

## Staff Summary of Planning Commission Meeting of January 24, 2006

***The following is a summary from staff notes of the 1-24-06 Planning Commission Meeting. This summary is being provided since official minutes of the meeting are not available at this time. The minutes will be distributed to the City Council as soon as they are available. Additionally, the City Council will be provided with a verbatim transcript prior to the February 8, 2006, meeting as well as the CD recording of that meeting. This summary is intended to provide the main issues and concerns discussed at that meeting as part of the Council staff report.***

Staff presented the staff report

The Commission had questions of staff regarding the significant environmental impacts that were identified with the ERTC and the Statement of Overriding Considerations (SOC).

Staff noted that the Commission would not be making the SOC and identified the unmitigable impacts as air quality, noise, and traffic. The overriding considerations for accepting significant impacts was the creation of a large comprehensively design industrial park with high-quality design that would create a significant number of higher-paying jobs.

The question was raised as to what would happen if the project does not get developed. Staff noted that the Development Agreement would have provisions to deal with that situation should it ever occur.

Questions regarding the response time of the police and fire department, and how they were determined were answered, noting that the response time are based on historic averages and that the response time noted in the FEIR for ERTC was probably on the longer side of what would be expected according to a representative of the Police Department.

The Commission wanted to know the status of the Regional Water Quality Control Board's fine for the ERTC site. Legal staff noted that had been negotiated with the owner of the property and the RWQCB.

The Commission wanted to know what uses were anticipated in the reconfigured Planning Area 5, The Commission expressed the concern that this PA would be too small for the types of uses that were anticipated for the ERTC when it was approved. Also, was the detention basin located in PA 5. Staff noted that the

minimum lot size would be 2 acres and the reconfigured PA 5 would accommodate that size.

Questions were asked by the Commission as to whether the parking ratios were essentially the same as proposed in the SPA to those in the existing SP. Also, was the floor space unlimited. Staff noted that ratios would be provided consistent with the existing plan and the Zoning Ordinance

With regard to the Addendum, the Commission asked if the City had challenged the document and was answered in the negative.

The Commission had questions regarding the status of the Nordahl Bridge improvements. Ed Domingue Deputy Director of Public Works responded outlining three projects in that vicinity that are being pursued but a construction was not available now.

The Commission asked other uses are currently located in the ERTC and staff noted the power plant and Stone Brewery.

The Commission asked when the City received the Addendum and how did the time frame differ from other projects. Staff noted that each project is unique in the review time required. Staff received the Addendum within a week of the final copy being available.

The Commission noted they did not have a copy of the Draft Development Agreement to review which made it difficult to make the findings noted in the staff report.

The parking ratios were discussed, noting that hospitals tend to not have enough parking especially for the handicapped. Concerns were noted with potential traffic issues with the hospital at the proposed location. Another concern was how can an appeal of any proposed project be made if the action is ministerial?

The Commission discussed potential difficulties with monitoring and enforcing mass transit options for reducing parking.

Mike Shanahan, Director of Facilities Planning Development for PPH, spoke at length regarding the proposal. He described why PPH was acting as lead agency for the project as they do have some similarities to school districts or other public agencies. He described the benefits the proposal would contribute to the community by having the medical center in a centrally located area. He explained that the Hospital Board is interested in providing adequate parking, because if you can't park they can't serve you. He wanted to provide assurances that the hospital would exceed all development standards.

Tom Chessum, Principal Architect for PPH. spoke describing the campus concept, the design of the site, the location of various components of the project the landscaping with healing gardens. He described how the circulation of the site would work and that adequate access was being provided with 5 access points from Citracado with good access to Hwy. 78 and I-15. He also described the indoor-outdoor relationship of the site design and architecture. Mr. Chessum answer questions of the Commissioners to clarify the location of parking areas and parking structures.

Alan Haynie, Project Attorney: spoke to the relocation of the radio tower, and the flight path for the proposed helicopter noting it would be 160 feet above the tower. He noted that the proposed uses were compatible with the uses already allowed in the existing specific plan. He addressed the Commission's concern regarding the legibility of Exhibit 5 explaining they used the same exhibit as the existing specific plan. He addressed the Commission's question with regard to the incineration of waste and that this would not take place on-site. He pointed out that all of the key points of the Development Agreement (to date) were included in the staff report to the extent he felt the Commission could make a recommendation to the City Council. With regard to the viability of PA 5, he noted that JRMC, the owner of the site, was planning to locate the retail uses to support the business park at that location which requires a smaller area; therefore PA 5 would still be viable. He noted that the parking ratios incorporated in the SPA were the same as those in the City's Zoning Ordinance. To answer the question of site accessibility, he referenced Exhibit 8.3 in the Addendum that there were five access points and that findings had been made from the analysis provided by their traffic impact report that there would be no more significant traffic impacts than already anticipated as a result of the hospital project.

Commissioner Caster asked Mr. Haynie why an addendum was used for the environmental review of the project. Mr. Haynie responded that addendums are being used with increasing frequency. The use of EIRs for projects lengthen the review time and CEQA doesn't require an EIR for each individual project. CEQA describes the process for the lead agency to look at the impacts (or lack of) and then decide the appropriate level of environmental review. The addendum was prepared by a well-qualified outside agency. With regard to why a subsequent EIR wasn't prepared, Mr. Haynie responded that CEQA says not to if no new significant impacts have been identified.

Kalyan Yelapu, the project's traffic engineer spoke explaining the mitigation measures established for the proposed project, except for the freeway, would reduce any impacts to traffic to a less than significant level. The freeway was still unmitigable, but this is the case with the existing specific plan.

Public Comment:

Ed Lopez – Regional Manager for SDGE, noted that SDG&E is working with the PPH and hoped to achieve agreement. He noted three concerns with regard to the proximity of the proposed hospital and heliport to the PEP and the choice of using an addendum: The cumulative air quality impacts of the whole ERTC site were not considered in the Addendum, only PA 4, the potential noise impacts and the safety of the heliport so close to the PEP plume. Mr. Lopez also felt that the Addendum did not have adequate notice or public review.

The Commission asked Mr. Lopez how wide the plume would be and what the impact with oxygen depletion would cause to nearby helicopter flights. Mr. Lopez responded he did not know.

Bill Hard – noted he is the chaplain for PPH and is encouraging the approval of the project to meet the future needs of the community and noted that the hospital provides many services to the community.

Wally Gutierrez: Stated he signed the petition which was provided to the Commission. He noted concern with the financing of building the new hospital, that the hospital could begin construction and not be able to complete the project to the detriment of the downtown facility.

Larry Michel – voiced his concerns regarding parking and provided the Commission with written comments.

Michael Stern – Indicated he lives in Poway and supports the proposal to provide for the future needs for the community and that it will be even more critical for the growing retiree population.

Mark Rodriguez – Raised concerns with the reconfigured PA 5, that between the relocation of the tower and the detention basin that it would be undevelopable, his concern that the PEP didn't consider a hospital use adjacent to the power plant with the potential bacterial impacts associated with the water cooling system and the plume. He also expressed the opinion that the CEC has not been responsive to violations during grading and construction of the site for the PEP.

Penny Ranftle – As President of the Poway Unified School District she encouraged the Commission to approve the amendment to keep the hospital in the community and noted that having such a facility would be critical to raising property values in the community.

Linda Vanderveen – Said she is a member of the Poway Unified School Board and she trusts the PPH board to make the right decision for the location of the hospital.

Harvey Mitchell – As CEO of the Chamber of Commerce, he supports the project and provided the Commission with a letter of recommendation for approval of the new hospital and encouraging PPH to redevelop the existing facility.

Kay Stuckhardt – Noted her support of the project and that she agreed with what the other speakers said in support of the project.

Robroy Fawcett - Signed the North County Health Care Coalition (NCHCC) petition opposing the project and noted inconsistencies with the agreement between PPH and JRMC. He also expressed the fear that JRMC had too much control over the project.

Gustavo Friederichsen – as the Chief Marketing Communications Offices of the PPH he noted his support of the project noting that the site as approved would allow uses that could be considered sensitive receptors such as day care centers, expressed confidence in working out the issues with SDG&E, and answered questions of the Commission.

Jack Reddick: - Noted that there are simple solutions for dealing with the problems that have been brought up by others regarding compatibility of the proposed use at the ERTC site. He voiced his opinion that delaying the project would cause the cost of the facility to increase and the cost of money is going up. As he has worked in construction he advised that many of the concerns could be included in a "punch list" to be worked out.

Gary Adler – As a medical carrier/pilot he noted that there are plumes near Carlsbad Airport and San Onofre and that skilled pilots can safely fly around these plumes. He offered his support for the project.

Jerry Kolins – Introduced himself as the medical director of labs for PPH and he supported the project he urged the Commission to vote to bring the vision of a state-of-the-art medical facility a reality.

Jim Vanderspek – Noted he had signed the NCHCC petition and spoke in support of redeveloping the existing site to accommodate the new hospital and felt it would be cost prohibitive to build the new hospital.

Jeff Switzer – Indicated opposition to the project citing the flawed environmental review.

Jerome Sinsky – Signed the NCHCC petition and felt the access to the site was inadequate. He felt the current hospital has easy access and despite the traffic study worried that emergency vehicles would have difficulty accessing the new site during peak traffic hours.

John Klauzar– Noted he is a resident on Allenwood adjacent to the project site and felt that the proposed facility was not compatible with the quiet residential neighborhood to the west and that the helicopter noise would be a negative impact to the residents.

David Martin – Noted his opposition citing parking and pollution associated with the site.

After the public hearing a lengthy discussion ensued among the Commissioners including the following general topics:

- The desire to keep the hospital in the City.
- A compromise is needed with the people downtown, revise the Development Agreement to include the 1,000 employees downtown
- 2 parking spaces per bed should be a requirement
- The Draft Development Agreement should have been available for Commission review
- The amendment and Development Agreement should provide an alternative should the project not be developed
- Some Commissioners expressed difficulty with making the findings of fact for approval noting consistency and not impacting the property values of adjacent properties
- The City Codes don't support the project as proposed with the level of environmental review performed
- PPH should have provided more public review of the Addendum – not enough evidence was included in the Addendum that there were no new or increased significant impacts
- There were a number of inconsistencies within the Specific Plan Amendment and with the original Specific Plan
- The process that PPH has proposed is expedient but not right
- Even with the extension of Citracado, and other improvements proposed with the project and Development Agreement, it may be difficult for patients to get to the hospital during peak traffic hours
- The DRB would have a diminished role in the process, there seems to be a double standard between how this project is being processed and how other projects are processed
- The incompatibility of the use both inside and outside the ERTC especially with regard to noise and air quality.
- If the hospital was located in the ERTC first would they find the power plant to be a compatible use?
- That the decision to prepare an addendum might get different answers depending on who was asked.
- Whether the original EIR analyzed the air quality impacts of the power plant to sensitive receptors and noted that that analysis would have been for long exposures rather than the short term exposures of hospital patients

- The parking requirements and calculations based on the proposed square footage vs. the number quoted in the document were not consistent. Whether a parking ratio was established, and if so that would be the best calculator for provision of parking.
- The TDM measures would have to be monitored closely by NCTD to be effective and that the goal would be to reduce parking and use mass transit, not mandate policies that can be used. Whether the minimum 10% landscaping required by the specific plan and he wondered how that would be achieved with so much concrete and asphalt etc. The need to clarify the status of the purchase of the property from JRMC, that it appeared that if the project was delayed, JRMC could demand the property back.
- Concerns with the findings with regard to traffic, the preferred routes, and the potential for considerable delays for emergency vehicles during peak traffic hours.

**Robroy R. Fawcett**

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CITY OF ESCONDIDO  
CITY CLERK'S OFFICE

3005 FEB -2 P 2: 22

February 2, 2006

Escondido City Council  
201 North Broadway  
Escondido, CA 92025

Re: ERTC Specific Plan Amendment & ERTC EIR Addendum

Dear Mayor and City Council Members,

The ERTC Specific Plan Amendment and the EIR Addendum presented by Palomar Pomerado Health fail to respect the integrity of the compromise reached by the parties last August. The compromise was for the City of Escondido to allow hospital uses all of the acreage PPH was purchasing in the ERTC, and for PPH to partner with the City to make long-term improvement to infrastructure, including Citracado Parkway, and to enter into a development agreement for the downtown facility.

In addition to building a hospital in the ERTC, PPH now has ambitions to be a landlord for medical office buildings in the ERTC. PPH does not have title to most of the property on which it proposes building the hospital in the ERTC. The title resides in the hands of JRM-ERTC. To obtain title to the property, PPH must enter into a development agreement with JRM-ERTC to allow JRM-ERTC to develop up to 300,000 square feet of medical office building space and accompanying parking on the land to be acquired by PPH. These proposed private developer medical office buildings are an attack on the integrity of the August compromise.

In his letter dated August 18, 2005, the PPH Board Chairman wrote "[t]he new campus will feature an acute care hospital, trauma and emergency services in addition to oncology, cardiology and women's centers of excellence. As the North County's population continues to age, their health needs will become more acute and require highly specialized care as well. It is for these reasons that we cannot repeat mistakes made by other health systems. We must have the acreage needed to allow for necessary expansion."

The Chairman's letter had no hint of the need of acreage for private developer medical office buildings. And the attached "Master Plan" with a map of building and parking locations that was provided to the ad hoc Hospital Site Subcommittee failed to provide any hint of private developer medical office buildings on the ERTC site. The attached Tables 7-1 and 7-2 from the ERTC EIR Addendum indicates that all of the increased traffic for proposed Planning Area 4 will be generated by the private developer medical office buildings.



Further, all square footage limits have been removed for proposed Planning Area 4, as shown in attached pages 10 and 11 from the SPA. At the time of the compromise, the PPH's Facility Master Plan showed 811,200 square feet of building space for the new facility, including support services, as shown on attached page 2-3. The unlimited building space proposal for Planning Area 4 is another attack on the integrity of the August compromise.

Regarding, Citracado Parkway, PPH proposes extension only to Valley Parkway. Valley Parkway at a location between Citracado and I-15 is only 2 lanes! Failure to complete Citracado Parkway to I-15 is another attack on the August compromise.

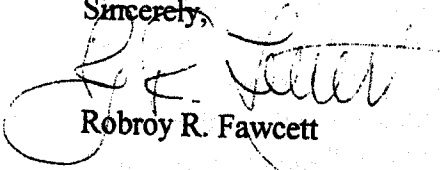
Finally, PPH promised the City of Escondido that it would undertake a redevelopment effort for the existing downtown site. The redevelopment effort included the construction of a large hospital expansion to the east of the current hospital buildings at PMC as shown in the attached Master Plan. Without completion of the redevelopment effort by PPH, it is likely that the move of the hospital, and associated medical offices and support businesses, will result in urban decay and blight in the downtown areas surrounding the existing hospital. The potential for urban decay is not address in the ERTC EIR addendum as required by the California Environmental Quality Act. See, Citizens Assn. For Sensible Development of Bishop Area v. County of Inyo (1985) 172 Cal.App.3d 151 , 217 Cal.Rptr. 893, and Bakersfield Citizens for Local Control v. City of Bakersfield (Panama 99 Properties) (2004), Cal.App. 4<sup>th</sup>.

PPH has indicated that it wants to sign a Memorandum of Understanding rather than a Development Agreement for the existing site redevelopment effort. Failure to enter into a binding Development Agreement for the redevelopment effort for the downtown site, or alternatively, failure to address the potential for urban decay and blight in the downtown areas surrounding the existing hospital, are additional attacks on the integrity of the August compromise.

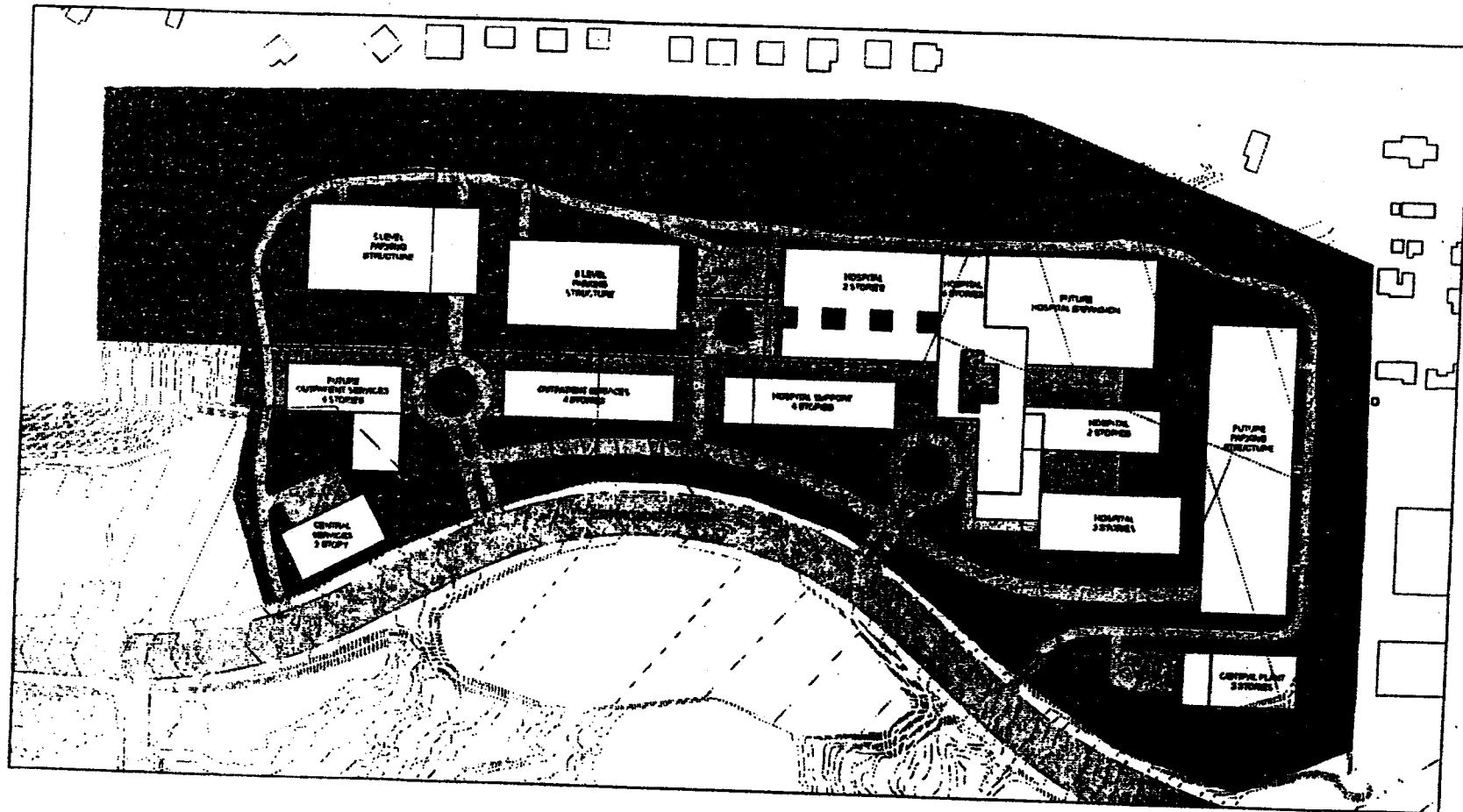
In summary, PPH and the Escondido City Council should respect the integrity of the August compromise. If a hospital is allowed in the ERTC, only a hospital and hospital support buildings, on the order of 800,000 square feet, should be allowed in proposed Planning Area 4 of the ERTC. Citracado Parkway should be completed to I-15. And PPH should enter into a binding agreement requiring a redevelopment effort for the existing downtown site, or PPH should prepare an EIR, with ample public input, that addresses the potential for urban decay and blight in the downtown area resulting from the hospital move.

Thank you for consideration of my comments. Please contact me if you have any questions.

Sincerely,

  
Robroy R. Fawcett

cc: City Attorney, Jeffrey R. Epp, Esq.  
City Manager, Clay Phillips  
Director of Planning, Jonathan Brindle, AICP



PALMER-POTTER HEALTH  
A Division of Palmetto Health



# MASTERPLAN

JULY 26, 2006

Palmer Medical Center West

ARCHER+ALLEN ARCHITECTS

10000 W. 10th Avenue, Suite 100, Denver, CO 80202

**TABLE 7-1  
TRIP GENERATION SUMMARY**

Use	Size	Daily Trip Ends (ADT)		AM Peak Hour					PM Peak Hour				
		Rate	Volume	% Of ADT	In:Out		Volume		% OF ADT	In:Out		Volume	
					Split		In	Out		Split		In	Out
<b>Medical Facility<sup>1</sup></b>													
Hospital	453 beds	20 / bed	9,060	8%	70%	30%	507	217	10%	40%	60%	362	544
Medical Office	160 KSF	50 / KSF	8,000	6%	80%	20%	384	96	11%	30%	70%	264	616
<b>Total</b>			<b>17,060</b>	—	—	—	<b>891</b>	<b>313</b>	—	—	—	<b>626</b>	<b>1,160</b>

Footnotes:

1. Generation rates obtained from the SANDAG Brief Guide (April 2002).
2. KSF = 1,000 Square Foot

**TABLE 7-2  
Project Trip Generation Comparison**

Use	Size	Daily Trip Ends (ADT)		AM Peak Hour					PM Peak Hour				
		Rate	Volume	% Of ADT	In:Out		Volume		% OF ADT	In:Out		Volume	
					Split		In	Out		Split		In	Out
<b>A. Industrial / Business Park<sup>1</sup></b>	631,900 SF	16 / KSF	10,110	12%	80%	20%	971	243	12%	20%	80%	243	971
<b>Total</b>			10,110	—	—	—	971	243	—	—	—	243	971
<b>B. Medical Facility<sup>2</sup></b>													
Hospital	453 beds	20 / bed	9,060	8%	70%	30%	507	217	10%	40%	60%	362	544
Medical Office	160 KSF	50 / KSF	8,000	6%	80%	20%	384	96	11%	30%	70%	264	616
<b>Total</b>			<b>17,060</b>	—	—	—	<b>891</b>	<b>313</b>	—	—	—	<b>626</b>	<b>1,160</b>

NOTES:

1. Source: LLG Traffic Study for the ERTC, 11/9/02. (PA 4 & PA 5) ✓
2. Rates based on SANDAG's "Brief Guide to Vehicular Traffic Generation Rates for the San Diego Region", April 2002.

$$\frac{8,000}{17,060} = 47\%$$

**Building Data**

<b>Planning Area 1</b>		
Building A	(1st Floor)	
Building B	(1st Floor)	
Building C	(1st Floor)	
Building D	(1st Floor)	
<b>Subtotal Total Building</b>		
<b>Area Planning Area 1</b>		

<b>Planning Area 2</b>		
Building A	33,000 SF (1st Floor)	31,400 SF
Building B	33,000 SF (1st Floor)	33,000 SF
Building C	54,000 SF (1st Floor) + 4,000 SF (Mezz)	56,000 SF
Building D	49,800 SF (1st Floor) + 4,000 SF (Mezz)	53,800 SF
<b>Subtotal Total Building</b>		174,200 SF
<b>Area Planning Area 2</b>		

<b>Planning Area 3</b>		
Building A	18,600 SF (1st Floor)	18,600 SF
Building B	18,600 SF (1st Floor)	18,600 SF
Building C	18,600 SF (1st Floor)	18,600 SF
Building D	18,600 SF (1st Floor)	18,600 SF
<b>Subtotal Total Building</b>		74,400 SF
<b>Area Planning Area 3</b>		

<b>Planning Area 4</b>		
Building A	20,000 SF (2 Floors)	40,000 SF
Building B	20,000 SF (3 Floors)	60,000 SF
Building C	20,000 SF (4 Floors)	80,000 SF
Building D	20,000 SF (5 Floors)	100,000 SF
<b>Subtotal Total Building</b>		280,000 SF
<b>Area Planning Area 4*</b>		See Concept Site Plan Exhibit 5A

No  
\* limits!

<b>Planning Area 5</b>		
Building A	24,000 SF (2 Floors)	48,000 SF
Building B	20,600 SF (3 Floors)	41,200 SF
Building C	200,000 SF (1st Floor)	200,000 SF
Building D	18,900 SF (1st Floor)	18,900 SF
Building E	22,400 SF (1st Floor)	22,400 SF
Building F	21,400 SF (1st Floor)	21,400 SF
<b>Subtotal Total Building</b>		351,900 SF
<b>Area Planning Area 5*</b>		32,600 SF

<b>Planning Area 6</b>			
Building A	33,000 SF (1st Floor)		28,000 SF
Building B	33,000 SF (1st Floor)		28,000 SF
<b>Subtotal Total Building Area Planning Area 6</b>			<b>56,800 SF</b>

<b>Planning Area 7</b>			
Building A	26,600 SF (1st Floor)	+	2,000 SF (Mezz) 28,600 SF
Building B	24,300 SF (1st Floor)	+	2,000 SF (Mezz) 26,300 SF
Building C	30,700 SF (1st Floor)	+	2,000 SF (Mezz) 32,700 SF
Building D	19,600 SF (1st Floor)	+	2,000 SF (Mezz) 21,600 SF
Building E	19,600 SF (1st Floor)	+	2,000 SF (Mezz) 21,600 SF
Building F	21,400 SF (1st Floor)	+	2,000 SF (Mezz) 23,400 SF
Building G	22,400 SF (1st Floor)	+	2,000 SF (Mezz) 24,400 SF
Building H	21,200 SF (1st Floor)	+	2,000 SF (Mezz) 23,200 SF
<b>Subtotal Total Building Area Planning Area 7</b>			<b>201,800 SF</b>

<b>Planning Area 8</b>			
Building A	8,400 SF (1st Floor)		8,400 SF
Building B	15,400 SF (1st Floor)		15,400 SF
Building C	23,400 SF (1st Floor)	+	2,000 SF (Mezz) 25,400 SF
Building D	23,400 SF (1st Floor)	+	2,000 SF (Mezz) 25,400 SF
Building E	15,100 SF (1st Floor)		15,100 SF
<b>Subtotal Total Building Area Planning Area 8</b>			<b>89,700 SF</b>

\*If a hospital/medical campus is not developed and a lot line adjustment is approved, a total of 599,300 square feet of business park uses are permitted within the 17.37 net acres that comprised Planning Area 4 and 32,600 square feet of business park uses are permitted within the 4.8 net acres that comprise Planning Area 5.

#### 4. Architectural Design (Planning Areas 1, 2, 3, 5, 6, 7 and 8)

Design strategies contained in this section describe in graphic and written form the application of primary and secondary design elements. Creative use of these strategies by design professionals will lead to a distinctive yet unified business park environment.

The following diagrams and text illustrate building, site and landscape components intended to define a palette from which designers can create unique yet cohesive design solutions. This approach will foster creative solutions applied to a variety of building types achieved within the aesthetic structure contained in these guidelines.

The aesthetic character of the architecture relies on simplicity of scale, massing, proportion, articulation, color and texture. The success of an individual composition will be due to the individual design professional's creative application of the following concepts:

*what?  
Clarified  
needed!*

## Space Program Summary

Group #	Group Name	Key Room Driver		TOTAL	NSF	Grossing Factor	TOTAL DGSF
		# of Rooms	Room Type				
	<b>Administrative Services</b>						
1	Administration						
2	Admitting			3,270	1.35		4,500
3	Conference/Education/Resource Center			3,010	1.40		4,300
4	Health Information Services			3,770	1.35		5,100
	HIS-PBX			2,950	1.35		4,000
5	Human Resources			520	1.35		700
6	Medical Staff Services			2,200	1.35		3,000
7	Quality Mgmt./Clinical Resource Mgmt.			2,285	1.35		3,100
	<b>Diagnostic &amp; Treatment Services</b>			1,960	1.30		2,550
8	Cardiac Rehabilitation						
9	Cardiology Services			3,255	1.40		4,600
	Outpatient Diag. Center-Non Invasive Cardiodiagnostics						
10	Emergency Services	42	Exam	1,200	1.50		1,800
	Observation Unit	24	Positions	18,760	1.60		30,000
11	Employee & Corporate Health	7	Exam	5,060	1.60		8,100
12	Imaging/Interventional Radiology	17	Exam	2,470	1.45		3,600
13	Interventional Platform		Procedure	15,402	1.60		24,600
	<b>Surgical Services</b>	12	Procedure	13,145	1.65		21,700
	Cardiology & Radiology			6,750	1.70		11,500
	Clean Procedures	3	Procedure	1,830	1.65		3,000
	Ancillary Support			2,225	1.65		3,700
	Perioperative Services/Periop. Care Unit	47	Positions	10,870	1.60		17,400
	Perioperative Services/Pre-Admit Testing	4	Exam	1,585	1.40		2,200
	Admin. & Amenities			6,260	1.40		8,800
14	Laboratory Services			14,000	1.30		18,200
15	Neurodiagnostics/Pulmonary/Respiratory			890	1.50		1,300
	Outpatient Diag. Center-Shared Support			3,920	1.50		5,800
	Respiratory Therapy			1,980	1.45		2,900
16	Rehabilitation Services						
	Inpatient Rehabilitation			3,320	1.45		4,800
	Outpatient Rehabilitation			7,195	1.45		10,400
	<b>Inpatient Services</b>						
17	Intensive Care Unit	60	Beds	30,970	1.60		49,600
18	Medical/Surgical	240	Beds	94,100	1.60		150,600
19	Step-Down/IMC/Telemetry	60	Beds	23,550	1.60		37,600
20	L&D/Postpartum/Women's Services Program						
	Labor & Delivery	17	Rooms	12,315	1.65		20,300
	Postpartum	44	Beds	16,040	1.60		25,700
	Women's Outpatient Center	14	Treatment	8,490	1.45		12,300
	L&D Floor Support			4,370	1.60		7,000
21	NICU/Peds	12 + 16	Beds	17,631	1.40/1.60		26,700
	<b>Total Beds</b>	432 *	* Excludes L&D Rooms				
	<b>Support Services</b>						
22	Biomedical Engineering			1,485	1.35		2,000
23	Environmental Services Department			3,866	1.20		4,600
24	Facility/Engineering			5,000	1.35		6,800
25	Food Services			23,654	1.20		29,200
26	Gift Shop/Auxiliary			2,700	1.30		3,500
27	Morgue			948	1.35		1,300
28	Pharmacy			4,550	1.35		6,100
29	Security			1,065	1.30		1,400
30	Sterile Processing Department			6,266	1.20		7,520
31	Supply Chain Management Department			6,831	1.20		8,200
	<b>TOTAL</b>			403,851			612,220
	Building Grossing Factor						1.325
	<b>TOTAL BGSF</b>						811,200

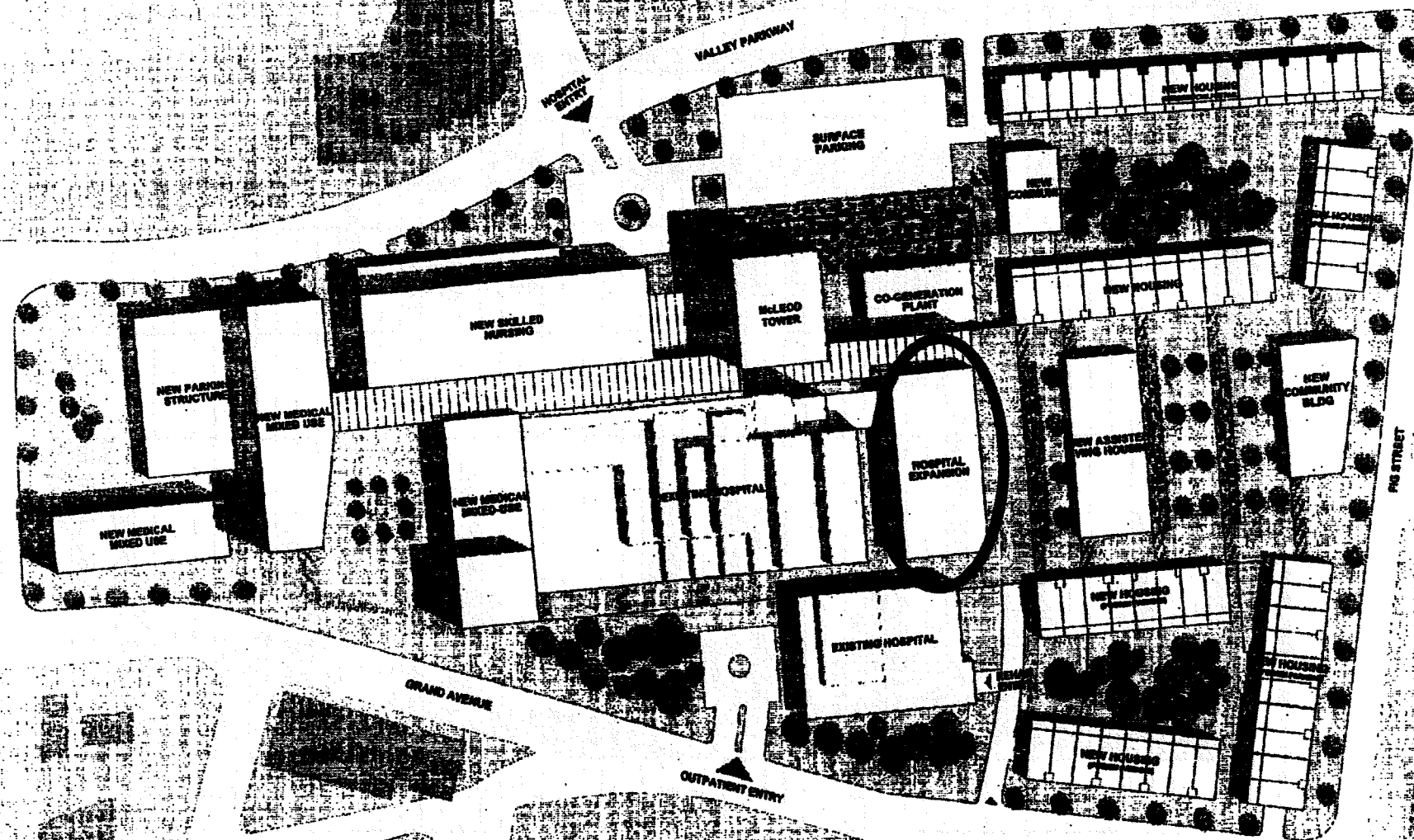


PALOMAR POMERADO HEALTH

A California Health Care District

Facilities Master Plan

# MASTER PLAN



BUDDIE E. GRAN  
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January 30, 2006

NORTH COUNTY TIMES  
SAN DIEGE UNION TRIBUNE  
ESCONDIDO PLANING COMISSION  
ESCONDIDO CITY COUNCIL

### HOSPITAL WITH CHILD DAY CARE CENTER NEXT TO POWER PLANT

Article in North County Times.

Energy Regulators approved Power Plant under assumption it would be possible to build child day care center closer than Hospital.

- #1 the assumption that anyone in his or her right mind would build child day care center next to Power Plant in the first place has to be a little different.
- #2 the assumption there will be no other source of pollution in this area needs to read Power Plant Environmental report at Escondido Planning Commission it is available to the public.
- #3 the assumption that area will meet California air pollution standards prior to approving Power Plant to be built.
- #4 Escondido has not met California Ozone or PM10/PM2.5 fine particulate matter Pollution controls since 1997, what is wrong here?
- #5 the assumption that huge pieces of toxic material that is falling over area that Hospital and Child Care Center to be built, the City Council will negate this somehow.

Why has the Media disappeared! I guess they have no one that reads

The area that Power Plant and Hospital will operate has the highest ozone depletion and the highest PM10/PM2.5 Fine Particulate Matter Pollution than any area in Escondido, the City of Escondido has not met pollution controls for California from 1997 to present, and this is prior to approval or construction of Power Plant.

Environmental report for Power Plant so bad that Power Plant Had to pay 1.5 Million Dollars and purchase hundreds of acres of offset land to enable SDGE/SENPRA POWER PLANT THE PRIVILAGE TO POLLUTE OVER ESCONDIDO.

First Escondido city council had to vote YES, THEY ALL DID than SDGE/SEMPRA GAVE \$100,000.00 TO California Center for the Arts each year for twenty years a total of 2 million dollars, you make up your own mind what the 2 Million Dollars for Arts Center was for.

Next Page



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### CHILD DAY CARE CENTER NEXT TO POWER PLANT

When Power Plant begins operations 2006 Escondido will never meet Ozone or PM10/PM2.5 fine particulate matter Environmental standards just read Power Plant Environmental report.

Would you have your child attend a child day care center next to 3881 pounds of pollution every day from Power Plant, than go outside and play in 2 tons of pollution every day from Power Plant that did not meet Federal or California Environmental Standards before first shovel of dirt moved to build Power Plant?

The bad pollution PM10/PM2.5 fine particulate matter the highest levels in Escondido now add 681 pounds every day, and now between 1000 and 5000 pounds a day next to child day care.

Is this a place a person will want to go sick or healthy? Not good for anyone?

Why are they not asking these QUESTIONS, do you want your children to breathe this, or parents, grandparent? Great grandparent and any close family member on the way to hospital, I think not.

Imagine having Asthma, Heart problems or any number medical problems that will be affected by pollution of this magnitude that Escondido City Council has allowed over Escondido.

The Hospital Board and the hundreds of people they have hired to push Business park location on residents and unable to see beyond their pocketbook and financial gains is a disgrace to North County Residents.

The Hospital Board, Engineers, Designers, Architects and Developers, we are the only ones that count.

The North County Residents that pay for this are nothing.

BUDDIE E GRAN

