
Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

10670

Facility Name:

Kaiser Foundation Hospital - Fontana

Address:

9961 Sierra Avenue

City:

Fontana

Hospital Owner/Licensee:

Kaiser Foundation Hospitals/#240000159

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Heidi Davis

Submission Date:

1/10/2013 4:31:00 PM

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 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-01487 | Phase 1A Original / Wing B Building | 9961 Sierra Avenue | Rebuild | SPC5 | 01/01/2015 | 01/01/2015 |
| BLD-01488 | Wing A | 9961 Sierra Avenue | Rebuild | SPC5 | 01/01/2015 | 01/01/2015 |
| BLD-01489 | Phase 1A North | 9961 Sierra Avenue | Rebuild | SPC5 | 01/01/2015 | 01/01/2015 |
| BLD-01490 | Wing E | 9961 Sierra Avenue | Rebuild | SPC5 | 01/01/2015 | 01/01/2015 |
| BLD-01492 | Phase 1B South | 9961 Sierra Avenue | Rebuild | SPC5 | 01/01/2015 | 01/01/2015 |
| BLD-01493 | Wing A Addition | 9961 Sierra Avenue | Rebuild | SPC5 | 01/01/2015 | 01/01/2015 |
| BLD-01495 | Phase 1A3 | 9961 Sierra Avenue | Rebuild | SPC5 | 01/01/2015 | 01/01/2015 |
| BLD-05512 | Phase 3 | 9961 Sierra Avenue | Rebuild | SPC5 | 01/01/2015 | 01/01/2015 |

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-01487 | | Phase 1A Original / Wing B Building | | Retrofit/Replacement Project: | | Yes-Submitted | |
|-----------------|----------------|-----------|--|-------------------------------------|--------------------|-------------------------------|----------------------|---------------|-------------|
| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116-0230-151-00 | 2/27/2008 12:00:00 AM | | 02/27/2008 | 01/01/2015 | ACTI | No |

| Building No: | | BLD-01488 | | Wing A | | Retrofit/Replacement Project: | | Yes-Submitted | |
|-----------------|----------------|-----------|--|-----------------------------|--------------------|-------------------------------|----------------------|---------------|-------------|
| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116-0230-151-00 | 2/27/2008 12:00:00 AM | | 02/27/2008 | 01/01/2015 | ACTI | No |

| Building No: | | BLD-01489 | | Phase 1A North | | Retrofit/Replacement Project: | | Yes-Submitted | |
|-----------------|----------------|-----------|--|-----------------------------|--------------------|-------------------------------|----------------------|---------------|-------------|
| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116-0230-151-00 | 2/27/2008 12:00:00 AM | | 02/27/2008 | 01/01/2015 | ACTI | No |

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Building No: BLD-01490

Wing E

Retrofit/Replacement
Project:

Yes-Submitted

| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|-----------------|----------------|---------|--|-----------------------------|--------------------|------------------|----------------------|--------|-------------|
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116-0230-151-00 | 2/27/2008 12:00:00 AM | | 02/27/2008 | 01/01/2015 | ACTI | No |

Building No: BLD-01492

Phase 1B South

Retrofit/Replacement
Project:

Yes-Submitted

| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|-----------------|----------------|---------|--|-----------------------------|--------------------|------------------|----------------------|--------|-------------|
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116-0230-151-00 | 2/27/2008 12:00:00 AM | | 02/27/2008 | 01/01/2015 | ACTI | No |

Building No: BLD-01493

Wing A Addition

Retrofit/Replacement
Project:

Yes-Submitted

| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|-----------------|----------------|---------|--|-----------------------------|--------------------|------------------|----------------------|--------|-------------|
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116-0230-151-00 | 2/27/2008 12:00:00 AM | | 02/27/2008 | 01/01/2015 | ACTI | No |

Building No: BLD-01495

Phase 1A3

Retrofit/Replacement
Project:

Yes-Submitted

| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|-----------------|----------------|---------|--|-----------------------------|--------------------|------------------|----------------------|--------|-------------|
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116-0230-151-00 | 2/27/2008 12:00:00 AM | | 02/27/2008 | 01/01/2015 | ACTI | No |

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Building No:

BLD-05512

Phase 3

Retrofit/Replacement
Project:

Yes-Submitted

| Facility Number | Project Number | Sub Num | Scope | Date Plan Approved in | Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|--------------------|-------------------|------------|--|-----------------------------|------------------|---------------------|-------------------------|--------|----------------|
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116- 0230-151-00 | 2/27/2008 12:00:00 AM | | 02/27/2008 | 01/01/2015 | ACTI | No |

Provide the number of inpatient beds and patient days per type of service per building per [Section 130061\(c\)\(1\)\(F\)](#)Building Number: **BLD-01487**

Building Name:

Phase 1A Original / Wing B Building**Type of Service Provided**

| | | | | | | |
|--|--------------------------|---------------------------------|----------------|-----------------------------------|---|---|
| <input checked="" type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="32"/> | Inpatient Days | <input type="text" value="9649"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Recovery |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Newborn/WellBaby |
| <input type="checkbox"/> Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Administration | <input type="checkbox"/> Outpatient Surgery |
| | | | | | <input type="checkbox"/> Support Services | |
| | | | | | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Central Plant |
| | Total Beds this Building | <input type="text" value="32"/> | | | | |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01488**Building Name: **Wing A****Type of Service Provided**

| | | | | | | | | | |
|-------------------------------------|-----------------------------|----------------|---------------------------------|---------------------------------|-----------------------------------|-------------------------------------|----------------------------|--------------------------|----------------------------|
| <input checked="" type="checkbox"/> | Nursing | Inpatient Beds | <input type="text" value="12"/> | Inpatient Days | <input type="text" value="3708"/> | <input type="checkbox"/> | Surgical | <input type="checkbox"/> | Obstetrical Recovery |
| <input type="checkbox"/> | IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Anesthesia | <input type="checkbox"/> | Newborn/WellBaby |
| <input type="checkbox"/> | Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Clinical Lab | <input type="checkbox"/> | Emergency |
| <input type="checkbox"/> | Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Radiological/Imaging | <input type="checkbox"/> | Nuclear Medicine |
| <input type="checkbox"/> | Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | Pharmaceutical | <input type="checkbox"/> | Rehabilitation Therapy |
| <input type="checkbox"/> | Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Dietetic | <input type="checkbox"/> | Renal Dialysis |
| <input type="checkbox"/> | Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Administration | <input type="checkbox"/> | Outpatient Surgery |
| | | | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="checkbox"/> | Support Services | <input type="checkbox"/> | Obstetrical Cesarean/Deliv |
| | | | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="checkbox"/> | Obstetrical Cesarean/Deliv | <input type="checkbox"/> | Central Plant |
| | | | Total Beds this Building | <input type="text" value="12"/> | | | | | |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01489**Building Name: **Phase 1A North****Type of Service Provided**

| | | | | | | |
|--|----------------|--------------------------------|----------------|--------------------------------|--|---|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Recovery |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Newborn/WellBaby |
| <input type="checkbox"/> Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input checked="" type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Support Services | <input type="checkbox"/> Outpatient Surgery |
| | | | | Total Beds this Building | <input type="text" value="0"/> | <input type="checkbox"/> Obstetrical Cesarean/Deliv |
| | | | | | | <input type="checkbox"/> Central Plant |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01490**Building Name: **Wing E****Type of Service Provided**

| | | | | | | | | | |
|-------------------------------------|-----------------------------|--------------------------|---------------------------------|----------------|-----------------------------------|-------------------------------------|----------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Surgical | <input type="checkbox"/> | Obstetrical Recovery |
| <input type="checkbox"/> | IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Anesthesia | <input type="checkbox"/> | Newborn/WellBaby |
| <input checked="" type="checkbox"/> | Pediatric/Adolescent | Inpatient Beds | <input type="text" value="40"/> | Inpatient Days | <input type="text" value="4602"/> | <input type="checkbox"/> | Clinical Lab | <input type="checkbox"/> | Emergency |
| <input type="checkbox"/> | Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Radiological/Imaging | <input type="checkbox"/> | Nuclear Medicine |
| <input type="checkbox"/> | Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | Pharmaceutical | <input type="checkbox"/> | Rehabilitation Therapy |
| <input type="checkbox"/> | Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Dietetic | <input type="checkbox"/> | Renal Dialysis |
| <input type="checkbox"/> | Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Administration | <input type="checkbox"/> | Outpatient Surgery |
| | | | | | | <input type="checkbox"/> | Support Services | <input type="checkbox"/> | Central Plant |
| | | | | | | <input type="checkbox"/> | Obstetrical Cesarean/Deliv | | |
| | | Total Beds this Building | <input type="text" value="40"/> | | | | | | |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01492**

Building Name: **Phase 1B South**

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

Intermediate Care Inpatient Beds Inpatient Days

Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

Surgical

Obstetrical Recovery

Anesthesia

Newborn/ WellBaby

Clinical Lab

Emergency

Radiological/ Imaging

Nuclear Medicine

Pharmaceutical

Dietetic

Rehabilitation Therapy

Administration

Renal Dialysis

Support Services

Outpatient Surgery

Obstetrical Cesarean/Deliv

Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01493**

Building Name:

Wing A Addition**Type of Service Provided**

| | | | | | | | | | |
|-------------------------------------|-----------------------------|----------------|---------------------------------|---------------------------------|-----------------------------------|-------------------------------------|----------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Surgical | <input type="checkbox"/> | Obstetrical Recovery |
| <input checked="" type="checkbox"/> | IntensiveCare | Inpatient Beds | <input type="text" value="10"/> | Inpatient Days | <input type="text" value="3236"/> | <input type="checkbox"/> | Anesthesia | <input type="checkbox"/> | Newborn/WellBaby |
| <input type="checkbox"/> | Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Clinical Lab | <input type="checkbox"/> | Emergency |
| <input type="checkbox"/> | Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Radiological/Imaging | <input type="checkbox"/> | Nuclear Medicine |
| <input type="checkbox"/> | Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | Pharmaceutical | <input type="checkbox"/> | Rehabilitation Therapy |
| <input type="checkbox"/> | Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Dietetic | <input type="checkbox"/> | Renal Dialysis |
| <input type="checkbox"/> | Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> | Administration | <input type="checkbox"/> | Outpatient Surgery |
| | | | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="checkbox"/> | Support Services | <input type="checkbox"/> | Central Plant |
| | | | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="checkbox"/> | Obstetrical Cesarean/Deliv | | |
| | | | Total Beds this Building | <input type="text" value="10"/> | | | | | |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01495**Building Name: **Phase 1A3****Type of Service Provided**

| | | | | | | |
|--|----------------|--------------------------------|----------------|--------------------------------|--|---|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Recovery |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Newborn/WellBaby |
| <input type="checkbox"/> Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Support Services | <input type="checkbox"/> Outpatient Surgery |
| | | | | Total Beds this Building | <input type="text" value="0"/> | <input type="checkbox"/> Obstetrical Cesarean/Deliv |
| | | | | | | <input type="checkbox"/> Central Plant |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-05512**Building Name: **Phase 3****Type of Service Provided**

| | | | | | | |
|--|--------------------------|--------------------------------|----------------|--------------------------------|---|---|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Recovery |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Newborn/WellBaby |
| <input type="checkbox"/> Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Administration | <input type="checkbox"/> Outpatient Surgery |
| | | | | | <input type="checkbox"/> Support Services | <input type="checkbox"/> Central Plant |
| | | | | | <input type="checkbox"/> Obstetrical Cesarean/Deliv | |
| | Total Beds this Building | | | <input type="text" value="0"/> | | |

Provide the number of Inpatient beds and patient days per type of Unit per building per Section 130061(c)(1)(F)

Building Number:

BLD-01487

Building Name:

Phase 1A Original / Wing B Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01488

Building Name: Wing A

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01489

Building Name: Phase 1A North

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01490

Building Name: Wing E

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01492

Building Name: Phase 1B South

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01493

Building Name: Wing A Addition

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01495

Building Name: Phase 1A3

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-05512

Building Name: Phase 3

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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-01487 | Phase 1A Original / Wing B Building | Rebuild |
| BLD-01488 | Wing A | Rebuild |
| BLD-01489 | Phase 1A North | Rebuild |
| BLD-01490 | Wing E | Rebuild |
| BLD-01492 | Phase 1B South | Rebuild |
| BLD-01493 | Wing A Addition | Rebuild |
| BLD-01494 | Phase 2 | Rebuild |
| BLD-01495 | Phase 1A3 | Rebuild |
| BLD-01496 | Central Plant | Rebuild |
| BLD-01497 | Phase 1B North | Replace |
| BLD-01498 | Phase 4 Building | Rebuild |
| BLD-01499 | Phase 5 Building | Remain |
| BLD-01500 | MRI Addition | Remain |
| BLD-01501 | Telecom Addition | Remain |
| BLD-03053 | Parking Structure | Remain |
| BLD-05512 | Phase 3 | Rebuild |

List ALL proposed new buildings to be constructd at this or another site.

| Building Number | Building Name | New Site |
|-----------------|--------------------------|--------------------------|
| N_1 | Fontana Replacement Hosp | <input type="checkbox"/> |
| N_2 | Phase 3 | <input type="checkbox"/> |

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-01487

Building Name:

Phase 1A Original / Wing B Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Nursing

Relocated to new building

Building
Number:

BLD-01487

Building Name:

Phase 1A Original / Wing B Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Medical/Surgical
(Include GYN)

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01488

Building Name:

Wing A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Nursing

Relocated to new building

Building
Number:

BLD-01488

Building Name:

Wing A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01488

Building Name:

Wing A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Medical/Surgical
(Include GYN)

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01489

Building Name:

Phase 1A North

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Radiological/Imaging

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01489

Building Name: Phase 1A North

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01489

Building Name: Phase 1A North

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Renal Dialysis

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01490

Building Name: Wing E

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pediatric Adolescent

Relocated to new & other Building

Building
Number:

BLD-01490

Building Name:

Wing E

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01490

Building Name:

Wing E

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pediatric

Relocated to new & other Building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01492

Building Name:

Phase 1B South

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

ClinicalLab

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01492

Building Name: Phase 1B South

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01492

Building Name: Phase 1B South

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01492

Building Name: Phase 1B South

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Emergency

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01493

Building Name: Wing A Addition

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

Relocated to new building

Building
Number:

BLD-01493

Building Name: Wing A Addition

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01493

Building Name: Wing A Addition

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name: Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Nursing

N/A

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical Ante
Postprtum

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Surgical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Anesthesia

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical
Cesarean/Deliv

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical Recovery

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Newborn/Well Baby

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name: Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Medical/Surgical
(Include GYN)

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name: Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Perinatal (exclude
Newborn / GYN))

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01494

Building Name: Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Fontana Replacement Hosp

Building Number:

BLD-01494

Building Name:

Phase 2

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care
Newborn Nursery

Relocated to new building

Building Number:

BLD-01495

Building Name:

Phase 1A3

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Radiological/Imaging

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

| Facility Status Number | Project Number | Sub Num | Scope | Date Plan Approved in | Proj. Start Date | Proj. Completed Date | |
|------------------------|----------------|---------|--|-----------------------|------------------|----------------------|------|
| 10670 | IL080368-0 | 0 | PPR REPLACEMENT HOSPITAL B417116-0230-151-00 | 2008-02-27 | 05/11/2009 | 01/01/2015 | ACTI |

Building Number:

BLD-01495

Building Name:

Phase 1A3

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01496

Building Name: Central Plant

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

Relocated to new & retrofitted Building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01496

Building Name: Central Plant

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

CentralPlant

Relocated to new & retrofitted Building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01497

Building Name: Phase 1B North

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Nursing

Relocated to new building

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical Ante
Postprtum

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Surgical

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

Relocated to new & retrofitted Building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Administration

Relocated to new & retrofitted Building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

Relocated to new & retrofitted Building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical Recovery

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Medical/Surgical
(Include GYN)

Relocated to new & other Building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Fontana Replacement Hosp

Building
Number:

BLD-01498

Building Name:

Phase 4 Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Perinatal (exclude
Newborn / GYN))

Relocated to new building

Report Year:

2012

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Building
Number:

BLD-05512

Building Name:

Phase 3

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Administration

N/A

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-01487

Building Name:

Phase 1A Original / Wing B Building

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear
MedicineRehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-01488

Building Name:

Wing A

Type of Service Provided

| | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-01489

Building Name:

Phase 1A North

Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol
escent

 Psychiatric
Nursing

 Obstetrical
Ante/Postprtum

 Intermediate
Care

 Skilled Nursing

 Surgical

 Anesthesia

 Clinical Lab

 Radiological/
Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical
Cesarean/Deliv

 Obstetrical
Recovery

 Newborn/
WellBaby

 Emergency

 Nuclear
Medicine

 Rehabilitation
Therapy

 Renal Dialysis

 Outpatient
Surgery

 Central Plant

 Support
Services

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-01490

Building Name:

Wing E

Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol
escent

 Psychiatric
Nursing

 Obstetrical
Ante/Postprtum

 Intermediate
Care

 Skilled Nursing

 Surgical

 Anesthesia

 Clinical Lab

 Radiological/
Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical
Cesarean/Deliv

 Obstetrical
Recovery

 Newborn/
WellBaby

 Emergency

 Nuclear
Medicine

 Rehabilitation
Therapy

 Renal Dialysis

 Outpatient
Surgery

 Central Plant

 Support
Services

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-01492

Building Name:

Phase 1B South

Type of Service Provided

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input checked="" type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-01493

Building Name:

Wing A Addition

Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol
escent

 Psychiatric
Nursing

 Obstetrical
Ante/Postprtum

 Intermediate
Care

 Skilled Nursing

 Surgical

 Anesthesia

 Clinical Lab

 Radiological/
Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical
Cesarean/Deliv

 Obstetrical
Recovery

 Newborn/
WellBaby

 Emergency

 Nuclear
Medicine

 Rehabilitation
Therapy

 Renal Dialysis

 Outpatient
Surgery

 Central Plant

 Support
Services

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-01495

Building Name:

Phase 1A3

Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol
escent

 Psychiatric
Nursing

 Obstetrical
Ante/Postprtum

 Intermediate
Care

 Skilled Nursing

 Surgical

 Anesthesia

 Clinical Lab

 Radiological/
Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical
Cesarean/Deliv

 Obstetrical
Recovery

 Newborn/
WellBaby

 Emergency

 Nuclear
Medicine

 Rehabilitation
Therapy

 Renal Dialysis

 Outpatient
Surgery

 Central Plant

 Support
Services

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-05512

Building Name:

Phase 3

Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol
escent

 Psychiatric
Nursing

 Obstetrical
Ante/Postprtum

 Intermediate
Care

 Skilled Nursing

 Surgical

 Anesthesia

 Clinical Lab

 Radiological/
Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical
Cesarean/Deliv

 Obstetrical
Recovery

 Newborn/
WellBaby

 Emergency

 Nuclear
Medicine

 Rehabilitation
Therapy

 Renal Dialysis

 Outpatient
Surgery

 Central Plant

 Support
Services

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: Building Name:

Configuration:

Type of Service Provided

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-01488

Building Name: Wing A

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

Nuclear Medicine

Support
Services

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-01489

Building Name: Phase 1A North

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input checked="" type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Administration | |
| <input type="checkbox"/> Skilled Nursing | | | |

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-01490

Building Name: Wing E

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input checked="" type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Administration | <input type="checkbox"/> Support Services | |
| <input type="checkbox"/> Skilled Nursing | | | |

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-01492

Building Name: Phase 1B South

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input checked="" type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-01493

Building Name: Wing A Addition

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input checked="" type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Administration | |
| <input type="checkbox"/> Skilled Nursing | | | |

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-01494

Building Name: Phase 2

Configuration: Replace with existing SPC2 and NPC3 building and remove from service in 2030.

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

Nuclear Medicine

Support
Services

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-01495

Building Name: Phase 1A3

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Administration | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-01496

Building Name: Central Plant

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input checked="" type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-01497

Building Name: Phase 1B North

Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.

Type of Service Provided

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Administration | |
| <input type="checkbox"/> Skilled Nursing | | | |

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-01498

Building Name: Phase 4 Building

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-01499

Building Name: Phase 5 Building

Configuration: N/A

Type of Service Provided

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input checked="" type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input checked="" type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-01500

Building Name: MRI Addition

Configuration: N/A

Type of Service Provided

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-01501

Building Name: Telecom Addition

Configuration: N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-03053

Building Name: Parking Structure

Configuration: N/A

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support
ServicesIntermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

Nuclear Medicine

Support
Services

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-05512

Building Name: Phase 3

Configuration: N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01494**Building Name: **Phase 2****Type of Service Provided**

| | | | | | |
|---|----------------|----------------------------------|--|---|---|
| <input checked="" type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="68"/> | <input checked="" type="checkbox"/> Surgical | <input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input checked="" type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="60"/> | <input checked="" type="checkbox"/> Anesthesia | | |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input checked="" type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input checked="" type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="20"/> | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="148"/> | | | |

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: Building Name:

Type of Service Provided

| | | | | | |
|--|----------------|--------------------------------|---|--|---|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | | |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input checked="" type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="0"/> | | | |

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01497**Building Name: **Phase 1B North****Type of Service Provided**

| | | | | | |
|--|----------------|--------------------------------|--|--|--|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | | |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="0"/> | | | |

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01498**Building Name: **Phase 4 Building****Type of Service Provided**

| | | | | | |
|---|----------------|---------------------------------|--|---|---|
| <input checked="" type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="73"/> | <input checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | | |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input checked="" type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="18"/> | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="91"/> | | | |

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, and SPC-5 per Section 130061(e)

Building Number: **BLD-01499**

Building Name: **Phase 5 Building**

Type of Service Provided

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01500**Building Name: **MRI Addition****Type of Service Provided** Nursing Inpatient Beds IntensiveCare Inpatient Beds Pediatric/Adol escent Inpatient Beds Psychiatric Nursing Inpatient Beds Obstetrical Ante/Postprtum Inpatient Beds Intermediate Care Inpatient Beds Skilled Nursing Inpatient Beds Total Beds this Building Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant Support Services

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: Building Name:

Type of Service Provided

| | | | | | |
|--|----------------|--------------------------------|---|--|---|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | | |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="0"/> | | | |

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-03053**Building Name: **Parking Structure****Type of Service Provided**
 Nursing Inpatient Beds
 IntensiveCare Inpatient Beds
 Pediatric/Adol escent Inpatient Beds
 Psychiatric Nursing Inpatient Beds
 Obstetrical Ante/Postprtum Inpatient Beds
 Intermediate Care Inpatient Beds
 Skilled Nursing Inpatient Beds
 Total Beds this Building

 Surgical

 Anesthesia

 Clinical Lab

 Radiological/ Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical Cesarean/Deliv

 Obstetrical Recovery

 Newborn/ WellBaby

 Emergency

 Nuclear Medicine

 Rehabilitation Therapy

 Renal Dialysis

 Outpatient Surgery

 Central Plant

 Support Services

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01494

Building Name:

Phase 2

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01496

Building Name:

Central Plant

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01497

Building Name:

Phase 1B North

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01498

Building Name:

Phase 4 Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01499

Building Name:

Phase 5 Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01500

Building Name:

MRI Addition

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01501

Building Name:

Telecom Addition

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-03053

Building Name: Parking Structure

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Report Year:

2012

10670

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Fontana

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