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

Facility Number:	12047
Facility Name:	Sherman Oaks Hospital
Address:	4929 Van Nuys Blvd.
City:	Sherman Oaks

Hospital Owner/Licensee:	Prime Healthcare Services II, LLC
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	sobin-Harte Architests
Submission Date:	1/19/2011 3:50:34 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	01 Orig Bldg Complex & 02 Addition	4929 Van Nuys Blvd.	Retrofit	SPC2	01/01/2013	01/01/2013

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 | 01 Orig Bldg Complex & 02 Addition | 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
12047	HL073024	0		01/09/2008		11/23/2011	07/30/2014	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: 01 Orig Bldg Complex & 02 Addition

Type of Service Provided

[X]	Nursing	Inpatient Beds	66	Inpatient Days	13220
[ ]	IntensiveCare	Inpatient Beds	0	Inpatient Days	0
[ ]	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
[X]	Psychiatric Nursing	Inpatient Beds	19	Inpatient Days	365
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
[ ]	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
[ ]	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: **85**

[X]	Surgical	[ ]	Obstetrical Recovery
[X]	Anesthesia	[ ]	Newborn/ WellBaby
[ ]	Clinical Lab	[X]	Emergency
[X]	Radiological/ Imaging	[X]	Nuclear Medicine
[ ]	Pharmaceutical		
[X]	Dietetic	[ ]	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:** 01 Orig Bldg Complex & 02 Addition

Medical / Surgical (Include GYN)

Inpatient Bed: 66 Inpatient Days: 1322 0

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 19 Inpatient Days: 365

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: 85

Total Beds this Building Per Service: 85

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	01 Orig Bldg Complex & 02 Addition	
03	Burn Center Building	



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: 01 Orig Bldg Complex & 02 Addition

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [X] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [ ] Clinical Lab
- [X] Radiological/ Imaging
- [ ] Pharmaceutical
- [X] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [X] Nuclear Medicine
- [ ] 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: 01 Orig Bldg Complex & 02 Addition

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [X] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [ ] Clinical Lab
- [X] Radiological/ Imaging
- [ ] Pharmaceutical
- [X] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [X] Nuclear Medicine
- [ ] 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: 03 Building Name: Burn Center Building

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [X] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [X] 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: 03 Building Name: Burn Center Building

Type of Service Provided

[X]	Nursing	Inpatient Beds	30
[X]	IntensiveCare	Inpatient Beds	16
[ ]	Pediatric/Adolescent	Inpatient Beds	0
[ ]	Psychiatric Nursing	Inpatient Beds	0
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0
[ ]	Intermediate Care	Inpatient Beds	0
[X]	Skilled Nursing	Inpatient Beds	22

Total Beds this Building: 68

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

Report Status: **Data Last Update:** 01/19/2011 **Submission Date:** 01/19/2011 **Print Date:** 1/20/2011 8:38 AM

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:** Burn Center Building

	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	30	2989
Skilled Nursing	22	0
Pediatric	0	0
intensive Care Newborn Nursery	0	0
Intermediate Card	0	0
Intensive Care	8	3410
Rehabilitation Center	0	0
Int. Care / development Disabled	0	0
Coronary Care	8	0
Chemical Dependency	0	0

Total Beds this Building Per Unit: 68

Total Beds this Building Per Service: 68