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

Facility Number:	12088
Facility Name:	Coast Plaza Doctors Hospital
Address:	13100 S. Studebaker Rd.
City:	Norwalk

Hospital Owner/Licensee:	Mark Pelham - Facility Manager
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	Mark Pelham
Submission Date:	1/27/2011 1:00:00 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
05	Telephone Equipment Building	13100 S. Studebaker Rd.	Retrofit	SPC2	01/01/2013	12/12/2012



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

Building Number: 05 Building Name: Telephone Equipment Building

Type of Service Provided

☐	Nursing	Inpatient Beds	0	Inpatient Days	0
☐	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
☐	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: 0

☐	Surgical	☐	Obstetrical Recovery
☐	Anesthesia	☐	Newborn/ WellBaby
☐	Clinical Lab	☐	Emergency
☐	Radiological/ Imaging	☐	Nuclear Medicine
☐	Pharmaceutical		
☐	Dietetic	☐	Rehabilitation Therapy
☐	Administration	☐	Renal Dialysis
☒	Support Services	☐	Outpatient Surgery
☐	Obstetrical Cesarean/Deliv	☐	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: 05 **Building Name:** Telephone Equipment Building

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

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	Original Building	
02	Lobby & Dietary Addition	
03	X-ray Entry	
04	OR Addition	
05	Telephone Equipment 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: 05 Building Name: Telephone Equipment Building

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: 01 Building Name: Original Building

Configuration : N/A

Type of Service Provided

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

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: Lobby & Dietary Addition

Configuration: N/A

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
- ☐ 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: X-ray Entry

Configuration : N/A

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
- ☐ 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: 04 Building Name: OR Addition

Configuration: N/A

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
- ☐ 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: 05 Building Name: Telephone Equipment Building

Configuration : N/A

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

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: **01** Building Name: **Original Building**

Type of Service Provided

[X]	Nursing	Inpatient Beds	93
[X]	IntensiveCare	Inpatient Beds	11
[ ]	Pediatric/Adolescent	Inpatient Beds	0
[ ]	Psychiatric Nursing	Inpatient Beds	0
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0
[X]	Intermediate Care	Inpatient Beds	13
[ ]	Skilled Nursing	Inpatient Beds	0
	Total Beds this Building		117

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

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

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: **Lobby & Dietary Addition**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	Inpatient Beds	0	
☐ Psychiatric Nursing	Inpatient Beds	0	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	
☐ Intermediate Care	Inpatient Beds	0	
☐ Skilled Nursing	Inpatient Beds	0	
Total Beds this Building		0	

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

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: **X-ray Entry**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	Inpatient Beds	0	
☐ Psychiatric Nursing	Inpatient Beds	0	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	
☐ Intermediate Care	Inpatient Beds	0	
☐ Skilled Nursing	Inpatient Beds	0	
Total Beds this Building		0	

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

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: **04** Building Name: **OR Addition**

Type of Service Provided

☐ Nursing	Inpatient Beds	0	
☐ IntensiveCare	Inpatient Beds	0	
☐ Pediatric/Adolescent	Inpatient Beds	0	
☐ Psychiatric Nursing	Inpatient Beds	0	
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	
☐ Intermediate Care	Inpatient Beds	0	
☐ Skilled Nursing	Inpatient Beds	0	
Total Beds this Building		0	

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

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: 01 **Building Name:** Original Building

Medical / Surgical (Include GYN)
Inpatient Bed: 93 Inpatient Days: 8912

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: 13 Inpatient Days: 5428

Intensive Care
Inpatient Bed: 11 Inpatient Days: 1904

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: 117

Total Beds this Building Per Service: 117

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:** Lobby & Dietary 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: 03 **Building Name:** X-ray Entry

	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: 04 **Building Name:** OR Addition

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