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 Number: 10694								
Facility Name:	St. Bern	ardine Medical Center							
Address:	2101 N	Waterman Ave							
City:	San Ber	nardino							
Hospital Owner/Lic	ensee:	St Bernardine Medical Center							
Year of Rep	porting:	2016							
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]							
Name of Sub	omitter:	David Chacon							
Submission	n Date:	1/11/2017 4:13:10 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- 01814	Main Hospital	2101 N Waterman Ave	Replace	SPC2	01/01/2020	07/01/2019
BLD- 01817	Central Tower	2101 N Waterman Ave	Retrofit	SPC-4D	01/01/2020	12/31/2019

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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: Main Hospital Retrofit/Replacement Yes-Submitted BLD-01814 Project: Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In 10694 H131460-36 0 IT Services Building 7/8/2013 7/15/2014 06/01/2014 05/31/2015 FIEL No -00 12:00:00 AM 10694 P-2012-0 SPC-1 Decommissioning- Main Wing- Bldg 11/9/2012 4/24/2013 01/02/2016 FIEL No 02402 12:00:00

AM

Retrofit/Replacement

Yes-Planned

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: BI D-01817

Central Tower

Ballaning Ito.	onniai 10		Project:	opiacomoni	10011411	100	J
Facility Project Number Number	Sub Num Scope	Date In	Plan Approved Date		Projected Completion Date	Status	CEQA Review
10694 IL082842-0	0	12/23/200 8		04/06/2012	01/02/2014	ACTI	No

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-01814 Building Name: Main Hospital								
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	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Build	Building Number: BLD-01817 Building Name: Central Tower								
Type	e of Service Prov	<u>rided</u>							
X	Nursing	Inpatient Beds	125	Inpatient Days	19841	X Surg	jical	Obstetrica Recovery	ıl
X	IntensiveCare	Inpatient Beds	27	Inpatient Days	5726	Anes	sthesia	X Newborn/ WellBaby	
X	Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	s 0	Clinic	cal Lab	Emergend	cy .
	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	s 0	Radio	ological/ ing	Nuclear Medicine	
X	Obstetrical Ante/Postprtum	Inpatient Beds	32	Inpatient Days	s 4174	Pharr	maceutical	Rehabilita Therapy	tion
	Intermediate Care	Inpatient Beds	0	Inpatient Days	0		inistration	Renal Dia	
	Skilled Nursing	Inpatient Beds	0	Inpatient Days	s 0	Servi	ices	Surgery	
			Total Be Building		184		etrical arean/Deliv	Central Pl	ant

Report Year: 2016 10694 St. Bernardine Medical Center San Bernardino 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-01814 Main Hospital **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 0 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 10694 St. Bernardine Medical Center San Bernardino 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) **Central Tower Building Number:** BLD-01817 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 125 Inpatient 1984 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 32 Inpatient 4174 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Days 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 27 Inpatient 5726 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 184 Inpatient Inpatient 184 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-01814	Main Hospital	Replace
BLD-01816	Emergency Building	Remain
BLD-01817	Central Tower	Retrofit
BLD-01818	North Tower	Remain
BLD-01819	Service Building	Remain
BLD-01820	Ancillary Building	Remain

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List ALL proposed n	ew buildings to be constructed at this or another site.		
Building Number	Building Name	New Site	
N_1	IT Building		

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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 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	umber: BLD-0	1814	Main Hospita	al		Removal Date:	07/01/2019		
Planned U	ses for the buildi	ng to be rer	moved from acute care s	ervice:					
Planned u	use for building:	Other		Jurisdiction:					
	Other Usage:	Non-Acute	care Hospital Functions						
Inpatient s	ervices currently	delivered in	n the building:						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia						
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	E	Emergency		Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support Services		
	Skilled Nursing	×	Administration				COLVICES		

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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 obuilding sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(
Building Number: BLD-01814 Building Name: Main Hospital Number:	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Administration Relocated to other building	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any composition building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(
Building Number: BLD-01814 Building Name: Main Hospital	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Support Services Relocated to new building	

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number: BLD-01814 Building Name: Main Hospital									
Type of Service	Provided								
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		Anesthesia			_			
	IntensiveCare				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		Nuclear Medicine	X	Support Services		
	Intermediate Care	X	Administration						
	Skilled Nursing								

ilding Number:	BLD-01817 Buildi	ng Name: C	entral Tower					
Type of Service	e Provided	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia				Renal Dialysis	
X	IntensiveCare		Clinical Lab		Obstetrical Recovery		Renai Diaiysis	
X	Pediatric/Adol escent		Radiological/	X	Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Imaging		Emergency		Control Plant	
X	Obstetrical		Pharmaceutical		Nuclear		Central Plant Support	
	Ante/Postprtum		Dietetic		Medicine	X	Services	
	Intermediate Care	X	Administration					
	Skilled Nursing							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)								
Building Number: BLD-01814	Building Name: Main Hospital							
Configuration: Remove from GA	C service by 1/1/2020							
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recovery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant					
Intermediate	Dietetic	Lineigency	Central Flaint					
Care Skilled Nursing	X Administration	Nuclear Medicine	Support Services					
	I							

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	her by retrofit or by				ach building will comply woe provided in each gener					
Building Number:	BLD-01816	Building Nar	me: Emergency Buildin	ng						
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	Provided									
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	tensiveCare		Anesthesia		Obstetrical Recovery	R	Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery			
	ostetrical nte/Postprtum		Pharmaceutical	X	Emergency	c	Central Plant			
	termediate are		Dietetic		Nuclear Medicine		Support			
Sk	xilled Nursing		Administration		National Medicine		Services			

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	whether by retrof				ach building will comply be provided in each gen					
Building Num	ber: BLD-0181	7 Building Na	ame: Central Tower							
Configuration	Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5									
Type of Se	ervice Provided									
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		ehabilitation herapy			
X	IntensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis			
	Pediatric/Adol escent		Clinical Lab		. recovery					
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		utpatient urgery			
X	Obstetrical		Pharmaceutical							
	Ante/Postprtur				Emergency	С	entral Plant			
	Intermediate Care		Dietetic		Nuclear Medicine		Support			
	Skilled Nursing	g	Administration			S	Services			

port Year:	2016 10694	St. Bernardir	ne Medical Center	San Bernarding)	Page:20 of 30
	whether by retrofit or l			ach building will comply be provided in each gen		
uilding Num	ber: BLD-01818	Building Na	me: North Tower			
Configuratio	on: N/A	_				
Type of Se	ervice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery	F	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical			
	Ante/Postpitum			Emergency		Central Plant
	Intermediate Care		Dietetic	Nuclear Medicine		Support
	Skilled Nursing		Administration		`	Services

eport Year: 2016 10694	St. Bernardine Medical Center	San Bernardino	Page:21 of 30
	illdings on the hospital campus show replacement and the type of service		
Building Number: BLD-01819	Building Name: Service Building		
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic		
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services
	ı		

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	er by retrofit or by re				ach building will comply wi be provided in each genera	
Building Number:	BLD-01820	Building Nar	me: Ancillary Building			
Configuration:	N/A					
Type of Service	Provided					
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		receivery	
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Car Skil	lled Nursing		Administration	Ш	Nuclear Medicine	Support Services
	·					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLI	D-01816	Building N	ame: Emerge	ency Building			
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0	Su	ırgical	Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0	And	esthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clin	nical Lab	Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		diological/ aging	Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Ph:	armaceutical	X Emergency	Cer	ntral Plant
Intermediate Care	Inpatient Beds	0	Die	etetic	Nuclear Medicine		oport vices
Skilled Nursing	Inpatient Beds	0	Adı	ministration			
Total Beds this Building		0					

ort Year:	2016	10694	St. Bernardine Me	edical Cent	ter		San Bernardino		Page:24 of 30
	ormation on t C-5 per Sect			y type of S	Service provided by	buildir	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Building N	umber: BLD)-01818	Building Na	ame: No	rth Tower				
Type of S	Service Prov	<u>ided</u>							
X Nurs	sing	Inpatient Beds	104		Surgical	[X Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inte	nsiveCare	Inpatient Beds	40		Anesthesia	_			
Ped esce	iatric/Adol ent	Inpatient Beds	0		Clinical Lab	[Obstetrical Recovery	X F	Renal Dialysis
Psy Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	[Newborn/ WellBaby		Outpatient Surgery
	tetrical e/Postprtum	Inpatient Beds	14		Pharmaceutical	[Emergency		Central Plant
Inte	rmediate e	Inpatient Beds	0	X	Dietetic	[Nuclear Medicine		Support Services
Skill	ed Nursing	Inpatient Beds	0		Administration				
Tota Build	al Beds this ding		158						

port Year: 2016	10694	St. Bernardine Me	dical Center	San Bernardino	Page:25 of 30
Include information or 4D and SPC-5 per Se			type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: Bl	_D-01819	Building Na	me: Service Building		
Type of Service Pro	ovided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		_
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtun	Inpatient n 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			

port Year: 2016	10694	St. Bernardine Med	dical Center	San Bernardino	Page:26 of 30
Include information on 4D and SPC-5 per Sec			type of Service provided by	v buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01820	Building Nar	me: Ancillary Building		
Type of Service Pro	<u>vided</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	X Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on the number of innatient beds by type of unit provided by buildings that are classified as SPC-2_SPC-3_SPC-4_S

Building Number:	BLD-01816	Building Name:	Emergency Building	
Medical / Surgical (I	nclude GYN)	Acute Resp	oiratory Care	Acute Psychiatric
npatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days
Perinatal (Exclude N	Newborn / GYN)	Burn		Skilled Nursing
npatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days
Pediatric		Intensive C Nursery	are Newborn	Intermediate Care
npatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days
ntensive Care		Rehabilitat Center	ion	Int. Care / Developmentally Disabled
npatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Inpatient Days
Coronary Care		Chemical D	Dependency	Total Beds this Total Beds to Building Per Building Pe
npatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	Unit Service

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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-01818 Build	ing Name: North Tower						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 104 Inpatient 29434 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 14 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Days	Inpatient 20 Inpatient 3580 Bed Days	Inpatient 0 Inpatient 0 Days					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per					
Inpatient 20 Inpatient 6158 Days	Inpatient 0 Inpatient 0 Days	Unit Service 158					
		130					

Report Year: 2016 10694 St. Bernardine Medical Center San Bernardino 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-01819 Service 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 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

Report Year: 2016 10694 St. Bernardine Medical Center San Bernardino 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-01820 **Ancillary 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 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