

Office of Statewide Health
Planning and Development
Facilities Development
Division

## Senate Bill 499 (SB 499) Hospital Report 2

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

Provide the Hospital Owner and Year of Report per Section 130061(e) 4

1 Tovide the Hospital C	JWIIEI aliu	real of Report per Section 13000 (e)	
Facility Number:	10677		[5
Facility Name:	Loma Line	da University Medical Center	
Address:	11234 An	derson St.	
City:	Loma Line	da	
Hospital Owner/Lice	nsee:	Loma Linda University Medical Center	
Year of Reporting:		2015	
Contact 1 e-mail Add	dress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Add	dress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	lress::	[Confidential data left blank intentionally.]	
Name of Subr	nitter:	Loma Linda Unversity Medical Center	
Submission	Date:	12/16/2015 4:47:48 PM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01479	Main Hospital Tower - Area C	11234 Anderson St.	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 03023	Main Hospital Tower - Area A	11234 Anderson St.	Rebuild	SPC5	01/01/2020	01/01/2020
BLD- 03025	Original Plant	11234 Anderson St.	Retrofit	SPC5	01/01/2020	01/01/2020

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

3

Building No:

BLD-01479

Main Hospital Tower - Area C

Retrofit/Replacement Project:

Yes-Submitted

Facil Num	ity Project ber Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
1067	7 I150010-36- 00	0	PPR - Campus Transformation Project	5/12/2015		03/23/2016		ACTI	No
1067	7 S142915-36 -00	0	CTP Make Ready-FDC Relocation	12/17/201 4	2/25/2015 12:00:00 AM	09/24/2015		PEND	No
1067	7 S150833-36 -00	0	CTP - Site Make Ready	4/2/2015	8/13/2015 12:00:00 AM	09/24/2015		FIEL	No
1067	7 S152206-36 -00	0	CTP Site Make Ready 02	8/20/2015	10/27/2015 12:00:00 AM	02/15/2016		ACTI	No

Report Year: Page:4 of 66 2015 10677 Loma Linda University Medical Center Loma Linda 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). 3 BLD-03023 Main Hospital Tower - Area A Retrofit/Replacement Yes-Submitted Building No: Project: CFQA Facility Project Sub Plan Approved Projected Projected Date Start Date Completion Date Status Review Number Number Num Scope Date In 10677 1150010-36-0 PPR - Campus Transformation Project 5/12/2015 03/23/2016 ACTI No 00 10677 S142915-36 0 CTP Make Ready-FDC Relocation 12/17/201 2/25/2015 09/24/2015 PEND No -00 12:00:00 AM S150833-36 0 CTP - Site Make Ready 4/2/2015 8/13/2015 09/24/2015 FIEL No. 10677 -00 12:00:00 AM S152206-36 0 CTP Site Make Ready 02 10/27/2015 02/15/2016 ACTI No 10677 8/20/2015 -00 12:00:00 AM 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). 5 Retrofit/Replacement Building No: BLD-03025 **Original Plant** Yes-Submitted Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Date Start Date Review Number Number Num Scope Date In 10677 1140008-36-0 Loma Linda University Steam Plant Building, 11/4/2014 06/01/2016 04/01/2018 OPEN No 00 SPC 5 Seismic Improvements

Report Year: 2015 10677 Loma Linda University Medical Center Loma Linda Page:5 of 66 Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) 1 Building Number: BLD-01479 Main Hospital Tower - Area C 2 **Building Name:** Type of Service Provided 3 Obstetrical Surgical Nursing Inpatient 302 Inpatient 67564 Recovery Beds Days Newborn/ 24775 IntensiveCare Inpatient Inpatient Days Anesthesia WellBaby Beds Emergency 73 Inpatient Days | 16741 Clinical Lab Pediatric/Adol Inpatient escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days Psychiatric Inpatient Nursing Beds Pharmaceutical Rehabilitation 35 Obstetrical Inpatient Inpatient Days 5461 Dietetic Therapy Ante/Postprtum Beds Renal Dialysis Administration Inpatient Days 0 Intermediate Inpatient Care Beds Х Support Outpatient Services Surgery Inpatient Days Skilled Nursing Inpatient 0 Beds Obstetrical Total Beds this 483 Cesarean/Deliv Central Plant Building

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) 1								
Building Number: BI	_D-03023	Building Name: Ma	ain Hospital Tower - Area A		2			
Type of Service Prov	vided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	/			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	X Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitat Therapy	ion			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dial	ysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Pla	ınt			

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) 1									
Building Number:	3LD-03025	Building Name:	riginal Plant						
Type of Service Pro	ovided								
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtun	Inpatient n Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	g Inpatient Beds	0 Inpatient Days 0  Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery					
		Building		X Central Plant					

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 1								
Building Number:	BLD-01479 <b>B</b> t	uilding Name: Main	Hospital Tower - Area C					
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric				
	Inpatient 6756 Days 4	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing				
	Inpatient 5461 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care New Nursery	vborn	Intermediate Card				
	Inpatient 1674 Days 1	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent			
	npatient 2477 Days 5	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	483	483			

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Provide the number of Inpatient beds and	d patient days per type of unit per building per Section	130061(c)(1)(F) 1
Building Number: BLD-03023	Building Name: Main Hospital Tower - Area A	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Unit  Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	0 0

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

Building Number: BLD-03025	Building Name: Original Plant	2
Building Number. BLD-03023	Original Plant	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Unit Building Per Service
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	0 0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal. 1

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

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List ALL proposed new buildings to be constructed at this or another site. 2									
Building Number	Building Name	New Site	3						
N_1	New LLUMC Hospital Building								

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:  The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.  The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.  The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)									
Building Number: BLD-01479 Main Hospital Tower - Area C 2 Removal 3 Date:									
Planned Use	s for the build	ing to be rer	noved from acute ca	re service:	5				
Planned use	for building:								
Inpatient serv	vices currently	delivered ir	the building: 6			Ob atatical		Dahahilitatian	ı.
X Nu	ursing	X	Surgical	13	X	Obstetrical Cesarean/De	7 eliv	Rehabilitation Therapy	19
X Int	ensiveCare	X	Anesthesia				0		
	diatric/Adol cent	X	Clinical Lab		X	Obstetrical 1 Recovery	U	X 11Renal Dialysi	s 12
	ychiatric Irsing	X	Radiological/ Imaging		X 14	4 Newborn/ 15 WellBaby		X 16Outpatient 17 Surgery	7
	ostetrical ite/Postprtum	X	Pharmaceutical		X	Emergency	18	X 19Central Plant	20
Int Ca	ermediate are	X	Dietetic						
Sk	illed Nursing	X	Administration		X	Nuclear 21 Medicine		X 22 Support 23 Services	

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:  The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.  The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.  The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)									
Building Number: BLD-03023 Main Hospital Tower - Area A 2 Date: Removal 3 Date:									
Planned Uses for the building to be removed from acute care s	service: 5								
Planned use for building:									
Inpatient services currently delivered in the building: 6	Obstetrical	X Rehabilitation	8						
Nursing Surgical 7	Cesarean/De		·						
IntensiveCare X Anesthesia  Pediatric/Adol Clinical Lab	Obstetrical Recovery	Renal Dialysi	s						
escent Padialogical/									
Psychiatric Radiological/ Nursing Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Pharmaceutical Ante/Postprtum	Emergency	Central Plant							
Intermediate Dietetic Care									
Skilled Nursing Administration	X Nuclear Medicine	X Support Services							

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Report whether the general acute care services a building sites or project numbers for buildings with			responding
Building Number: BLD-01480 Building Name:	Main Hospital Tower - Area B		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitte	d building?	
CentralPlant N/A			
Report whether the general acute care services a building sites or project numbers for buildings with			responding
Building Number: BLD-01481 Building Name:	Emergency Room Expansion - 1976		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitte	d building?	
Emergency N/A			
Report whether the general acute care services a building sites or project numbers for buildings with			responding
Building Number: BLD-01479 Building Name:	Main Hospital Tower - Area C		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitte	d building?	
Nursing N/A			
			_

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Report whether the general acute care services and beds will be relocate building sites or project numbers for buildings with a Building Resolution		
Building Name: Main Hospital Tower Number:	- Area C	]
Will general acute care services and beds will be relocated to a new, Exi	sting or retrofitted building?	
Intensive Care N/A		
Report whether the general acute care services and beds will be relocate building sites or project numbers for buildings with a Building Resolution		
Building Number: BLD-01479 Building Name: Main Hospital Tower	- Area C	
Will general acute care services and beds will be relocated to a new, Exi	sting or retrofitted building?	
Pediatric Adolescent N/A		
Report whether the general acute care services and beds will be relocate building sites or project numbers for buildings with a Building Resolution		
Building BLD-01479 Building Name: Main Hospital Tower Number:	- Area C	]
Will general acute care services and beds will be relocated to a new, Exi	sting or retrofitted building?	
Obstetrical Ante Postprtum N/A		

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Report whether the general acute care services and beds will building sites or project numbers for buildings with a Building F			
Building Name: Main Hosp Number:	oital Tower - Area C		
Will general acute care services and beds will be relocated to	a new, Existing or retrofitted	building?	
Surgical N/A			
Report whether the general acute care services and beds will building sites or project numbers for buildings with a Building F			
Building Number:  BLD-01479 Building Name: Main Hosp Number:  Will general acute care services and beds will be relocated to	pital Tower - Area C a new, Existing or retrofitted	building?	
Anesthesia N/A			
Report whether the general acute care services and beds will building sites or project numbers for buildings with a Building F			
Building BLD-01479 Building Name: Main Hosp Number:	oital Tower - Area C		
Will general acute care services and beds will be relocated to	a new, Existing or retrofitted	building?	
ClinicalLab N/A			

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Report whether the general acute care services building sites or project numbers for buildings with			responding
Building Number:  BLD-01479 Building Name			
Will general acute care services and beds will be Radiological/Imaging N/A	e relocated to a new, Existing or retrolitted	duliding?	
Report whether the general acute care services building sites or project numbers for buildings with			responding
Building Number:  Will general acute care services and beds will be Pharmaceutical N/A		building?	
Report whether the general acute care services building sites or project numbers for buildings with			responding
Building Number:  Will general acute care services and beds will be Dietetic  N/A		building?	

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Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Re		
Building Number:  BLD-01479 Building Name: Main Hospital Tower - Are		
Will general acute care services and beds will be relocated to a new, Existing  Administration  N/A	or retrofitted building?	
Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Re		
Building Name: Main Hospital Tower - Are Number:	ea C	
Will general acute care services and beds will be relocated to a new, Existing  Support Services  N/A	or retrofitted building?	
Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Re		
Building Number:  BLD-01479 Building Name: Main Hospital Tower - Are Will general acute care services and beds will be relocated to a new, Existing		
Obstetrical Cesarean/Deliv N/A		

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Report whether the general acute care service building sites or project numbers for buildings			
Building BLD-01479 Building Nan Number:	ne: Main Hospital Tower - Area C		
Will general acute care services and beds will	be relocated to a new, Existing or retrofitted	d building?	
Obstetrical Recovery N/A			
Report whether the general acute care service building sites or project numbers for buildings			
Building BLD-01479 Building Nan Number:	ne: Main Hospital Tower - Area C		
Will general acute care services and beds will	be relocated to a new, Existing or retrofitted	d building?	
Newborn/Well Baby N/A			
Report whether the general acute care service building sites or project numbers for buildings			
Building BLD-01479 Building Nan Number:	ne: Main Hospital Tower - Area C		
Will general acute care services and beds will	be relocated to a new, Existing or retrofitted	d building?	
Emergency N/A			

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)
Building Name: Main Hospital Tower - Area C
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Nuclear Medicine N/A
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)
Building Name: Main Hospital Tower - Area C Number:
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Renal Dialysis N/A
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)
Building Name: Main Hospital Tower - Area C
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
OutpatientSurgery N/A

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Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Re	a new, existing or retrofitted building and any corresponding ebuild" or "Replace" per Section 130061(c)(2)(E)	
Building Number: Main Hospital Tower - Area Number: Main Hospital Tower - Area Number: Mill general south source and hade will be releasted to a new Existing of		
Will general acute care services and beds will be relocated to a new, Existing of Medical/Surgical (Include GYN)	or retrollited building?	
Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Re	a new, existing or retrofitted building and any corresponding ebuild" or "Replace" per Section 130061(c)(2)(E)	
Building Number:  BLD-01479 Building Name:  Main Hospital Tower - Area  Will general acute care services and beds will be relocated to a new, Existing of		
Perinatal (exclude Newborn / GYN))		
Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Re		
Building Number:  BLD-01479 Building Name: Main Hospital Tower - Area		
Will general acute care services and beds will be relocated to a new, Existing of Pediatric  N/A	or retrofitted building?	

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitt building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per \$ 1.00 pe		
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Intensive Care  N/A		
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitt building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Anesthesia		
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitt building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per \$ 1.00 pe		
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Support Services  N/A		

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		d beds will be relocated to a new, exist a Building Resolution of "Rebuild" or "R		
Building BL Number:	D-03023 Building Name:	Main Hospital Tower - Area A		
Will general acute car	re services and beds will be r	elocated to a new, Existing or retrofitted	d building?	
Nuclear Medicine	N/A			
		d beds will be relocated to a new, exist a Building Resolution of "Rebuild" or "R		
Building BL Number:	D-03023 Building Name:	Main Hospital Tower - Area A		
Will general acute car	re services and beds will be r	elocated to a new, Existing or retrofitted	d building?	
Rehabilitation Therapy	N/A		]	
тпогару				

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OSHPD FDD SB499 Report Data Last Update:

Report Year: 20°	10677	Loma Linda Univers	ity Medical Center		Loma Linda			Page:28 of 66	1
	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-01479 Building Name: Main Hospital Tower - Area C									
Type of Service	Type of Service Provided								
		X	Surgical	X	Obstetrical Cesarean/Deliv	Ш	Rehabilit Therapy		
X	Nursing	X	Anesthesia						
X	IntensiveCare		Allestifesia	X	Obstetrical Recovery	X	Renal Di	alysis	
	Pediatric/Adol	X	Clinical Lab		,		Outpatie	nt	
X	escent	X	Radiological/	X	Newborn/ WellBaby	X	Surgery		
	Psychiatric		Imaging		,				
	Nursing	X	Pharmaceutical	X	Emergency		Central F	Plant	
X	Obstetrical Ante/Postprtum	X	Dietetic	X	Nuclear Medicine	X	Support Services		
	Laterana Pete								
	Intermediate Care	X	Administration						
	Skilled Nursing								
_									

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)						
Building Number:	BLD-03023 Building	g Name: Main Hospital Tower -	Area A			
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	X Anesthesia		01-1-1-1-1		Renal Dialysis
	IntensiveCare	Clinical Lab		Obstetrical Recovery	□ '	Total Dialysis
	Pediatric/Adol escent	Radiological/		Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing	Imaging Pharmaceutical		Emergency		Central Plant
		T Harmacourous	ш	3 3 3		Softial Flam
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services
	Intermediate Care	Administration				
	Skilled Nursing					

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-03025 Building Name: Original Plant  Type of Service Provided  Surgical Obstetrical Rehabilitation Therapy  Anesthesia Obstetrical Recovery  IntensiveCare Outpatient Surgery  Pediatric/Adol escent Radiological/ Imaging Pharmaceutical Emergency X Central Plant  Obstetrical Surgery  WellBaby  Psychiatric Nursing Pharmaceutical Emergency X Central Plant  Obstetrical Support Services  Intermediate Care Administration  Skilled Nursing	Report Year: 2015 10677 Loma I	Linda University Medical Center	Loma Linda	Page:30 of 66							
Type of Service Provided  Surgical Obstetrical Rehabilitation Therapy  Anesthesia Obstetrical Recovery  IntensiveCare Obstetrical Recovery  Pediatric/Adol escent Radiological/ Imaging  Psychiatric Nursing Pharmaceutical Emergency X Central Plant  Obstetrical Ante/Postprtum  Dietetic 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)										
Surgical   Obstetrical   Rehabilitation   Therapy											
Nursing  Anesthesia  Obstetrical Recovery  Pediatric/Adol escent  Psychiatric Nursing  Pharmaceutical  Obstetrical Recovery  Radiological/ Imaging  Pharmaceutical  Dietetic  Nursing  Pharmaceutical  Nuclear Medicine  Nuclear Medicine  Administration  Therapy  Ther	Type of Service Provided		Dohoki	ilitati an							
Anesthesia		Surgical	0.00101110011								
IntensiveCare	Nursing	Ancethopia									
Pediatric/Adol escent  Radiological/ Imaging  Psychiatric Nursing  Pharmaceutical Emergency  Newborn/ WellBaby  Pharmaceutical Emergency  Nursing  Dietetic  Administration  Recovery  Outpatient Surgery  Newborn/ WellBaby  Newborn/ WellBaby  Nursing  Dietetic  Administration	☐ IntensiveCare	Ariestriesia	o bototi ioai	Dialysis							
Pediatric/Adol escent	Interiorvocaro	Clinical Lab	Recovery								
Psychiatric Nursing Pharmaceutical Pharmaceutical Pharmaceutical Dietetic  Intermediate Care  Radiological/ Imaging  Pharmaceutical Emergency  X Central Plant  Nuclear Medicine Support Services		Cillical Lab		ient							
Psychiatric Nursing  Pharmaceutical  Distetrical Ante/Postprtum  Dietetic  Administration  Emergency  X  Central Plant  Support Services	<del></del>			,							
Obstetrical Ante/Postprtum  Obstetrical Nuclear Support Services  Intermediate Care Administration	Psychiatric Nursing		_								
Ante/Postprtum  Dietetic  Nuclear Support Services  Intermediate Care  Administration		Pharmaceutical	Emergency X Central	Plant							
Intermediate Care Administration Services			Nuclear Suppor								
Care Administration	, i.i.d., i. d. d. j.	Dietetic	Medicine Service	<b>}S</b>							
Administration											
Skilled Nursing	Care	Administration									
Skilled Natsing	Skilled Nursing										
	Skilled Nutsing										

Report Year:	2015 10677	Loma Linda U	niversity Medical Center		Loma Linda		Page:31 of 66
Report the final correquirements who per Section 13000	ether by retrofit or by	ildings on the h replacement a	nospital campus showing and the type of service th	g how ea	ach building will comply we provided in each gene	vith the SPC-5/NI ral acute care ho	PC-4 or 5 spital building
Building Number:	BLD-01479	Building Nam	ne: Main Hospital Towe	er - Area	ı C		
Configuration:	N/A						
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Reha Thera	abilitation apy
II	ntensiveCare		Anesthesia		Obstetrical Recovery	Rena	ıl Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outp.	atient ery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Cent	ral Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	Sup Serv	oort ices
		•					

Report Year: 2015 106	77 Loma Linda University Medical	Center Loma Linda	Page:32 of 66							
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-0148	Building Name: Main Hospit	al Tower - Area B								
Configuration: N/A										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis							
Pediatric/Ado escent	Clinical Lab	Reservery								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtu	m Pharmaceutical	Emergency	Central Plant							
Intermediate Care	Dietetic	Nuclear Medicine	Support							
Skilled Nursir	g Administration	Nuclear Medicine	Services							
	·									

Report Year: 20	10677	Loma Linda U	niversity Medical Center		Loma Linda		Page:33 of 66 1
Report the final con requirements wheth per Section 130061	ner by retrofit or by	Idings on the I replacement a	nospital campus showing and the type of service the	g how ea	ach building will comp e provided in each g	oly with the SPC-5/N eneral acute care ho	PC-4 or 5 espital building
Building Number:	BLD-01481	Building Nan	ne: Emergency Room	Expansi	on - 1976		
Configuration:	N/A						
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		abilitation rapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Ren	al Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby	Outr Surg	patient gery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Cen	tral Plant
Inte	ermediate ire		Dietetic		Nuclear Medicine	Sur	pport
Ski	illed Nursing		Administration				vices

Report Year:	2015	10677	Loma Linda L	Iniversity Medical Cente	r		Loma Linda		Page:34 of 66 <sup>1</sup>
Report the fir requirements per Section 1	whether by i	ion of all bu	uildings on the y replacement	hospital campus showin and the type of service t	g how e	ach build be provid	ding will comply wi ded in each genera	th the SPC-5, al acute care	/NPC-4 or 5 nospital building
Building Num	nber: BLD-0	01482	Building Nar	ne: Northeast Wing - S	Schumar	n Pavilio	n		
Configuration	on: N/A								
Type of S	ervice Provi	ded	1						
	Nursing			Surgical		Obstet Cesare	rical ean/Deliv		ehabilitation erapy
	Intensive(	Care		Anesthesia		Obstet Recove		Re	enal Dialysis
	Pediatric/ escent	Adol		Clinical Lab		Recove	ыу		
	Psychiatri Nursing	ic		Radiological/ Imaging		Newbo WellBa			rgery
	Obstetrica Ante/Post			Pharmaceutical		Emerg	ency	Ce	entral Plant
	Intermedi Care	ate		Dietetic		Nuclea	ır Medicine	— П 9	upport
	Skilled Nu	ursing		Administration		14000	. Wouldn't		ervices
			-						

Report Year: 20	10677 L	.oma Linda U	Iniversity Medical Center	r		Loma Linda		Page:35 of 66 1			
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-01483	Building Nan	me: South Wing Phase	2							
Configuration:	Configuration: N/A										
Type of Service	Provided										
Nu	ursing		Surgical		Obste Cesar	etrical rean/Deliv		nabilitation rapy			
Int	ensiveCare		Anesthesia		Obste Recov		Rer	nal Dialysis			
	ediatric/Adol cent		Clinical Lab		110001	, ,					
	sychiatric ursing		Radiological/ Imaging		Newb WellB			patient gery			
	ostetrical nte/Postprtum		Pharmaceutical		Emerç	gency	Cer	itral Plant			
Int Ca	ermediate are		Dietetic		Nucle	ar Medicine	□ Su	pport			
Sk	tilled Nursing		Administration		. 1000			vices			

Report Year: 20	015 10677 L	oma Linda University	/ Medical Center	Lon	na Linda	Page:36 of 66 <sup>1</sup>				
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-01485	Building Name: So	uth Wing Phase I							
Configuration: N/A										
Type of Service	e Provided									
N	ursing	Surgica	d	Obstetrica Cesarean/		Rehabilitation Therapy				
In	tensiveCare	Anestho	esia	Obstetrica Recovery		Renal Dialysis				
	ediatric/Adol scent	Clinical	l Lab	Receivery						
	sychiatric ursing	Radiolo Imagin		Newborn/ WellBaby		Outpatient Surgery				
	bstetrical nte/Postprtum	Pharma	aceutical	Emergenc	у 🔲	Central Plant				
	termediate are	Dietetio	; ;	Nuclear M	edicine	Support				
SI	killed Nursing	Admini	stration	Nacioal IVI		Services				

Report Year: 20	10677 L	oma Linda Univ	ma Linda University Medical Center Loma Linda Page:3						
Report the final cor requirements wheth per Section 130061	her by retrofit or by r	dings on the hos replacement and	spital campus showing I the type of service th	how ea	ch buil e provi	ding will comply with ded in each general a	the SPC-5/N acute care h	IPC-4 or 5 ospital building	
Building Number:	BLD-01486	Building Name:	Co-Generation Plan	nt					
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing	☐ St	urgical		Obster Cesar	trical ean/Deliv		abilitation rapy	
Inte	ensiveCare	Ar	nesthesia		Obster Recov		Rer	al Dialysis	
	ediatric/Adol cent	CI CI	linical Lab		110001	o.y			
	ychiatric ırsing		adiological/ naging		Newbo WellBa			patient gery	
	ostetrical nte/Postprtum	Pł	harmaceutical		Emerg	gency	Cer	tral Plant	
Into Ca	ermediate are	Di	ietetic		Nucle	ar Medicine		pport	
Sk	illed Nursing	Ad	dministration		. 140100	2		vices	

Report Year: 2	10677	Loma Linda U	Iniversity Medical Center	•	Loma Linda		Page:38 of 66 1
Report the final corequirements where Section 13006	ther by retrofit or by	ldings on the replacement	hospital campus showing and the type of service the	g how ea	ach building will comply be provided in each gen	with the SPC-5/N eral acute care ho	PC-4 or 5 espital building
Building Number:	BLD-02961	Building Nar	me: Chiller Facility				
Configuration:	N/A						
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Reh The	abilitation rapy
In	ntensiveCare		Anesthesia		Obstetrical Recovery	Ren	al Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outp Surg	patient gery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Cen	tral Plant
	ntermediate are		Dietetic		Nuclear Medicine	☐ Sur	pport
S	killed Nursing		Administration		Tradical Medicine		vices
		-					

Report Year: 20	015 10677 L	oma Linda Univ	versity Medical Center			Loma Linda		Page:39 of 66 <sup>1</sup>
Report the final correquirements whet per Section 13006	her by retrofit or by r	dings on the hos replacement and	spital campus showing d the type of service th	g how ea	ach buil e provi	ding will comply with ded in each general	the SPC-5/N acute care h	IPC-4 or 5 ospital building
Building Number:	BLD-03021	Building Name:	South Wing Phase	I				
Configuration:	N/A							
Type of Service	e Provided							
Nu	ursing	St.	urgical		Obste Cesar	trical ean/Deliv		abilitation rapy
Inf	tensiveCare	Ar	nesthesia		Obster Recov		Rer	al Dialysis
	ediatric/Adol scent	_ с	linical Lab		rccov	City		
	sychiatric ursing		adiological/ naging		Newbo WellBa			patient gery
	ostetrical nte/Postprtum	P P	harmaceutical		Emerg	gency	Cer	tral Plant
	termediate are	D	ietetic		Nucle	ar Medicine	□ Su	pport
Sk	killed Nursing	A	dministration		rtadio	ar modicino		vices

Report Year: 20	015 10677 L	oma Linda Univ	versity Medical Center	,		Loma Linda		Page:40 of 66 1
Report the final correquirements whet per Section 13006	her by retrofit or by r	dings on the hos replacement and	spital campus showing d the type of service th	g how ea	ach buil e provi	ding will comply with ded in each general	the SPC-5/N acute care h	IPC-4 or 5 ospital building
Building Number:	BLD-03022	Building Name:	South Wing Phase	I				
Configuration:	N/A							
Type of Service	e Provided							
Nu	ursing	☐ Su	urgical		Obster Cesar	trical ean/Deliv		abilitation rapy
Inf	tensiveCare	Ar Ar	nesthesia		Obster Recov		Rer	al Dialysis
	ediatric/Adol scent	c	linical Lab		Necov	Giy		
	sychiatric ursing		adiological/ naging		Newbo WellBa		Out Sur	patient gery
	ostetrical nte/Postprtum	PI PI	harmaceutical		Emerg	gency	Cer	tral Plant
	termediate are	Di	ietetic		Nucle	ar Medicine		pport
Sk	killed Nursing	Ad	dministration	Ш	redoloc	ar ividuolite		vices

Report Year: 2015	0677 Loma Linda l	<b>Jniversity Medical Center</b>		Loma Linda		Page:41 of 66 1
Report the final configuration requirements whether by ret per Section 130061(c)(5)	n of all buildings on the trofit or by replacement	hospital campus showing and the type of service th	g how each t nat will be pro	ouilding will comply wit ovided in each genera	th the SPC-5/NI Il acute care ho	PC-4 or 5 spital building
Building Number: BLD-03	Building Na	me: Main Hospital Tow	er - Area A			
Configuration: N/A						
Type of Service Provide	ed					
Nursing		Surgical		stetrical sarean/Deliv	Reha Thera	abilitation apy
IntensiveCa	are	Anesthesia		stetrical covery	Rena	ıl Dialysis
Pediatric/Adescent	dol	Clinical Lab	1101	sovery		
Psychiatric Nursing		Radiological/ Imaging		wborn/ :llBaby	Outp. Surge	atient ery
Obstetrical Ante/Postpr	rtum	Pharmaceutical	Em	ergency	Cent	ral Plant
Intermediate Care	е	Dietetic		clear Medicine		201
Skilled Nurs	sing	Administration	Nuc	dear Medicine	Sup Serv	
	·					

Report Year: 20	10677 L	oma Linda U	niversity Medical Center	r	Loma Linda		Page:42 of 661	
Report the final cor requirements wheth per Section 130061	her by retrofit or by r	dings on the leadings on the leadings on the leadings of the leadings on the leadings of the l	nospital campus showing and the type of service the	g how each at will b	ach buil e provi	lding will comply with ded in each general	n the SPC-5/N acute care h	NPC-4 or 5 ospital building
Building Number:	BLD-03024	Building Nar	ne: South Wing Phase	2				
Configuration:	N/A							
Type of Service	Provided							
Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		nabilitation rapy
Int	ensiveCare		Anesthesia		Obste Recov		Rer	nal Dialysis
	ediatric/Adol cent		Clinical Lab			,		
	sychiatric ursing		Radiological/ Imaging		Newb WellB			patient gery
	ostetrical nte/Postprtum		Pharmaceutical		Emerç	gency	Cer	itral Plant
Int Ca	ermediate are		Dietetic		Nucle	ar Medicine	□ Su	pport
Sk	tilled Nursing		Administration		. 13010			vices

Report Year:	2015 10677	Loma Linda U	niversity Medical Center	,	Loma Linda		Page:43 of 66 <sup>1</sup>
Report the final requirements w per Section 130	hether by retrofit or by	ldings on the h replacement a	nospital campus showing and the type of service the	g how ea	ach building will comply be provided in each gen	with the SPC-5/N eral acute care ho	PC-4 or 5 spital building
Building Number	er: BLD-03025	Building Nam	ne: Original Plant				
Configuration	: N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Ren	al Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outp Surg	ery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Cent	ral Plant
	Intermediate Care		Dietetic		Nuclear Medicine	☐ Sur	port
	Skilled Nursing		Administration		Tradical Medicino		vices

Report Year:	2015 10677	Loma Linda Unive	ersity Medical Center		Loma Linda		Page:44 of 66
Report the final requirements w per Section 130	hether by retrofit or by	ldings on the hosp replacement and	pital campus showing the type of service that	how ea at will b	ich building will comply e provided in each gen	with the SPC-5/N eral acute care ho	PC-4 or 5 spital building
Building Number	er: BLD-05490	Building Name:	Emergency Genera	tor			
Configuration	N/A						
Type of Serv	vice Provided						
	Nursing	Sur	rgical		Obstetrical Cesarean/Deliv	Reh Thei	abilitation apy
	IntensiveCare	And	esthesia		Obstetrical Recovery	Ren	al Dialysis
	Pediatric/Adol escent	Clin	nical Lab		Recovery		
	Psychiatric Nursing		diological/ aging		Newborn/ WellBaby	Outp Surg	patient ery
	Obstetrical Ante/Postprtum	Ph:	armaceutical		Emergency	Cent	tral Plant
	Intermediate Care	Die	etetic		Nuclear Medicine	Sur	port
	Skilled Nursing	Adı	ministration		Tradical modicino		vices

Report Year: 2015	10677 L	oma Linda Univer	rsity Medical Center	Loma Linda		Page:45 of 66		
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, 1 and SPC-5 per Section 130061(e)								
Building Number: BL	D-01480	Building Name	: Main Hospital Tower - Are	a B		2		
Type of Service Pro	vided 3							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy		
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rena	l Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Centr	ral Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Supp	ort		
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

Report Year: 2015 10677 Loma Linda University Medical Center Loma Linda Page:46 of 66 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, 1 and SPC-5 per Section 130061(e) Emergency Room Expansion - 1976 **Building Number:** BLD-01481 **Building Name:** Type of Service Provided 2 3 Rehabilitation Surgical Obstetrical Nursing Inpatient Therapy Beds Cesarean/Deliv IntensiveCare Inpatient Anesthesia Beds Renal Dialysis Obstetrical Clinical Lab Recovery Pediatric/Adol Inpatient 0 escent Beds Radiological/ Newborn/ Outpatient Psychiatric Inpatient 0 Imaging WellBaby Surgery Nursing Beds Pharmaceutical Inpatient 0 Central Plant Obstetrical Emergency Ante/Postprtum Beds Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this Building

Report Year: 2015 10677 Loma Linda University Medical Center Loma Linda Page:47 of 66 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, 1 and SPC-5 per Section 130061(e) Building Number: BLD-01482 **Building Name:** Northeast Wing - Schuman Pavilion Type of Service Provided 3 Rehabilitation Surgical Obstetrical Nursing Inpatient Therapy Beds Cesarean/Deliv IntensiveCare Inpatient Anesthesia Beds Renal Dialysis Obstetrical Clinical Lab Recovery Pediatric/Adol Inpatient 0 escent Beds Radiological/ Newborn/ Outpatient X Psychiatric Inpatient 0 Imaging WellBaby Surgery Nursing Beds Pharmaceutical Inpatient 0 Central Plant Obstetrical **Emergency** Ante/Postprtum Beds Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this Building

Report Ye	ear: 2015	10677	Loma Linda Univer	sity Me	edical Center		Loma Linda		Page:48 of 66	
	information on t C-5 per Section		inpatient beds by ty	pe of	Service provided by buil	ding	gs that are classified as	SPC-2	, SPC-3, SPC-4,	_
Building	Number: BLC	D-01483	Building Name	: So	outh Wing Phase 2					
Type o	f Service Prov	ided								
□ N	ursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X In	tensiveCare	Inpatient Beds	78	X	Anesthesia					
	ediatric/Adol scent	Inpatient Beds	0	X	Clinical Lab	X	Obstetrical Recovery		Renal Dialysis	
	sychiatric ursing	Inpatient Beds	0	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum	Inpatient Beds	36	X	Pharmaceutical		Emergency		Central Plant	
	termediate are	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services	
SI	killed Nursing	Inpatient Beds	0	X	Administration					
	otal Beds this uilding		114							

Report	Year: 2	2015	10677	Loma Linda U	Jniversity Me	edical Center		Loma Linda		Page:49 of 66	
	e information PC-5 per S			f inpatient beds	s by type of	Service provided by	/ building	gs that are classified a	as SPC-2, S	SPC-3, SPC-4,	_
Buildir	ng Number:	BLD-	-01485	Building I	Name: Sc	outh Wing Phase I					
<u>Type</u>	of Service	Provi	ded								
	Nursing		Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy	
X	IntensiveC		Inpatient Beds	122	X	Anesthesia					
	Pediatric/A		Inpatient Beds	0	X	Clinical Lab	X	Obstetrical Recovery	Re	enal Dialysis	
	Psychiatric Nursing	;	Inpatient Beds	0	X	Radiological/ Imaging	X	Newborn/ WellBaby		utpatient urgery	
	Obstetrical Ante/Postp		Inpatient Beds	0	X	Pharmaceutical		Emergency	C	entral Plant	
	Intermedia Care	te	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X Su Se	upport ervices	
	Skilled Nu		Inpatient Beds	0	X	Administration					
	Total Beds Building	this		122							

Report	Year: 2015	10677	Loma Linda Uni	niversity Medical Center	Loma Linda		Page:50 of 66
	le information on PC-5 per Section		inpatient beds b	by type of Service provided by bui	ldings that are classified	d as SPC-2, SP0	C-3, SPC-4,
Buildi	ng Number: BLI	D-01486	Building Na	ame: Co-Generation Plant			
Туре	e of Service Prov	<u>/ided</u>					
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	abilitation apy
	IntensiveCare	Inpatient Beds	0	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Cent	ral Plant
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Supp Servi	oort ices
	Skilled Nursing	Inpatient Beds	0	Administration			
	Total Beds this Building		0				

Report Year: 20	015 10677	Loma Linda Uni	iversity Medical Center	Loma Linda	Page:51 of 66			
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-02961 Building Name: Chiller Facility								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCa	are Inpatient Beds	0	Anesthesia					
Pediatric/Adescent	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postpi	Inpatient rtum Beds	0	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	e Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nurs	sing Inpatient Beds	0	Administration					
Total Beds Building	this	0						

Repor	t Year: 20	10677	Loma Linda Ur	niversity Me	edical Center		Loma Linda		Page:52 of 66	
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)										
Build	ing Number:	BLD-03021	Building N	ame: So	outh Wing Phase I					
Тур	e of Service I	Provided								
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy	
	IntensiveCa	re Inpatient Beds	0	X	Anesthesia					
	Pediatric/Ad escent	ol Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	Rena	l Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	Outpa Surge	atient ery	
	Obstetrical Ante/Postpri	Inpatient tum Beds	0		Pharmaceutical		Emergency	Centr	ral Plant	
	Intermediate Care	e Inpatient Beds	0	Ш	Dietetic		Nuclear Medicine	X Supp Servi	ort	
	Skilled Nurs	ing Inpatient Beds	0		Administration					
	Total Beds t Building	his	0							

Report Year: 2015	10677	Loma Linda Ur	niversity Medical Center	Loma Linda	Page:53 of 66	5		
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, 1 and SPC-5 per Section 130061(e)								
Building Number: BLI	D-03022	Building N	ame: South Wing Phase I		2			
Type of Service Provided 3								
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	r		
IntensiveCare	Inpatient Beds	0	X Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									PC-3, SPC-4,	
Buildir	ng Numb	oer: BLI	D-05490	Building I	Name: En	nergency Generator				
Type of Service Provided										
	Nursing		Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		abilitation rapy
	Intensiv	reCare	Inpatient Beds	0		Anesthesia				
	Pediatri escent	c/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Ren	al Dialysis
	Psychia Nursing	ıtric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	Out <sub>l</sub>	patient gery
	Obstetri Ante/Po	ical estprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X Cen	tral Plant
	Interme Care	diate	Inpatient Beds	0		Dietetic		Nuclear Medicine	Sup	port vices
	Skilled I	Nursing	Inpatient Beds	0		Administration				
	Total Be			0						

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Building Number: BLD-01482 Build	ing Name: Northeast Wing - Schuman P	Pavilion					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days					
Perinatal (Exclude Newborn / GYN)	Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing						
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 0					

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Building Number: BLD-01486 Build	Co-Generation Plant			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per		
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service		

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