## 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	l Owner and	Year of Report per Section 130061(e)	
Facility Number:	10694		
Facility Name:	St. Bern	ardine Medical Center	
Address:	2101 N	Waterman Ave	
City:	San Ber	nardino	
Year of Re  Contact 1 e-mail A  Contact 2 e-mail A  Contact 3 e-mail A	porting: ddress: ddress:	2017  [Confidential data left blank intentionally.]  [Confidential data left blank intentionally.]  [Confidential data left blank intentionally.]	
Name of Sul	bmitter:	David Chacon	
Submissio	n Date:	1/8/2018 5:35:56 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- 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 No BLD-01814 Project: Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Num Scope Date Start Date Review Date In 0 10694 H131460-36 7/8/2013 7/15/2014 06/01/2014 05/31/2015 FIEL No -00 12:00:00 AM 0

11/9/2012

4/24/2013

12:00:00 AM 01/02/2016

Retrofit/Replacement

No

FIEL No

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).

10694

P-2012-

Building No: BLD-01817

**Central Tower** 

02402

			J L		Project:		L		J
	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start 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 Provided								
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	,			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	on			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	vsis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt			

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Provide the	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
	umber: BL			Building Na	ame:	Central Tower			
_			[10=]		0=0=0		*	☐ Obstetr	ical
X Nurs	ing	Inpatient Beds	125	Inpatient Days	25870	X Surg	licai	☐ Recove	ry
X Inten	siveCare	Inpatient Beds	27	Inpatient Days	4953	Anes	thesia	X Newbor WellBal	
Pedia esce	atric/Adol nt	Inpatient Beds	0	Inpatient Days	s 0	Clinic	cal Lab	Emerge	ency
Psyc	hiatric ing	Inpatient Beds	0	Inpatient Days	s 0	Radio Imag	ological/ ing	Nuclear Medicin	
	etrical /Postprtum	Inpatient Beds	32	Inpatient Days	s 3795	Pharr	maceutical	Rehabil Therapy	
Interr Care	mediate	Inpatient Beds	0	Inpatient Days	s 0	X Admi	inistration port	Renal D	·
Skille	ed Nursing	Inpatient Beds	0	Inpatient Days	s 0	Servi	ices	Surgery	
			Total Be Building	eds this	184		etrical rrean/Deliv	Central	Plant

Report Year: 2017 10694 St. Bernardine Medical Center San Bernardino Page:6 of 36 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 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2017 10694 St. Bernardine Medical Center San Bernardino Page:7 of 36 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** 2587 Inpatient 125 Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 3795 Inpatient 32 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 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 27 Inpatient 4953 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 184 Inpatient 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
BLD-06255	Loading Dock Canopy	Remain
BLD-06259	CCU Med Air and Vacuum Canopy	Remain

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List ALL prop	osed new 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 Number: BLD-01814 Main Hospital Removal Date: 07/01/2019								
Planned U	ses for the buildi	ng to be re	moved from acute care	e service:				
Planned u	use for building:							
	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing		n the building:  Surgical Anesthesia Clinical Lab Radiological/Imaging Pharmaceutical Dietetic  Administration	☐ Ce	bstetrical esarean/Deli bstetrical ecovery ewborn/ /ellBaby mergency uclear edicine	V	☐ Rer ☐ Out Sure ☐ Cer ☐ X Sup	nabilitation erapy  nal Dialysis  patient gery  ntral Plant  poort vices

Report Year: St. Bernardine Medical Center 2017 10694 San Bernardino Page:11 of 36 No data reported for Section 130061(c)(2)(D).

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

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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								

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

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	ether by retrofit or by				ach building will comply be provided in each gen		
uilding Number	: BLD-01816	Building Na	me: Emergency Buil	ding			
Configuration:	Retrofit Conformir	g building to	NPC 4 or NPC 5				
Type of Servi	ce 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 Gurgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum			X	Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

		he Medical Center	vina how e	San Bernardino		Page:19 of 36
er: BLD-01817	Building Na	me: Central Tower				
: Retrofit Non-Conf	orming buildi	ng to SPC 4D or SPC	5 and NP	C 4 or NPC 5		
vice Provided						
Nursing	Х	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare		Anesthesia	X	Obstetrical Recovery		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postortum		Pharmaceutical		<b>-</b>		Control Disease
Intermediate		Dietetic		⊏mergency		Central Plant
Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services
:	hether by retrofit or by 20061(c)(5)  er: BLD-01817  : Retrofit Non-Confivice Provided  Nursing  IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care	hether by retrofit or by replacement 2061(c)(5)  er: BLD-01817 Building Na : Retrofit Non-Conforming buildi  vice Provided  Nursing X  IntensiveCare Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care X	Thether by retrofit or by replacement and the type of service 2061(c)(5)  Per: BLD-01817 Building Name: Central Tower  Retrofit Non-Conforming building to SPC 4D or SPC  Vice Provided  Nursing X Surgical  IntensiveCare Anesthesia  Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging  Obstetrical Ante/Postprtum  Intermediate Care X Administration	Thether by retrofit or by replacement and the type of service that will 2061(c)(5)  Per: BLD-01817 Building Name: Central Tower  Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC vice Provided  Nursing X Surgical	thether by retrofit or by replacement and the type of service that will be provided in each gen 1061(c)(5)  er: BLD-01817 Building Name: Central Tower  : Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5  vice Provided  Nursing X Surgical Obstetrical Cesarean/Deliv  IntensiveCare Anesthesia X Obstetrical Recovery  Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby  Obstetrical Ante/Postprtum Emergency  Dietetic  Intermediate Care Nuclear Medicine  X Administration	er: BLD-01817 Building Name: Central Tower  Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5  Vice Provided  Nursing

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	her by retrofit or by				ach building will comply woe provided in each gener		
Building Number:	BLD-01818	Building Nar	me: North Tower				
Configuration:	Retrofit Conformin	ng building to	NPC 4 or NPC 5				
Type of Service	Provided						
X Nu	ursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Int	tensiveCare		Anesthesia		Obstetrical Recovery	X	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are	X	Dietetic		Nuclear Medicine		Support
Sk	xilled Nursing		Administration	<del></del>			Services

eport Year:	2017 10694	St. Bernardin	e Medical Center		San Bernarding	)	Page:21 of 36
	ether by retrofit or by				ach building will comply be provided in each gen		
Building Number	r: BLD-01819	Building Na	me: Service Building				
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Servi	ice 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		Pharmaceutical				
<del></del> -	Ante/Postprtum				Emergency	[X] (	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration	_			Services

	lary Building		 1
	ary Building		
onforming building to SDC			<u> </u>
	4D or SPC 5 and NPC 4 or NPC 5		_
X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X Anesthesi	Obstetrical	Renal Dialysis	
X Clinical La	•		
X Radiologi Imaging	cal/ Newborn/ WellBaby	Outpatient Surgery	
X Pharmace	eutical		
	Emergency	Central Plant	
Dietetic	Nuclean Madiaina	Cunnert	
Administr	<b>—</b>	Services	
	X Anesthesi X Clinical La X Radiologi Imaging X Pharmace Dietetic	Cesarean/Deliv  X Anesthesia  Obstetrical Recovery  X Clinical Lab  X Radiological/ Imaging  Newborn/ WellBaby  X Pharmaceutical  Emergency  Dietetic	Cesarean/Deliv Therapy  X Anesthesia  Obstetrical Recovery  X Clinical Lab  X Radiological/ Imaging  Newborn/ WellBaby  Dietetic  Emergency  Cesarean/Deliv  Therapy  Therapy  Central Dialysis  Renal Dialysis  Renal Dialysis  Central Plant  Central Plant  X Nuclear Medicine  X Support Services

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	ther by retrofit or by				ach building will comply voe provided in each gene		
Building Number:	BLD-06255	Building Nar	ne: Loading Dock Ca	пору			
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		_		
	·		Dietetic		Emergency		Central Plant
	termediate are				Nuclear Medicine		Support Services
Sk	killed Nursing		Administration				

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	ner by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-06259	Building Nar	me: CCU Med Air and	Vacuum	Canopy		
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	tenal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Jurgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Пс	entral Plant
Into Ca	ermediate		Dietetic				_
	illed Nursing		Administration		Nuclear Medicine		Support Services
		•					

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Include information on 4D and SPC-5 per Sec		npatient beds b	by type of Servi	ce provided by build	lings that are classified as	SPC-2, SF	PC-3, SPC-4, SPC-
Building Number: BLI	D-01816	Building Na	ame: Emerge	ency Building			
Type of Service Prov	<u>rided</u>						
Nursing	Inpatient Beds	0	Su	rgical	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	Pha	armaceutical	X Emergency	Cer	ntral Plant
Intermediate Care	Inpatient Beds	0	L Die	etetic	Nuclear Medicine		pport vices
Skilled Nursing	Inpatient Beds	0	Adı	ministration			
Total Beds this Building		0					

oort Year:	2017	10694	St. Bernardine M	edical Cent	er		San Bernardino		Page:26 of 36
	ormation on t C-5 per Sect			by 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 N	ame: No	rth Tower				
Type of S	Service Prov	ided							
X Nurs	sing	Inpatient Beds	104		Surgical	[	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inter	nsiveCare	Inpatient Beds	40		Anesthesia	_			
Ped esce	iatric/Adol ent	Inpatient Beds	0		Clinical Lab	[	Obstetrical Recovery	X F	Renal Dialysis
Psyc 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	ll Beds this ding		158						

oort Year: 2017	10694	St. Bernardine Me	dical Center	San Bernardino	Page:27 of 36
nclude information on 4D and SPC-5 per Se			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01819	Building Na	me: Service Building		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia	_	_
Pediatric/Adol escent	Inpatient Beds	0	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			

port Year: 2017	10694	St. Bernardine Me	dical Center	San Bernardino	Page:28 of 36
Include information of 4D and SPC-5 per S			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-01820	Building Na	me: Ancillary Building		
Type of Service Pr	ovided				
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	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services
Skilled Nursin	g Inpatient Beds	0	Administration		
Total Beds thi Building	s	0			

clude information on					
O and SPC-5 per Sec			by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
uilding Number: BLC	D-06255	Building N	ame: Loading Dock Canopy		
Type of Service Prov	rided				
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	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:	2017	10694 S	t. Bernardine Me	edical Cent	er		San Bernardino		Page:30 of 36
	formation on t PC-5 per Sect			y type of S	Service provided by b	uildi	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Building N	Number: BLD	-06259	Building Na	me: CC	U Med Air and Vacuu	ım (	Canopy		
Type of	Service Prov	<u>ided</u>							
Nu	rsing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Inte	ensiveCare	Inpatient Beds	0		Anesthesia				
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis
	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		outpatient urgery
	estetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		entral Plant
Inte	ermediate re	Inpatient Beds	0		Dietetic		Nuclear Medicine		upport ervices
Ski	illed Nursing	Inpatient Beds	0		Administration				
	tal Beds this ilding		0						

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Building Number: BLD-	01816 Buildi	ng Name: Eme	rgency Building	
Medical / Surgical (Includ	e GYN)	Acute Respiratory	Care	Acute Psychiatric
	patient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newbo	orn / GYN)	Burn		Skilled Nursing
	patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care New Nursery	vborn	Intermediate Care
	patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
ntensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
	patient 0 ays	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care Chemical D			ency	Total Beds this Building Per Total Beds this Building Per
	patient 0	Inpatient 0 Bed	Inpatient 0	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-01818 Build	ing Name: North Tower					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 104 Inpatient 20563 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 14 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Days	Inpatient 20 Inpatient 3074 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 6102 Days	Inpatient 0 Inpatient 0 Days	Unit Service 158				
Day Day	Days ——	130				

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Bed

Bed

Days

Days

ol

0

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4D and SPC-5 per Section 130061(e)							
Building Number:	LD-06259 Buildi	ng Name: CCU Med Air and	пору				
Medical / Surgical (Incl	lude GYN)	Acute Respiratory Care		Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	Inpatient 0 Days 0			
Perinatal (Exclude Nev	wborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	Inpatient 0 Inpatient 0 Days			
Pediatric		Intensive Care Newborn Nursery		Intermediate Care			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	Inpatient 0 Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled			
Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	Inpatient 0 Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Total Beds this Building Per			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0	Unit Service 0			