

FIGURE 2-5
Existing Zoning

SOURCE: Kinley-Horn and Associates 5/20/2013, Perkins+Wil 5/20/2013, Riverside Zoning 5/2013



RIVERSIDE COMMUNITY HOSPITAL SPECIFIC PLAN

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3.0 VISION, GOALS, AND POLICIES

The overall vision of the Riverside Community Hospital (RCH) Specific Plan is a comprehensively planned, integrated medical campus within the existing hospital campus boundaries that includes approximately 600 licensed beds, acute care services, medical offices, and ancillary services for the community, as well as new employment opportunities in downtown Riverside. The Specific Plan identifies design and development requirements for the medical service facilities and supporting uses on the hospital campus to facilitate a cohesive and efficient orientation for the public, employees, and customers of RCH. The goals and policies set forth in this chapter provide the framework for realizing the overall vision of the RCH Specific Plan, while providing guidelines for decision making and direction for future expansion.

Goal 1: Facilitate the expansion of medical-related uses within the RCH Specific Plan Area.

Policy 1.1: Consider including space for research and medical education facilities during future development in coordination with the Medical School at University of California, Riverside.

Policy 1.2: Consider providing a variety of services, such as cancer care, emergency room (ER)/trauma, imaging, neurology and neurosurgery, surgical weight loss, transplant programs, labs, and medical offices.

Policy 1.3: Accommodate anticipated growth with additional faculty and staff.

Goal 2: Ensure that future expansion maintains a high standard of design and protects and enhances the character of its surroundings.

Policy 2.1: Design future development to be attractive; complement the form, scale, and architectural style of adjacent buildings; and promote harmony in the visual relationships and transitions between new and older buildings so that it appears a part of evolutionary development of downtown Riverside.

Policy 2.2: Encourage buildings to be designed with contemporary architectural styles to honor and expand the tradition of diverse, high-quality architecture found throughout the City of Riverside.

Policy 2.3: Encourage future development to strive to unify and harmonize the RCH Specific Plan aesthetic as it relates to architecture and landscape typology.

Policy 2.4: Design future development to follow the design guidelines and recommendations necessary to maintain a cohesive character and community compatibility.

Policy 2.5: Implement standards for the orderly development of the RCH Specific Plan Area consistent with existing and planned character of the surrounding environment and community.

Goal 3: Protect, enhance, and perpetuate the historic character and cultural heritage of the RCH Specific Plan Area and adjacent properties.

Policy 3.1: Encourage future development to adaptively reuse properties of historic, cultural, and architectural significance, whenever feasible.

Policy 3.2: Continue ongoing seismic retrofitting of older structures that do not satisfy the mandated requirements of Senate Bill (SB) 1953, the Alfred E. Alquist Seismic Act, to replace applicable hospital facilities by the year 2030.

Policy 3.3: Design future development to maintain the character and important features of designated historic buildings.

Policy 3.4: Design future development occurring adjacent to a historic resource in a manner that is sensitive to the design, scale, and identity of the historic context.

Policy 3.5: Preserve and protect the J. Harrison Wright Palm Grove, and respect the relationship between building and landscaping in that area.

Policy 3.6: Maintain the architectural integrity of Building B and preserve its character-defining features.

Policy 3.7: Protect the historically significant Calvary Presbyterian Church from adverse effects of future development.

Goal 4: Maintain a therapeutic internal environment within the RCH Specific Plan buildings.

Policy 4.1: Strive to make the hospital stay as unthreatening, comfortable, and stress-free as possible.

Policy 4.2: Strive to provide ample natural light whenever feasible and use color-corrected lighting in interior spaces, which closely approximates natural daylight.

Policy 4.3: Provide views of the outdoors from every patient bed and elsewhere whenever possible.

Policy 4.4: Consider patient vulnerability to stress, from noise, lack of privacy, poor lighting, and other causes, in facility planning and design.

Goal 5: Provide for safe and enjoyable pedestrian travel throughout the RCH Specific Plan Area.

Policy 5.1: Require new development to provide pleasant walkways and pedestrian corridors that are accessible to everyone.

Policy 5.2: Improve walkways and interior streets with enhanced sidewalks, street trees, benches, trash and recycle receptacles, and other amenities to encourage pedestrian activity for patients, visitors, and employees.

Policy 5.3: Provide for the safe movement of vehicles and pedestrians upon the premises and facilitate an orderly flow of vehicular and pedestrian traffic, minimizing the opportunity for accidents.

Policy 5.4: Comply with the minimum requirements of the Americans with Disability Act (ADA) Accessibility Standards.

Goal 6: Ensure sufficient parking is provided within the RCH Specific Plan.

Policy 6.1: Efficiently manage the supply and demand of parking to ensure there is sufficient supply at all times.

Policy 6.2: Continue to provide strategically located parking lots and/or structures as demand arises.

Policy 6.3: Improve the RCH Specific Plan Area with new parking facilities that meet the parking needs of patients, visitors, and employees.

Policy 6.4: Before ground is broken for the new Hospital Tower, RCH will provide parking for Riverside Community Players theater patrons in accordance with the agreement between the RCH and Riverside Community Players.

Goal 7: Ensure that adequate fire protection and police protection services are provided concurrent with need.

Policy 7.1: Incorporate efficient, cost-effective passive and automatic fire protection systems in future development. These systems are effective in detecting, containing, and controlling and/or extinguishing a fire event in the early stages.

Policy 7.2: Fire protection engineers will be involved in all aspects of the design in order to ensure a reasonable degree of protection of human life from fire and the products of combustion as well as to reduce the potential loss from fire.

Policy 7.3: Integrate performance requirements associated with fire department access, suppression, and separation distances and site/building security in future development.

Policy 7.4: Encourage the design of buildings to include uncomplicated layouts that enable firefighters to locate an area quickly.

Policy 7.5: Provide rapid access to various features such as fire department connections, house valves, elevators and stairs, annunciators, key boxes, etc.

Policy 7.6: Accommodate the access of fire apparatus into and around the building site.

Policy 7.7: Comply with the regulations of local authorities having jurisdiction to accommodate the access of fire apparatus into and around the building site and to coordinate access control point layout.

Goal 8: Encourage sustainable development and operational practices that reduces RCH's environmental footprint.

Policy 8.1: Future development will enhance compatibility and compliance with the City of Riverside's Green Riverside Action Plan (City of Riverside 2007).

Policy 8.2: Future development will complement and support the City of Riverside's Green Action Plan (City of Riverside 2007).

Policy 8.3: Future development will incorporate stormwater runoff protection measures.

Policy 8.4: Future development will utilize low impact development techniques to improve the quality of stormwater runoff and to minimize impacts on downstream drainage systems.

Policy 8.5: Future expansion will improve energy and lifecycle performance of building systems to achieve higher energy efficiency and reduce long-term operating expenses.

Policy 8.6: Buildings and landscapes will be designed with sustainable features to minimize the use of water, energy, and natural resources.

Policy 8.7: Future development will consider the use of high-performance building envelopes and select walls, roofs, and other assemblies based on long-term insulation air barrier performance and durability requirements.

Policy 8.8: Future development will consider the use of passive solar design where feasible.

Policy 8.9: Future development will consider sustainable design features including day-lighting, energy and water conservation, nontoxic materials and finishes, and sustainable operations and maintenance.

Policy 8.10: The RCH energy and water conservation standards will meet the requirements of the Environmental Protection Agency (EPA) Energy Policy Act of 2005 and Executive Order 13423.

Policy 8.11: Outflow of trash, recyclables, and soiled materials will be separated from the movement of food and cleaning supplies, and both will be separated from routes of patients and visitors.

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4.0 LAND USE

This chapter identifies purpose and need for the Riverside Community Hospital (RCH) Specific Plan, and describes the overall land use program.

4.1 PURPOSE AND NEED

RCH has been operating since March 1925 and has been modified several times. RCH is currently equipped with ~~373~~ 542 licensed beds and has approximately 1,960 employees, including over 500 highly trained physicians representing over 200 specialties. RCH houses the largest Emergency Room and Trauma Center in the Inland Empire, at 50 treatment bays. RCH is one of Riverside County's few ST-elevation myocardial infarction (STEMI; severe heart attack) receiving centers and is a fully accredited Chest Pain Center. Centers of Excellence include the HeartCare Institute, offering invasive and non-invasive cardiac procedures, the Transplant Program, and a Level II Neonatal Intensive Care Unit (ICU).

The primary reason for the proposed expansion of RCH is to build new facilities to alleviate seismic concerns associated with existing hospital buildings and meet seismic retrofit requirements as required by Senate Bill (SB) 1953. As it exists today, Building A will not be allowed to house acute care services beyond January 1, 2020. Those services will need to be relocated into the proposed Phase I tower. Per SB 1953, Buildings B and D will not be allowed to house acute care services beyond January 1, 2030. In addition to meeting the requirements of SB 1953, the overall hospital expansion is needed to improve access to healthcare for a growing population as well as to modernize hospital facilities. In the event of a disaster, RCH would be the primary hospital that would serve the community of Riverside.

4.2 LAND USE PLAN

RCH is a vital medical facility for the community and the region. The vision for RCH is to be a cohesive and well-designed medical facility where patients can receive critical and beneficial medical care. The land uses within the RCH Specific Plan include the construction of medical office buildings and hospital-related facilities in two phases, described as follows.

Phase I – 2014 to 2017

Phase I consists of a new, ~~251,500-~~ 258,142 square-foot, 7-story hospital bed tower addition that will house up to ~~405~~ 189 new licensed beds with 35 intensive care patient rooms and ~~70~~ 119 medical and surgical patient rooms. In addition, the laboratory and food service operations will also be relocated to the new hospital tower. This would bring the total bed count within the RCH Specific Plan to approximately 478 542. ~~Phase I also includes shell space for an additional 84 beds, which would be built out in Phase II.~~ Total capacity for this tower is 189 beds. The hospital

bed tower would accommodate the relocation of acute care services such as dietary and laboratory services currently housed in Building A, which is not compliant with SB 1953. During this phase, Building A would be used for hospital administrative support.

Construction of the new hospital bed tower for Phase I would eliminate 69 parking spaces (see also Figure 4-1, Land Use Plan - Phase I). The existing Building N medical office building would be demolished under Phase I to accommodate the new hospital bed tower. Building N would already be vacant prior to demolition as the physicians/staff would be relocated to the new Building P (which will be completed in March 2014 under the baseline/existing conditions). Also included in Phase I, Building B is proposed for a full seismic upgrade, including new windows as a result of the retrofit. Table 4-1 lists the existing and previously approved RCH buildings/structures with the addition of Phase I (see also Figure 4-1, Land Use Plan - Phase I).

**Table 4-1
RCH Specific Plan Uses – Existing + Phase I**

ID on Figure 4-1	Building/Structure	Use	Square Footage	Number of Licensed beds	Year Constructed	Action
A	Building A	Hospital – lab, dietary, administration services	58,705	N/A	1925	Dietary/lab to move to the Phase I bed tower; Building A used for hospital administrative support
B	Building B	Hospital	176,040	273	1965	No change in footprint, but seismic upgrades needed
C	Building C	Hospital – ICU and med/surg	111,450	34	1987	No change
D	Building D	Hospital	41,431	66	1958	No change in footprint, but seismic upgrades needed
E	Building E	Hospital	3,565	N/A	1954	No change
F	Building F	Hospital	1,077	N/A	1996	No change
G	Parking structure	Parking	59,500	N/A	2002	No change
H	Health education center	Meeting rooms	12,543	N/A	1979	No change
I	Parking structure	Parking	96,084	N/A	1982	No change
J	Parking structure	Parking	101,049	N/A	1986	No change
K	Medical office building 2	Cancer center	65,503	N/A	1986	No change
L	Brockton Storage Building	Storage	4,450	N/A	1958	No change

**Table 4-1
RCH Specific Plan Uses – Existing + Phase I**

ID on Figure 4-1	Building/Structure	Use	Square Footage	Number of Licensed beds	Year Constructed	Action
M	Women's services building	Community outreach, lactation services	1,900	N/A	1981	No change
N	Medical office building 1	Medical offices	61,135	N/A	1975	To be demolished as part of Phase I of the project
O	Parking structure	Parking – 1,060 spaces	385,500	N/A	Construction anticipated to be completed 2014- 2014	Part of baseline conditions
P	Medical office building	Medical offices	61,000	N/A	Construction anticipated to be completed 2014- 2014	Part of baseline conditions
Q	Raincross Medical Office Building	Medical offices	57,754	N/A	1996	No change
<u>R</u>	<u>Tower G – New</u> <u>New Phase I</u> <u>Hospital B</u> <u>bed</u> <u>Tower</u>	Hospital	251,500 <u>258,142</u>	189	Construction anticipated to be completed by 2017- 2017 <u>2017</u>	Phase I of the project
Total Square Footage*					1,489,051 <u>1,556,828</u>	

N/A = not applicable; ICU = intensive care unit; med/surg = medical/surgical

Note: *Building N is not calculated in the total square footage as it is being demolished as part of Phase I of the project

Shaded rows represent changes from baseline conditions.

Phase II – 2017 to 2043

During Phase II, it is anticipated that several new structures would be constructed within the RCH Specific Plan over a 30-year period. Phase II would be divided into Phase IIa, Phase IIb, and Phase IIc. Phase periods account for some overlay between completing and starting new improvements.

Phase IIa – 2017 to 2024-2025

Phase IIa is intended to occur between 2017 and ~~2024~~ 2025 and would consist of ~~the demolition of~~ removing Building A from acute care service since it is not in compliance with SB 1953 and can no longer house acute care services. ~~An approximately 100,000 square foot mixed-use building would be proposed on the Building A site.~~

Also, the buildout of the shell space, (84 additional licensed beds) in the Phase I tower would

most likely occur during this phase (or earlier if necessary). When the Phase I tower has been fully built out, the maximum bed capacity

~~within the RCH Specific Plan would be 562~~ 600 licensed beds. ~~Additional need for surface or~~ The construction of a new parking structure parking at the corner of Brockton Avenue and 14th Street, identified as building T (see Figure 4-2, Land Use Plan – Phase IIB) is also anticipated in planned for this phase to support the new space. This requires the demolition of the existing medical office building, the auto shop, the Brockton storage building and the Women’s Services Building (see Figure 2-3, Existing Site Plan).

Phase IIb – ~~2024-2025~~ to 2029

Phase IIb is projected to occur between ~~2024-2025~~ and 2029 and would consist of a second new, estimated ~~9-11~~ story, more than 600,000-square-foot replacement bed tower, totaling ~~339~~ 326 licensed beds (~~273~~ 249 beds will be relocated from Building B and ~~66-70~~ beds relocated from Building D to the proposed replacement bed tower after the seismic upgrades are complete under Phase I). The relocation of ~~339~~ 319 licensed beds would keep the number of licensed beds within the RCH Specific Plan at ~~562~~ 549. Phase IIb focuses on relocating beds and acute care services out of Building B and Building D to the new second tower, as those buildings would no longer be in compliance with SB 1953. Once the beds are relocated to the new second hospital bed tower, Building B and Building D will be used for outpatient services, skilled nursing, support, and education (e.g., University of California, Riverside). Phase IIb includes the existing parking structures (identified as I and J on Figure 2-3, Site Plan) to be demolished prior to the construction of the Phase IIb replacement bed tower. A utility plant (i.e. cooling tower) is also planned to be improved during this phase to support current and future development phases. Some additional convenience parking could be included during this phase.

Phase IIc – 2030 to 2043

Phase IIc is intended to occur between 2030 and 2043 and is expected to include the following:

- Addition of 38 licensed beds, for a total of 600 licensed beds. (This could occur in Phase IIb if need is demonstrated prior to 2030.)
- Possible anticipated demolition of Building A, B or D for future development
- Construction of ancillary services as necessary.
- Construction of surface or structured parking as needed to support growth.

Long-range development as part of Phase IIc could include future acute care expansions, parking structures, or other ancillary uses, including, but not limited to, the following:

- Acute care services
- Central utility plants
- Medical office buildings and clinics
- Outpatient service buildings
- Education centers
- Dental clinics
- Imaging centers
- An approximately 100,000 square foot mixed use building would be proposed on the Building A site.



- Pharmacies
- Wellness centers
- Physical therapy or rehabilitation centers
- Community centers
- Optometry services
- Medical retail (medical supplies)
- Off-site street parking, parking structures, or surface parking lots
- Hotel facilities (requires Minor CUP).

Table 4-2 lists the existing and previously approved RCH buildings/structures as well as Phase I and Phase II (also see Figure 4-2, Land Use Plan - Phase II).

**Table 4-2
RCH Specific Plan Uses – Existing + Phase I and Phase II**

ID on Figure 3-2	Building/Structure	Use	Square Footage	Number of Licensed beds	Year Constructed	Action
A	Building A	Hospital – lab, dietary, administration services	58,705	N/A	1925	To be demolished as part of Phase IIa of the project
B	Building B	Hospital	176,040	273	1965	Part of Phase IIb of the project: 273 licensed beds will be moved to the new Phase IIb replacement bed tower; Building B will be used for outpatient, skilled nursing, support, and education.
C	Building C	Hospital – ICU and med/surg	111,450	34	1987	No change
D	Building D	Hospital	41,431	66	1958	Part of Phase IIb of the project: 66 licensed beds will be moved to the new Phase IIb replacement bed tower; Building D will be used for outpatient, skilled nursing, support, and education.
E	Building E	Hospital	3,565	N/A	1954	No change
F	Building F	Hospital	1,077	N/A	1997	No change
G	Parking structure	Parking	59,500	N/A	2002	No change
H	<u>Health education center</u>	<u>Meeting rooms</u>	<u>12,543</u>	<u>N/A</u>	<u>1979</u>	<u>No change</u>
I	<u>Parking structure</u>	<u>Parking</u>	<u>96,084</u>	<u>N/A</u>	<u>1983</u>	<u>To be demolished as part of Phase IIb of the project</u>
J	<u>Parking structure</u>	<u>Parking</u>	<u>101,049</u>	<u>N/A</u>	<u>1983</u>	<u>To be demolished as part of Phase IIb of the project</u>
K	<u>Medical office building 2</u>	<u>Cancer center</u>	<u>65,503</u>	<u>N/A</u>	<u>1986</u>	<u>No change</u>
L	<u>Brockton Storage Building</u>	<u>Storage</u>	<u>4,450</u>	<u>N/A</u>	<u>1958</u>	<u>No change</u>
M	<u>Women’s services building</u>	<u>Community outreach, lactation services</u>	<u>1,900</u>	<u>N/A</u>	<u>1981</u>	<u>No change</u>

Table 4-2
RCH Specific Plan Uses – Existing + Phase I and Phase II

ID on Figure 3-2	Building/Structure	Use	Square Footage	Number of Licensed beds	Year Constructed	Action
<u>N</u>	<u>Medical office building 1</u>	<u>Medical offices</u>	<u>61,135</u>	<u>N/A</u>	<u>1975</u>	<u>To be demolished as part of Phase I of the project</u>
<u>O</u>	<u>Parking structure</u>	<u>Parking – 1,060 spaces</u>	<u>385,500</u>	<u>N/A</u>	<u>Construction anticipated to be completed 2014</u>	<u>Part of baseline conditions</u>
<u>P</u>	<u>Medical office building</u>	<u>Medical offices</u>	<u>60,897</u>	<u>N/A</u>	<u>Construction anticipated to be completed 2014</u>	<u>Part of baseline conditions</u>
<u>Q</u>	<u>Raincross Medical Office Building</u>	<u>Medical offices</u>	<u>57,754</u>	<u>N/A</u>	<u>1996</u>	<u>No change</u>
<u>R</u>	<u>Tower G – New Phase I hospital bed tower</u>	<u>Hospital</u>	<u>258,142</u>	<u>189</u>	<u>2017</u>	<u>Part of Phase I of the project</u>
<u>S</u>	<u>New Phase II replacement bed tower</u>	<u>Hospital</u>	<u>600,000 (+/-)</u>	<u>374</u>	<u>Construction anticipated to be completed 2030</u>	<u>Part of Phase IIb of the project</u>
<u>I</u>	<u>New Phase II parking structure</u>	<u>Parking – 593 (+/-) spaces</u>	<u>0,000 206,942 (+/-)</u>	<u>N/A</u>	<u>Construction anticipated to be completed 2026</u>	<u>Phase IIa of the project</u>
<u>?</u>	<u>Mixed-use building in location of Building A</u>	<u>Medical offices</u>	<u>100,000 (+/-)</u>	<u>N/A</u>		<u>Phase IIb of the project</u>
Total Square Footage*					1,994,245 2,463,667 466,725	

N/A = not applicable; ICU = intensive care unit; med/surg = medical/surgical

Note: *Buildings A, I, J, and N are not calculated in the total square footage as they are proposed for demolition as part of Phase I or Phase II of the project

Shaded rows represent changes from baseline conditions and Phase II of the project.

Table 4-2
RCH Specific Plan Uses—Existing + Phase I and Phase II

ID on Figure 3-2	Building/Structure	Use	Square Footage	Number of Licensed beds	Year Constructed	Action
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4.3 PROPOSED GENERAL PLAN LAND USE DESIGNATIONS AND ZONING

As indicated in Chapter 2.0, Existing Conditions, the existing General Plan 2025 land use designation for the RCH Specific Plan Area is Downtown Specific Plan (DSP); see Figure 2-4, Existing General Plan Land Use. The existing zoning is Downtown Specific Plan – Health Care District (DSP-HC); see Figure 2-5, Existing Zoning.

The RCH Specific Plan Area is proposed to be designated RCH Specific Plan in the General Plan 2025 and Zoning Map; see Figure 4-3, Proposed General Plan Land Use, and Figure 4-4, Proposed Zoning.

4.4 LAND USE REGULATIONS

Application of the Land Use Plan described herein and the following land use regulations is intended to provide for the orderly development of the site and effective fulfillment of the project objectives, while protecting the health, safety, and welfare of the employees and users, as well as those of the surrounding community.

4.4.1 Applicability

Upon adoption by Ordinance, this Specific Plan will constitute the zoning for the RCH Specific Plan Area. Subsequent development plans or agreements, tract or parcel maps, site plans, or any other action requiring ministerial or discretionary approval relative to the Specific Plan Area must be consistent with the development regulations contained within this chapter.

Where the regulations contained in this Specific Plan differ from the regulations of the City of Riverside Zoning Code, the regulations of the Specific Plan shall take precedence.

4.4.2 Determination of Unlisted Uses

Any land use not specifically covered in this Specific Plan shall be subject to the City of Riverside Zoning Code. Interpretations may be made by the Community Development Director or referred to the Planning Commission if not specifically covered in the City of Riverside’s existing regulations.



4.4.3 Interpretation

Any ambiguities related to meaning or applicability of any provision of this Specific Plan shall be resolved by the Community Development Director or his/her designee or referred to the Planning Commission. Such interpretations shall take into account the stated goals and intent of

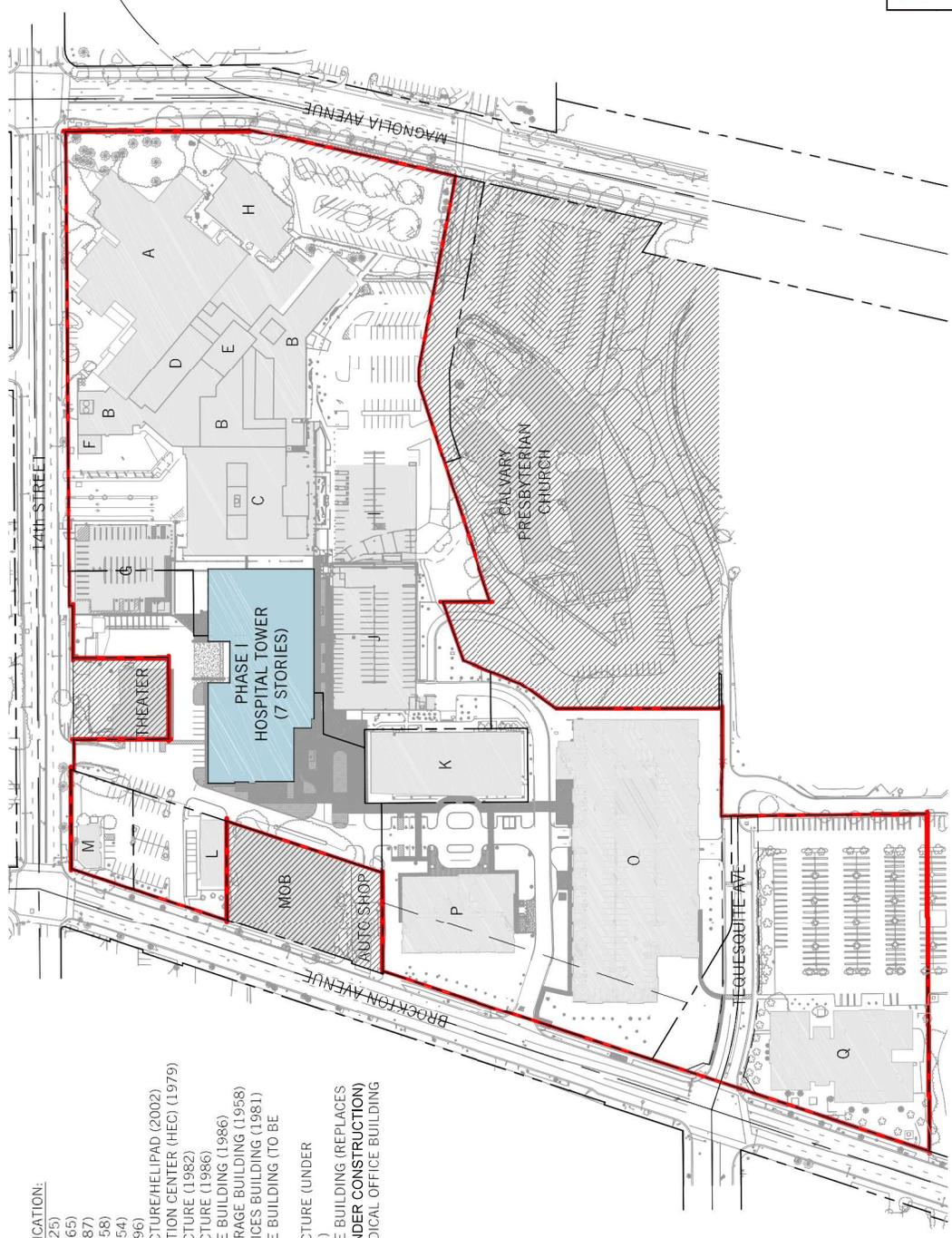
this Specific Plan. Any interpretation made by the Community Development Director or the Planning Commission may be appealed to the City Council.

4.4.4 Existing Uses

Existing Uses within this Specific Plan Area shall be deemed to be consistent with the Specific Plan provisions. If an existing building is demolished for seismic or any other reason, any new structure shall be permitted per the development standards as to use, setbacks, height, and intensity; refer to Chapter 7.0, Development Standards. Replacement of a structure with a new structure in compliance with the provisions of the Specific Plan shall not require an amendment to the Specific Plan, but shall require approval of an Administrative Design Review, or Certificate of Appropriateness, as deemed appropriate. Refer to Chapter 19.710 – Design Review of the Zoning Code and Title 20 – Cultural Resources, as applicable.

BUILDING IDENTIFICATION:

- A. BUILDING A (1925)
- B. BUILDING B (1965)
- C. BUILDING C (1987)
- D. BUILDING D (1958)
- E. BUILDING E (1954)
- F. BUILDING F (1996)
- G. PARKING STRUCTURE HELIPAD (2002)
- H. HEALTH EDUCATION CENTER (HEC) (1979)
- I. PARKING STRUCTURE (1982)
- J. PARKING STRUCTURE (1986)
- K. MEDICAL OFFICE BUILDING (1986)
- L. BROCKTON STORAGE BUILDING (1958)
- M. WOMEN'S SERVICES BUILDING (1981)
- N. MEDICAL OFFICE BUILDING (TO BE DEMOLISHED)
- O. PARKING STRUCTURE (UNDER CONSTRUCTION)
- P. MEDICAL OFFICE BUILDING (REPLACES BUILDING N UNDER CONSTRUCTION)
- Q. RAINCROSS MEDICAL OFFICE BUILDING (1996)



Site Plan Boundary
 Existing Buildings
 Proposed Building

Not to Scale



REVISE PROPERTY BOUNDARY TO INCLUDE MOB AND AUTOSHOP PROPERTIES. REVISE TOWER DESIGNATION TO "R" - SEE REVISED EXHIBIT NEXT PAGE

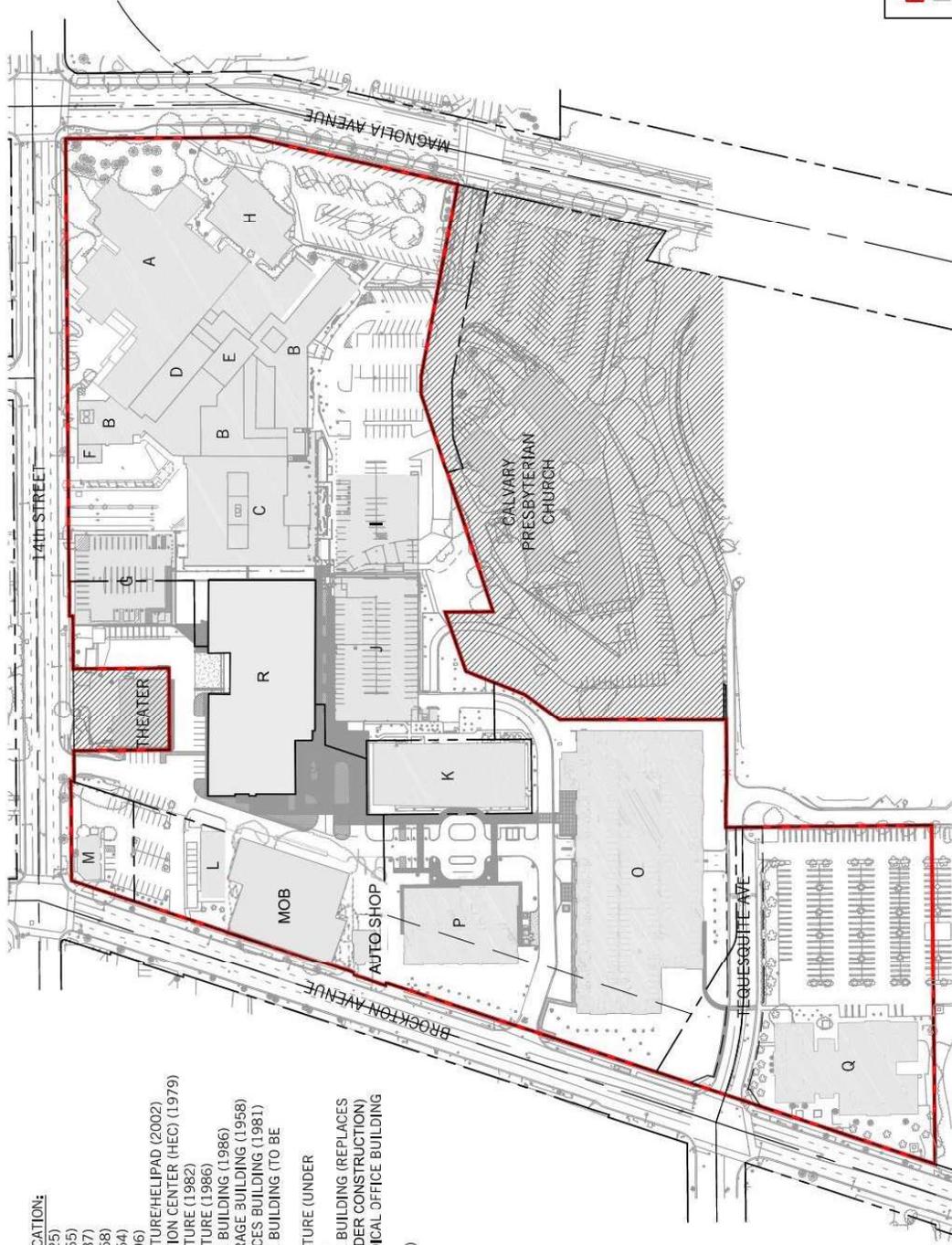
FIGURE 4-1
Land Use Plan- Phase I

SOURCE:
Purinton+Will
5/19/2013

RIVERSIDE
COMMUNITY
HOSPITAL
SPECIFIC
PLAN

BUILDING IDENTIFICATION:

- A. BUILDING A (1925)
- B. BUILDING B (1965)
- C. BUILDING C (1987)
- D. BUILDING D (1958)
- E. BUILDING E (1954)
- F. BUILDING F (1996)
- G. PARKING STRUCTURE HELIPAD (2002)
- H. HEALTH EDUCATION CENTER (HEC) (1979)
- I. PARKING STRUCTURE (1982)
- J. PARKING STRUCTURE (1986)
- K. MEDICAL OFFICE BUILDING (1986)
- L. BROCKTON STORAGE BUILDING (1958)
- M. WOMEN'S SERVICES BUILDING (1981)
- N. MEDICAL OFFICE BUILDING (TO BE DEMOLISHED)
- O. PARKING STRUCTURE (UNDER CONSTRUCTION)
- P. MEDICAL OFFICE BUILDING (REPLACES BUILDING N, UNDER CONSTRUCTION)
- Q. RAINCROSS MEDICAL OFFICE BUILDING (1996)
- R. BED TOWER (2014)



Site Plan Boundary
 Existing Buildings

**FIGURE 4-1
Land Use Plan- Phase I**

Not to Scale

SOURCE: Perkins+Will 5/19/2013



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RIVERSIDE COMMUNITY HOSPITAL SPECIFIC PLAN



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- BUILDING IDENTIFICATION:**
- A. BUILDING A (1925)
 - B. BUILDING B (1965)
 - C. BUILDING C (1987)
 - D. BUILDING D (1958)
 - E. BUILDING E (1954)
 - F. BUILDING F (1996)
 - G. PARKING STRUCTURE/H
 - H. HEALTH EDUCATION CE
 - I. PARKING STRUCTURE (
 - J. PARKING STRUCTURE (
 - K. MEDICAL OFFICE BUILD
 - L. BROCKTON STORAGE B
 - M. WOMEN'S SERVICES BU
 - N. MEDICAL OFFICE BUILD
 - O. PARKING STRUCTURE (CONSTRUCTION)
 - P. MEDICAL OFFICE BUILD BUILDING N, INPERM
 - Q. RAINCROSS MEDICAL O (1996)

F

PHASE II-A
MULTI-STORY ADDITION
ZONE
(100,000-sq-ft)
ZONE

PHASE II
SPITAL
TOWER (7
STORIE)

Not to Scale

SOURCE: Permits=VIII 5/19/2013

ELIPAD (2002)
CENTER (HEC) (1979)
1982)

RIVERSIDE COMMUNITY HOSPITAL SPECIFIC PLAN 1986)
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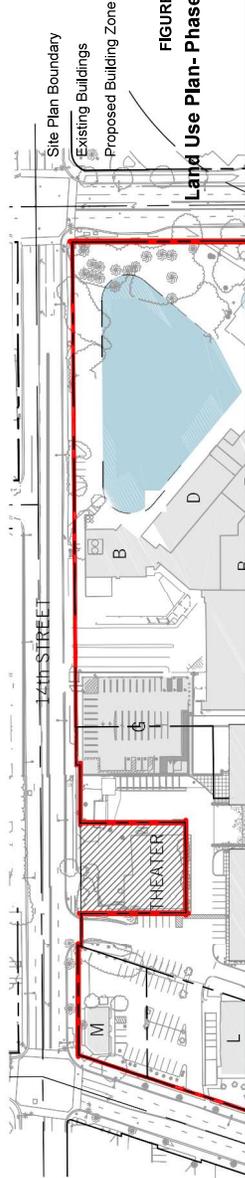
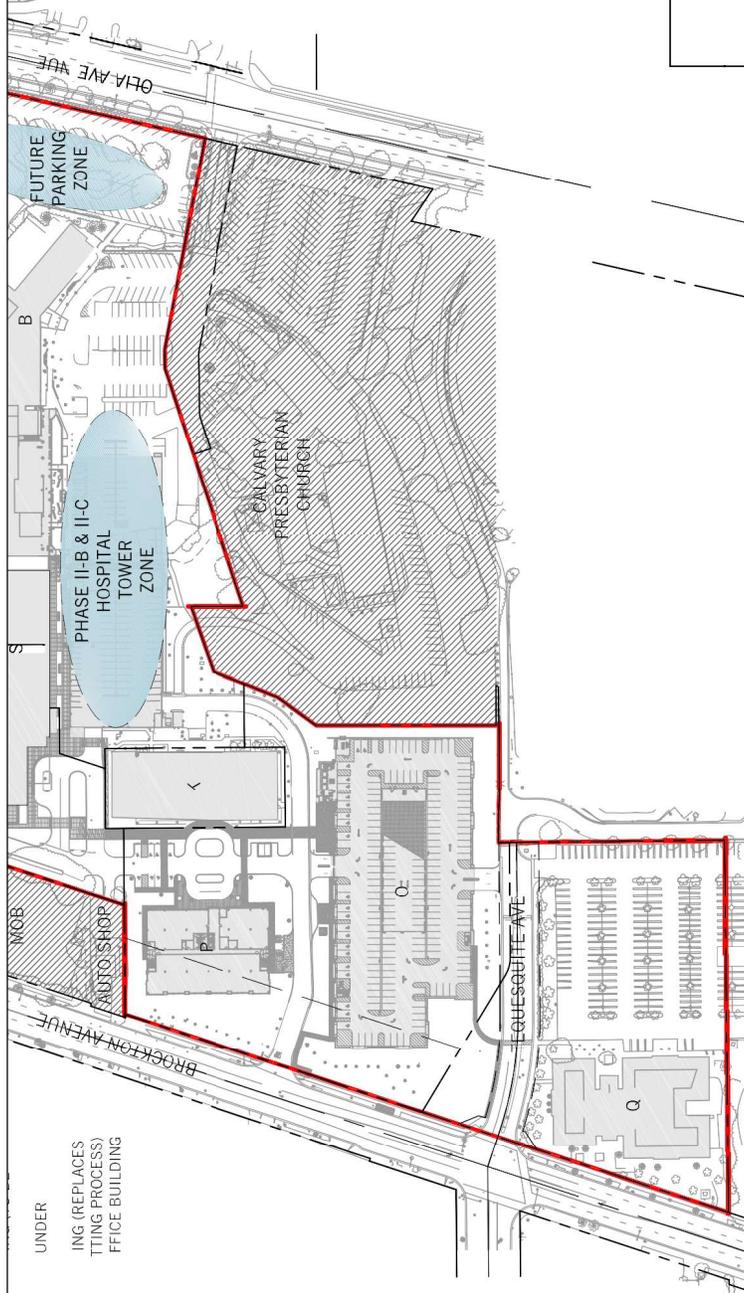


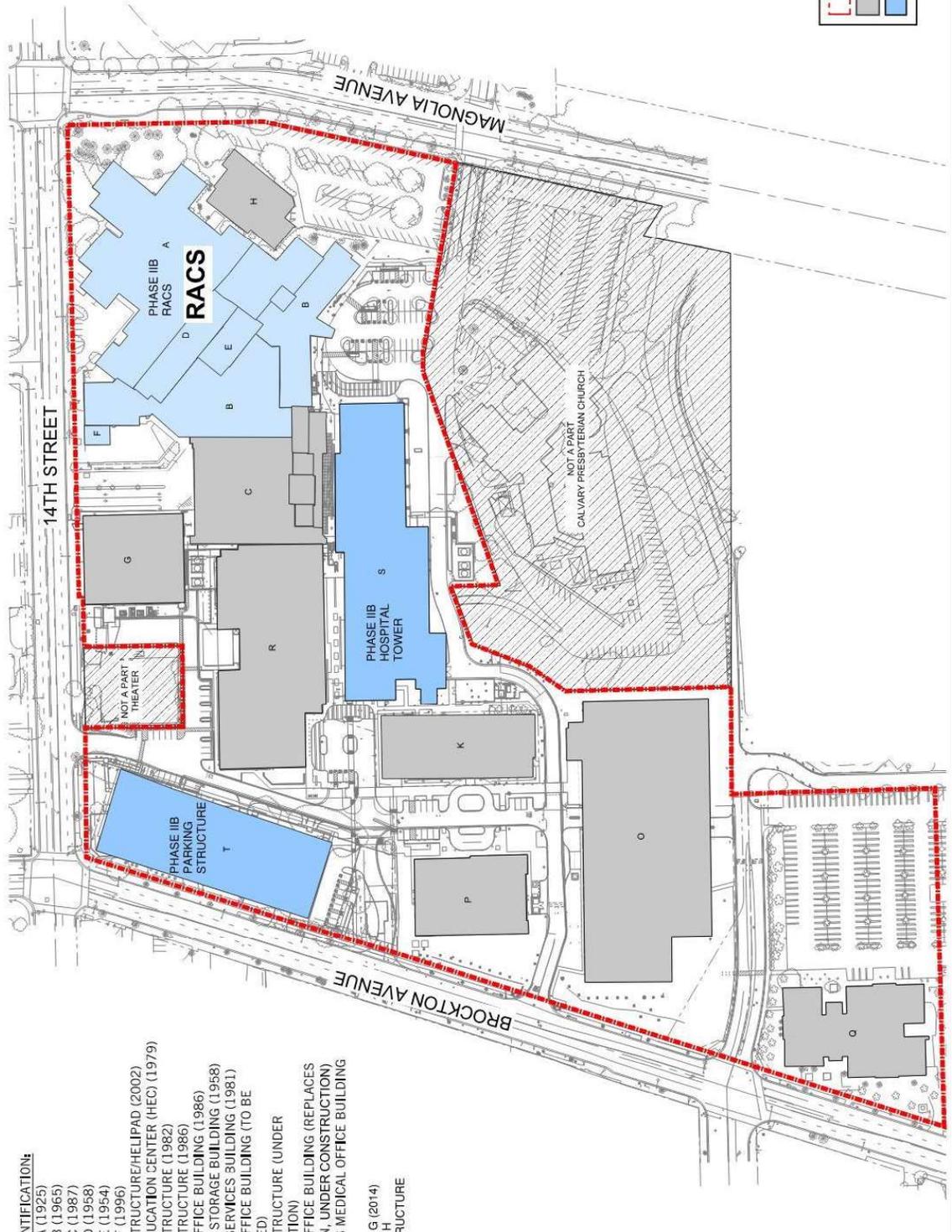
FIGURE 4-2
Land Use Plan-Phase IIB

REVISE PROPERTY BOUNDARY TO INCLUDE MOB AND AUTOSHOP PROPERTIES. REVISE TOWER DESIGNATION TO "R" LEGEND REVISED. NEW WORK SHOWN. - SEE REVISED EXHIBIT NEXT PAGE



UNDER
ING (REPLACES
TING PROCESS)
FFICE BUILDING

DUDEK



Site Plan Boundary
 Existing Buildings
 Proposed Buildings

FIGURE 4-2
Land Use Plan- Phase IIB

BUILDING IDENTIFICATION:

- A. BUILDING A (1925)
- B. BUILDING B (1965)
- C. BUILDING C (1987)
- D. BUILDING D (1958)
- E. BUILDING E (1954)
- F. BUILDING F (1996)
- G. PARKING STRUCTURE/HELIPAD (2002)
- H. HEALTH EDUCATION CENTER (HEC) (1979)
- I. PARKING STRUCTURE (1982)
- J. PARKING STRUCTURE (1986)
- K. MEDICAL OFFICE BUILDING (1986)
- L. BROCKTON STORAGE BUILDING (1958)
- M. WOMEN'S SERVICES BUILDING (1981)
- N. MEDICAL OFFICE BUILDING (TO BE DEMOLISHED)
- O. PARKING STRUCTURE (UNDER CONSTRUCTION)
- P. MEDICAL OFFICE BUILDING (REPLACES BUILDING N, UNDER CONSTRUCTION)
- Q. RAINCROSS MEDICAL OFFICE BUILDING (1996)
- R. BED TOWER G (2014)
- S. BED TOWER H
- T. PARKING STRUCTURE

Not to Scale

SOURCE: Perkins+WILL 5/19/2013

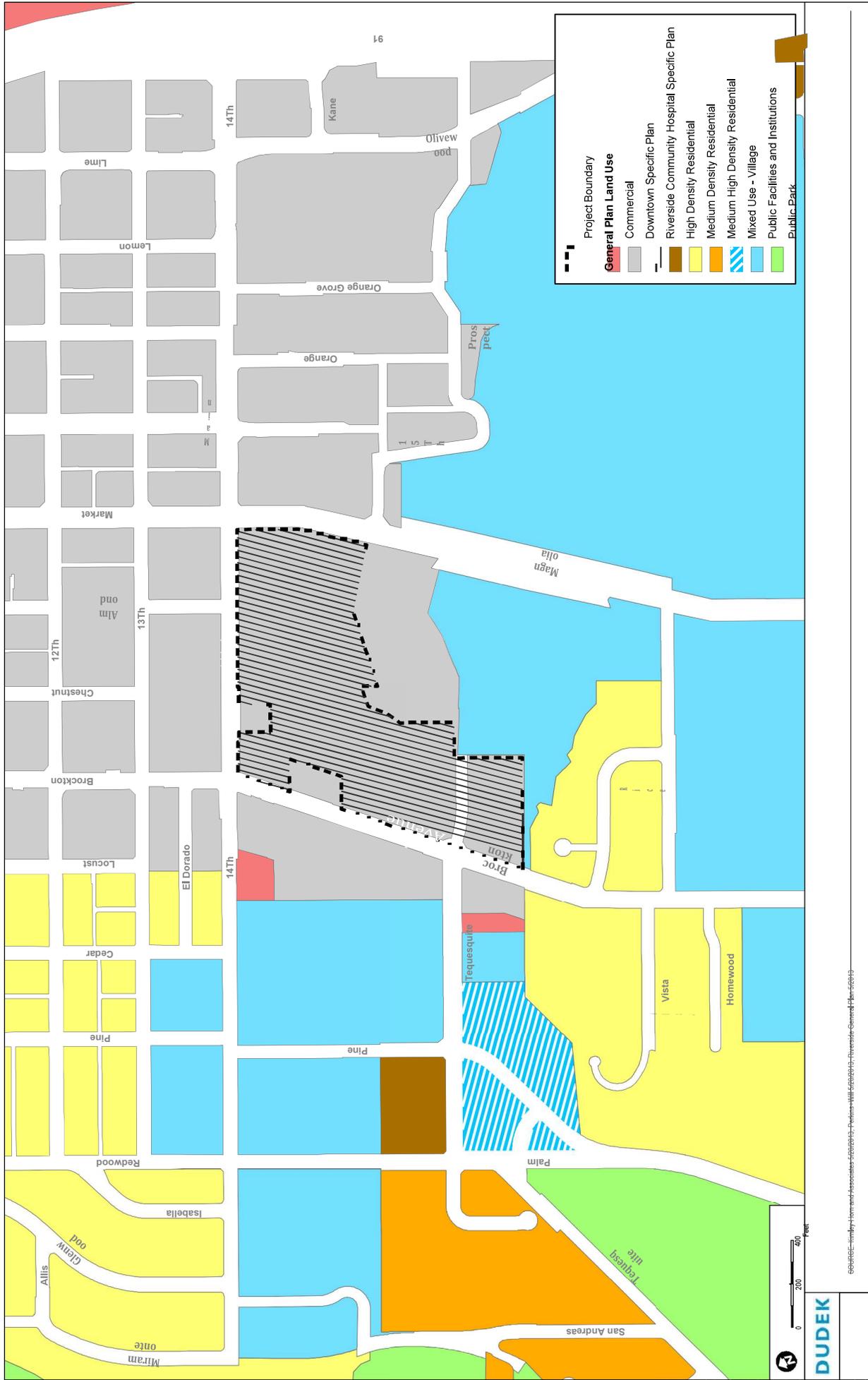
DUDEK

7824

RIVERSIDE COMMUNITY HOSPITAL SPECIFIC PLAN



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Source: City of Irvine and Associates - 5/20/2013; Public Works - 5/20/2013; Riverside General Plan - 5/20/13



FIGURE 4-3

REVISE PROPERTY BOUNDARY TO INCLUDE MOB AND AUTOSHOP PROPERTIES.

Proposed General Plan Land Use