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

| | |
|---|---|
| Facility Number: | 10475 |
| Facility Name: | Anaheim Regional Medical Center |
| Address: | 3033 W. Orange Ave. |
| City: | Anaheim |

| | |
|---|---|
| Hospital Owner/Licensee: | Prime Healthcare Anaheim, LLC |
| Year of Reporting: | 2010 |
| Contact 1 e-mail Address: | |
| Contact 2 e-mail Address: | |
| Contact 3 e-mail Address:: | |
| Name of Submitter: | Puchlik Design Associates |
| Submission Date: | 1/19/2011 2:19:39 PM |

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding 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 |
|---|---|---|---|---|---|---|
| 01 | Main Hospital | 3033 W. Orange Ave. | Retrofit | SPC2 | 01/01/2013 | 12/01/2012 |

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

Building No: 01 | Main Hospital | Retrofit/Replacement Project: | Hazus-Planned

| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|---|---|---|---|---|---|---|---|---|---|
| 10475 | HL091590 | 0 | | 07/29/2009 | | 06/01/2011 | | OPEN | No |
| 10475 | SL091130 | 0 | | 06/04/2009 | 06/09/2010 | 09/15/2010 | | OPEN | No |

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

Building Number: 01 Building Name: Main Hospital

**Type of Service Provided**

| | | | | | |
|---|---|---|---|---|---|
| [X] | Nursing | Inpatient Beds | 33 | Inpatient Days | 4789 |
| [ ] | IntensiveCare | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] | Pediatric/Adolescent | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] | Psychiatric Nursing | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Inpatient Days | 0 |
| [ ] | Intermediate Care | Inpatient Beds | 0 | Inpatient Days | 0 |
| [X] | Skilled Nursing | Inpatient Beds | 22 | Inpatient Days | 0 |

Total Beds this Building: **55**

| | | | |
|---|---|---|---|
| [X] | Surgical | [ ] | Obstetrical Recovery |
| [X] | Anesthesia | [ ] | Newborn/ WellBaby |
| [X] | Clinical Lab | [X] | Emergency |
| [X] | Radiological/ Imaging | [X] | Nuclear Medicine |
| [X] | Pharmaceutical | | |
| [X] | Dietetic | [X] | Rehabilitation Therapy |
| [ ] | Administration | [ ] | Renal Dialysis |
| [X] | Support Services | [X] | Outpatient Surgery |
| [ ] | Obstetrical Cesarean/Deliv | [X] | Central Plant |

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

**Building Number:** 01 **Building Name:** Main Hospital

**Medical / Surgical (Include GYN)**

Inpatient Bed: 33 Inpatient Days: 4789

**Acute Respiratory Care**

Inpatient Bed: 0 Inpatient Days: 0

**Acute Psychiatric**

Inpatient Bed: 0 Inpatient Days: 0

**Perinatal (excluse Newborn / GYN)**

Inpatient Bed: 0 Inpatient Days: 0

**Burn**

Inpatient Bed: 0 Inpatient Days: 0

**Skilled Nursing**

Inpatient Bed: 22 Inpatient Days: 0

**Pediatric**

Inpatient Bed: 0 Inpatient Days: 0

**intensive Care Newborn Nursery**

Inpatient Bed: 0 Inpatient Days: 0

**Intermediate Card**

Inpatient Bed: 0 Inpatient Days: 0

**Intensive Care**

Inpatient Bed: 0 Inpatient Days: 0

**Rehabilitation Center**

Inpatient Bed: 0 Inpatient Days: 0

**Int. Care / development Disabled**

Inpatient Bed: 0 Inpatient Days: 0

**Coronary Care**

Inpatient Bed: 0 Inpatient Days: 0

**Chemical Dependency**

Inpatient Bed: 0 Inpatient Days: 0

**Total Beds this Building Per Unit:** 55

**Total Beds this Building Per Service:** 0

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

| Building Number | Building Name | Building to be Removed |
|---|---|---|
| 01 | Main Hospital | |
| 02 | Phase I - 1 Story Addition | |
| 02A | Entry Canopy | |
| 03 | Phase I - Tower Addition | |



**Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)**

Building Number: 01 Building Name: Main Hospital

**Type of Service Provided**

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [X] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [X] Nuclear Medicine
- [X] Rehabilitation Therapy
- [ ] Renal Dialysis
- [X] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Main Hospital

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [X] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [X] Nuclear Medicine
- [X] Rehabilitation Therapy
- [ ] Renal Dialysis
- [X] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 02 Building Name: Phase I - 1 Story Addition

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [X] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [X] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 02A

Building Name: Entry Canopy

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [X] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 03 Building Name: Phase I - Tower Addition

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [X] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [X] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [X] Support Services

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)**

Building Number: 02 Building Name: Phase I - 1 Story Addition

**Type of Service Provided**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ☐ | Nursing | Inpatient Beds: 0 | ☐ | Surgical | | ☐ | Obstetrical Cesarean/Deliv | ☒ | Rehabilitation Therapy |
| ☐ | IntensiveCare | Inpatient Beds: 0 | ☐ | Anesthesia | | | | | |
| ☐ | Pediatric/Adolescent | Inpatient Beds: 0 | ☐ | Clinical Lab | | ☐ | Obstetrical Recovery | ☐ | Renal Dialysis |
| ☐ | Psychiatric Nursing | Inpatient Beds: 0 | ☐ | Radiological/ Imaging | | ☐ | Newborn/ WellBaby | ☐ | Outpatient Surgery |
| ☐ | Obstetrical Ante/Postprtum | Inpatient Beds: 0 | ☐ | Pharmaceutical | | ☐ | Emergency | ☐ | Central Plant |
| ☐ | Intermediate Care | Inpatient Beds: 0 | ☐ | Dietetic | | ☐ | Nuclear Medicine | ☒ | Support Services |
| ☐ | Skilled Nursing | Inpatient Beds: 0 | ☐ | Administration | | | | | |

Total Beds this Building: 0

**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: **02A** Building Name: **Entry Canopy**

**Type of Service Provided**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ☐ | Nursing | Inpatient Beds: 0 | ☐ | Surgical | ☐ | Obstetrical Cesarean/Deliv | ☐ | Rehabilitation Therapy |
| ☐ | IntensiveCare | Inpatient Beds: 0 | ☐ | Anesthesia | | | | |
| ☐ | Pediatric/Adolescent | Inpatient Beds: 0 | ☐ | Clinical Lab | ☐ | Obstetrical Recovery | ☐ | Renal Dialysis |
| ☐ | Psychiatric Nursing | Inpatient Beds: 0 | ☐ | Radiological/ Imaging | ☐ | Newborn/ WellBaby | ☐ | Outpatient Surgery |
| ☐ | Obstetrical Ante/Postprtum | Inpatient Beds: 0 | ☐ | Pharmaceutical | ☐ | Emergency | ☐ | Central Plant |
| ☐ | Intermediate Care | Inpatient Beds: 0 | ☐ | Dietetic | ☐ | Nuclear Medicine | ☒ | Support Services |
| ☐ | Skilled Nursing | Inpatient Beds: 0 | ☐ | Administration | | | | |

Total Beds this Building: 0

**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: **03** Building Name: **Phase I - Tower Addition**

**Type of Service Provided**

| | | | |
|---|---|---|---|
| [X] | Nursing | Inpatient Beds | 114 |
| [X] | IntensiveCare | Inpatient Beds | 20 |
| [ ] | Pediatric/Adolescent | Inpatient Beds | 0 |
| [X] | Psychiatric Nursing | Inpatient Beds | 30 |
| [ ] | Obstetrical Ante/Postprtum | Inpatient Beds | 0 |
| [ ] | Intermediate Care | Inpatient Beds | 0 |
| [ ] | Skilled Nursing | Inpatient Beds | 0 |

Total Beds this Building: 164

| | | | |
|---|---|---|---|
| [ ] | Surgical | [ ] | Obstetrical Cesarean/Deliv |
| [ ] | Anesthesia | [ ] | Obstetrical Recovery |
| [ ] | Clinical Lab | [ ] | Newborn/ WellBaby |
| [ ] | Radiological/ Imaging | [ ] | Emergency |
| [ ] | Pharmaceutical | [ ] | Nuclear Medicine |
| [ ] | Dietetic | [X] | Administration |

| | | | |
|---|---|---|---|
| [ ] | Rehabilitation Therapy | [X] | Renal Dialysis |
| [ ] | Outpatient Surgery | [ ] | Central Plant |
| [X] | Support Services | | |

**Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)**

**Building Number:** 02 **Building Name:** Phase I - 1 Story Addition

| | Inpatient Bed | Inpatient Days |
|---|---|---|
| **Medical / Surgical (Include GYN)** | 0 | 0 |
| **Acute Respiratory Care** | 0 | 0 |
| **Acute Psychiatric** | 0 | 0 |
| **Perinatal (excluse Newborn / GYN)** | 0 | 0 |
| **Burn** | 0 | 0 |
| **Skilled Nursing** | 0 | 0 |
| **Pediatric** | 0 | 0 |
| **intensive Care Newborn Nursery** | 0 | 0 |
| **Intermediate Card** | 0 | 0 |
| **Intensive Care** | 0 | 0 |
| **Rehabilitation Center** | 0 | 0 |
| **Int. Care / development Disabled** | 0 | 0 |
| **Coronary Care** | 0 | 0 |
| **Chemical Dependency** | 0 | 0 |

**Total Beds this Building Per Unit:** 0

**Total Beds this Building Per Service:** 0

**Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)**

**Building Number:** 02A **Building Name:** Entry Canopy

**Medical / Surgical (Include GYN)**
Inpatient Bed: 0 Inpatient Days: 0

**Acute Respiratory Care**
Inpatient Bed: 0 Inpatient Days: 0

**Acute Psychiatric**
Inpatient Bed: 0 Inpatient Days: 0

**Perinatal (excluse Newborn / GYN)**
Inpatient Bed: 0 Inpatient Days: 0

**Burn**
Inpatient Bed: 0 Inpatient Days: 0

**Skilled Nursing**
Inpatient Bed: 0 Inpatient Days: 0

**Pediatric**
Inpatient Bed: 0 Inpatient Days: 0

**intensive Care Newborn Nursery**
Inpatient Bed: 0 Inpatient Days: 0

**Intermediate Card**
Inpatient Bed: 0 Inpatient Days: 0

**Intensive Care**
Inpatient Bed: 0 Inpatient Days: 0

**Rehabilitation Center**
Inpatient Bed: 0 Inpatient Days: 0

**Int. Care / development Disabled**
Inpatient Bed: 0 Inpatient Days: 0

**Coronary Care**
Inpatient Bed: 0 Inpatient Days: 0

**Chemical Dependency**
Inpatient Bed: 0 Inpatient Days: 0

**Total Beds this Building Per Unit:** 0

**Total Beds this Building Per Service:** 0

**Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)**

**Building Number:** 03 **Building Name:** Phase I - Tower Addition

| | Inpatient Bed | Inpatient Days |
|---|---|---|
| **Medical / Surgical (Include GYN)** | 114 | 16546 |
| **Acute Respiratory Care** | 0 | 0 |
| **Acute Psychiatric** | 30 | 7634 |
| **Perinatal (excluse Newborn / GYN)** | 0 | 0 |
| **Burn** | 0 | 0 |
| **Skilled Nursing** | 0 | 0 |
| **Pediatric** | 0 | 0 |
| **intensive Care Newborn Nursery** | 0 | 0 |
| **Intermediate Card** | 0 | 0 |
| **Intensive Care** | 10 | 4351 |
| **Rehabilitation Center** | 0 | 0 |
| **Int. Care / development Disabled** | 0 | 0 |
| **Coronary Care** | 10 | 0 |
| **Chemical Dependency** | 0 | 0 |

**Total Beds this Building Per Unit:** 164

**Total Beds this Building Per Service:** 0