: Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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	whether by retrofit or by				each building will comply be provided in each gen		
Building Numb	er: BLD-01485	Building Na	me: South Wing Pha	ise I			
Configuration	n: Retrofit Conformir	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		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		o.go.loy		Somari an
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the final corequirements whe per Section 13000	ether by retrofit or by re	lings on the eplacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply be provided in each gene	with the SPC-5/ eral acute care h	NPC-4 or 5 ospital building
Building Number:	BLD-01486	Building Nar	me: Co-Generation Pla	ant			
Configuration:	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	ntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient gery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X Cei	ntral Plant
	ntermediate Care		Dietetic		- /		
	Skilled Nursing		Administration		Nuclear Medicine		pport rvices
	·						

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	er by retrofit or by rep			ach building will comply wit be provided in each general		
Building Number:	BLD-02961 Bu	uilding Nar	me: Chiller Facility			
Configuration:	Retrofit Conforming b	ouilding to	NPC 4 or NPC 5			
Type of Service F	Provided					
Nurs	sing		Surgical	Obstetrical Cesarean/Deliv		ehabilitation herapy
Inter	nsiveCare		Anesthesia	Obstetrical Recovery	R	enal Dialysis
Ped esce	iatric/Adol ent		Clinical Lab	Recovery		
Psyc Nurs	chiatric sing		Radiological/ Imaging	Newborn/ WellBaby		utpatient urgery
Obs	tetrical		Pharmaceutical			
Ante	e/Postprtum			Emergency	X C	entral Plant
Inter Care	rmediate e		Dietetic	Nuclear Medicine		Support
Skill	ed Nursing		Administration		Ш (Services

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Report the final correquirements whe per Section 13006	ether by retrofit or by r	dings on the eplacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply be provided in each gene	with the SPC-5/leral acute care h	NPC-4 or 5 ospital building
Building Number:	BLD-03021	Building Nar	me: South Wing Phase	e l			
Configuration:	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
Ir	ntensiveCare	X	Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		recevery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient gery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		ntral Plant
	ntermediate		Dietetic				mai i lam
	Care Skilled Nursing		Administration	Ш	Nuclear Medicine		pport rvices

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	her by retrofit or by I				ach building will comply voe provided in each gene		
Building Number:	BLD-03022	Building Nar	me: South Wing Phase	e l			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
☐ Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Int	tensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent	X	Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic		Nuclear Medicine	х	Support
Sk	cilled Nursing		Administration				Services

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	her by retrofit or by re				ach building will comply wit be provided in each genera		
Building Number:	BLD-03023	Building Nar	me: Main Hospital Tow	er - Area	а А		
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical		Pharmaceutical				
— An	nte/Postprtum	_			Emergency		Central Plant
Int Ca	ermediate are		Dietetic	Х	Nuclear Medicine	X	Support
Sk	illed Nursing		Administration				Services

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Report the final corequirements whe per Section 13000	ether by retrofit or by r	dings on the eplacement	hospital campus showin and the type of service t	ig how e hat will t	ach building will comply voe provided in each gene	with the SPC-5/l ral acute care h	NPC-4 or 5 nospital building
Building Number:	BLD-03024	Building Na	me: South Wing Phase	e 2			
Configuration:	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	ntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	☐ Cei	ntral Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration	Ш	Nuclear Medicine		ipport Prvices

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	ner by retrofit or by re				ach building will comply wi be provided in each genera		
Building Number:	BLD-03025	Building Nar	me: Original Plant				
Configuration:	Retrofit Non-Confo	rming buildir	ng to SPC 4D or SPC 5 a	and NPC	4 or NPC 5		
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	ostetrical		Pharmaceutical				
All	te/Postprtum				Emergency	X Ce	entral Plant
Inte	ermediate ire		Dietetic		Nuclear Medicine		upport ervices
Ski	illed Nursing		Administration			3	ervices

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	ether by retrofit or by r				ach building will comply be provided in each gen		
Building Number:	BLD-05490	Building Na	me: Emergency Gene	rator			
Configuration:	Remove from GAC	service by	1/1/2020				
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Inte/Postprtum		Pharmaceutical		E		Out and Plant
	ntermediate		Dietetic		Emergency	X	Central Plant
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				00300

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Include information on 4D and SPC-5 per Sec	the number of tion 130061	of inpatient beds b e)	y type of Service provided by l	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLI	D-01480	Building Na	me: Main Hospital Tower -	Area B	
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on 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-01481	Building Nar	ne: Emergency Room Exp	ansion - 1976	
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year:	2016	10677 Lo	oma Linda Unive	ersity Medi	cal Center		Loma Linda		Page:57 of 76
		the number of tion 130061(e)		y type of S	Service provided by b	ouildii	ngs that are classified a	s SPC-2	SPC-3, SPC-4, SPC-
Building Nu	umber: BLD	0-01482	Building Na	ame: No	rtheast Wing - Schur	man	Pavilion		
Type of S	Service Prov	ided							
Nurs	sing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare	Inpatient Beds	0	X	Anesthesia				
Pedi esce	iatric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psyc Nurs	chiatric sing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Inter Care	rmediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skill	ed Nursing	Inpatient Beds	0		Administration				
Tota Build	l Beds this ding		0						

eport Y	ear: 2016	10677	Loma Linda Unive	rsity Med	ical Center		Loma Linda		Page:58 of 76
	le information on t nd SPC-5 per <mark>Sec</mark>			type of	Service provided by I	buildir	ngs that are classified a	as SPC-2,	SPC-3, SPC-4, SPC-
Buildi	ng Number: BLC	D-01483	Building Nar	me: So	outh Wing Phase 2				
Туре	e of Service Prov	ided							
	Nursing	Inpatient Beds	0	X	Surgical	[Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	78	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	[X Obstetrical Recovery	F	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	[X Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	36	X	Pharmaceutical	[Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	[Nuclear Medicine	X S	Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		114						

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Include information on 4D and SPC-5 per Sec			type of S	ervice provided by t	buildir	ngs that are classified a	s SPC-2	, SPC-3, SPC-4, SPC-
Building Number: BL	D-01485	Building Nar	ne: Sou	uth Wing Phase I				
Type of Service Prov	vided							
Nursing	Inpatient Beds	0	X	Surgical	[Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	122	X	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		X Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	[X Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	[Emergency		Central Plant
Intermediate Care	Inpatient Beds	0	X	Dietetic	[Nuclear Medicine	X	Support Services
Skilled Nursing	Inpatient Beds	0	X	Administration				
Total Beds this Building		122						

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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-01486	Building Nar	me: Co-Generation Plant		
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	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on 4D and SPC-5 per Sec			y type of Service provided by t	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02961	Building Na	me: Chiller Facility		
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	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on the number of inpatient beds by type of 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: BLI	D-03021	Building Nar	ne: South Wing Phase I				
Type of Service Prov	<u>/ided</u>						
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	X 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 Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X 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			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-03022	Building Nar	ne: South Wing Phase I		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X 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	X 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			

port Year:	2016 10677 I	Loma Linda Unive	rsity Medical Center	Loma Linda	Page:64 of 76
	nation on the number of per Section 130061(y type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Numb	per: BLD-03024	Building Na	me: South Wing Phase 2		
Type of Serv	vice Provided				
Nursing	g Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensiv	veCare Inpatient Beds	0	Anesthesia		
Pediatri escent	ic/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychia Nursing		0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetr Ante/Po	ical Inpatient ostprtum Beds	0	Pharmaceutical	Emergency	Central Plant
Interme Care	ediate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled	Nursing Inpatient Beds	0	Administration		
Total Bo Building	eds this	0			

port Year: 2016	10677	Loma Linda Unive	rsity Medical Center	Loma Linda	Page:65 of 76
Include information on 4D and SPC-5 per Sec			type of Service provided by b	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-05490	Building Na	me: Emergency Generator		
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	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Building Number:	BLD-01480	Building Name:	Main Hospital Tower - A	Area B	
ledical / Surgical (Include GYN)	Acute Resp	oiratory Care	Acute Psychiatric	
npatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days	0
erinatal (Exclude l	Newborn / GYN)	Burn		Skilled Nursing	
npatient 0 ed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days	0
ediatric		Intensive C Nursery	are Newborn	Intermediate Care	
npatient 0 ed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days	0
ntensive Care		Rehabilitat Center	ion	Int. Care / Developmentally Disabled	
npatient 0 ed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days	0
oronary Care		Chemical D	Dependency	Total Beds this Total Be Building Per Building	
npatient 0 ed	Inpatient Days	0 Inpatient Bed	0 Inpatient 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)

4D and SPC-5 per Section 130061(e)						
Building Number:	BLD-01483 Build	ing Name: South Wing Phase 2				
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (Exclude New	wborn / GYN)	Burn	Skilled Nursing			
Inpatient 36 Bed	Inpatient 4938 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 12 Inpatient 3739 Bed Days	Inpatient 0 Inpatient 0 Days			
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 66 Bed	Inpatient 13095 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days			
Coronary Care		Chemical Dependency	Total Beds this Building Per Building Per			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service			

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Report Year: 2016 10677 Loma Linda University Medical Center Loma Linda Page:72 of 76 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-02961 **Chiller Facility Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 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 Bed Days Bed ol 0

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Report Year: 2016 10677 Loma Linda University Medical Center Loma Linda Page:74 of 76 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-03022 South Wing Phase I **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 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 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 Bed Days Bed ol 0

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Report Year: 2016 10677 Loma Linda University Medical Center Loma Linda Page:76 of 76 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-05490 **Emergency Generator 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 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 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 Bed Days Bed ol 0