Report Year:	201
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1 11759

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

Facility Number:	11759
Facility Name:	Kaiser Foundation Hospital - Panorama City
Address:	13652 Cantara St.
City:	Panorama City
Hospital Owner/Lice Year of Rep Contact 1 e-mail Ad	orting: 2011
Contact 2 e-mail Ad	Iress:
Contact 3 e-mail Add	ress::
Name of Sub	nitter: Cheryl A. Steinkamp
Submission	Date: 1/29/2012 3:00:00 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 building 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	Hospital Tower	13652 Cantara St.	Replace	SPC5	01/01/2015	03/25/2008
03	East MOB	13652 Cantara St.	Replace	SPC5	01/01/2013	03/25/2008
05	Generator Building	13652 Cantara St.	Replace	SPC5	01/01/2015	12/20/2007

which is planned for retrofitting or replacement ion start date or dates and projected Comple	t, provide the project numbers, per Section 130061(
Hospital Tower	Retrofit/Replacement Ye Project:	es-Submitted
Scope	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
0 NEW HOSPITAL REPLACEMENT PROJECT - FORMERLY HL020252-19	03/05/2002 08/05/2003 12/05/2003	OPEN No
Generator Building	Retrofit/Replacement Ye Project:	es-Submitted
Scope	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
0 NEW HOSPITAL REPLACEMENT PROJECT - FORMERLY HL020252-19	03/05/2002 08/05/2003 12/05/2003 12/31/2014	OPEN No
i	/hich is planned for retrofitting or replacemen ion start date or dates and projected Comple approvals per Section 130061(c)(1)(E). Hospital Tower Scope NEW HOSPITAL REPLACEMENT PROJECT - FORMERLY HL020252-19 Generator Building Scope NEW HOSPITAL REPLACEMENT	/hich is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(D) and tapprovals per Section 130061(c)(1)(E). Hospital Tower Retrofit/Replacement Scope Date Plan Approved 0 NEW HOSPITAL REPLACEMENT 03/05/2002 08/05/2003 12/05/2003 Generator Building Retrofit/Replacement Ye Scope Date Plan Approved Proj. Start Proj. Completed 0 NEW HOSPITAL REPLACEMENT 03/05/2002 08/05/2003 12/05/2003 Cenerator Building Retrofit/Replacement Ye New HOSPITAL REPLACEMENT 03/05/2002 08/05/2003 12/05/2003 0 NEW HOSPITAL REPLACEMENT 03/05/2002 08/05/2003 12/05/2003 0 NEW HOSPITAL REPLACEMENT 03/05/2002 08/05/2003 12/05/2003

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: 01 **Hospital Tower Building Name:** Type of Service Provided Surgical **Obstetrical** Inpatient Inpatient 0 Nursing 0 Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days Inpatient 0 Pediatric/Adol 0 escent Beds Nuclear Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient **Inpatient Days** 0 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds Support Outpatient Services Surgery **Inpatient Days** Skilled Nursing Inpatient 0 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv **Central Plant** Building

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

Building Number: 03 Building Name: East MOB					
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	X Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
		Total Beds this 0 Building	Cesarean/Deliv	Central Plant	

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

Building Number: 05	Buildi	ing Name: Generator Building		
Type of Service Prov	/ided			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Total Beds this 0 Building	Cesarean/Denv	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: Hosp	bital Tower			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center			nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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

Building Number:	03 Build	ding Name: Eas	t MOB		
Medical / Surgical	(Include GYN)	Acute Respiratory	v Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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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: Ge	enerator Building		
Medical / Surgical (Include GYN)		Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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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	Hospital Tower	
02	Elevator Tower	
03	East MOB	
04	West Building	
05	Generator Building	
06	Generator Building Addition	
07	New Hospital Replacement Project	
08	New Central Utility Plant	

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11759

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	g Name: Ho	ospital Tower						
Type of Service Provided Surgical Obstetrical Rehabilitation									
	Nursing				Cesarean/Deliv		Therapy		
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery		
	Psychiatric Nursing		Radiological/ Imaging	v	WellBaby				
_	-		Pharmaceutical	Ē	Emergency		Central Plant		
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services		
	Intermediate Care		Administration						
	Skilled Nursing								

Report Status: Data Last Update: 12/13/2011

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:	03	Building Name:	Ea	st MOB					
Type of Service Provided Surgical Obstetrical Rehabilitation Therapy									
	Nursing IntensiveCare			Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	Г		Clinical Lab		Recovery Newborn/		Outpatient Surgery	
	Psychiatric Nursing			Radiological/ Imaging Pharmaceutical		WellBaby Emergency		Central Plant	
	Obstetrical Ante/Postprtu			Dietetic	x	Nuclear Medicine		Support Services	
	Intermediate Care			Administration					
	Skilled Nursin	g							

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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 Build	ling Name: Generator Building		
Type of Service	e Provided	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	Anesthesia	Obstetrical	Renal Dialysis
	IntensiveCare Pediatric/Adol escent	Clinical Lab	Recovery	Outpatient Surgery
	Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	
	Obstetrical Ante/Postprtum	Pharmaceutical Dietetic	Emergency Nuclear Medicine	Central Plant Support Services
	Intermediate Care	Administration		
	Skilled Nursing			

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Building Numbe	er: 01	Building Na	me: Hospital Tower			
Configuration	Replace with new	SPC 5 and 1	NPC 4 or NPC 5 buildin	g		
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	_	_	
_			Dietetic		Emergency	Central Plant
	Intermediate Care				Nuclear Medicine	Support
	Skilled Nursing		Administration			Services

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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 Na	me: Elevator Towe	er		
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ding		
Type of Servi	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		F	Ocastral Disat
_	Intermediate		Dietetic		Emergency	Central Plant
	Care				Nuclear Medicine	Support Services
	Skilled Nursing		Administration			

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Building Number:	03	Building Na	me: East MOB			
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building			
Type of Servic	e Provided					
N	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
l Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Dbstetrical Ante/Postprtum		Pharmaceutical		Emergeney	Central Plant
_	ntermediate		Dietetic		Emergency	Central Plant
	Care		Administration	X	Nuclear Medicine	Support Services
S S	Skilled Nursing		Aummistration			

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Building Number	: 04	Building Na	me: West Building			
Configuration	Replace with new	SPC 5 and 1	NPC 4 or NPC 5 building	1		
Type of Servi	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		F	
_	Intermediate		Dietetic		Emergency	Central Plant
	Care				Nuclear Medicine	Support Services
	Skilled Nursing		Administration			

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Building Numbe	er: 05	Building Nar	me: Generator Buildir	ng			
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g			
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Linergeney	<u> </u>	Contrair faint
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	06	Building Na	me: Generator Buildi	ng Additio	n	
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildir	ng		
Type of Servic	e Provided					
N	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
ln lr	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Dbstetrical \nte/Postprtum		Pharmaceutical		Emergency	Central Plant
_	ntermediate		Dietetic		Linergency	
_	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Numb	er: 07	Building Na	me: New Hospital Re	eplacemen	t Project		
Configuration	N/A						
Type of Ser	vice Provided						
X	Nursing	Х	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	Х	Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	Γ.	_		
		x	Dietetic	X	Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing	X	Administration				Services

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Building Numbe	er: 08	Building Na	me: New Central Uti	lity Plant			
Configuration	N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency	Х	Central Plant
	Intermediate		Dietetic				
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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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: Elevator Tower							
Туре	e of Service Prov	ided					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	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				

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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: West Building							
Туре	e of Service Prov	ided					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	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				

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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: 06 Building Name: Generator Building Addition							
Туре	e of Service Prov	rided					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	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
П	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

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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)

Buildi	ng Number: 07	Buildi	ng Name:	New Hospital	Replacement Project		
Туре	e of Service Prov	ided					
X	Nursing	Inpatient Beds	128	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	48	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	42	X	Pharmaceutical	X Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		218				

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: 08	Building	g Name: Ne	w Central L	Itility Plant		
Type of Service Prov	<u>vided</u>					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
Pediatric/Adol escent	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	X Central Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this Building		0				

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Kaiser Foundation Hospital - Panorama City

Panorama City

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:	evator Tower		
Medical / Surgical (In	nclude GYN)	Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days) Inpatient (Bed	Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days) Inpatient (Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days) Inpatient (Bed) Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days) Inpatient (Bed	Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days) Inpatient (Bed) Inpatient 0 Days	0	0

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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: 0	4 Build	ing Name: Wes	t Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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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:	06	Building Name:	Generator Building Addition		
Medical / Surgical (nclude GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Ca Nursery	re Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatio Center	n	Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	0	0

Report Year:	201
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Panorama City

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:	07 Build	ling Name: New I	Hospital Replacement Pr	oject	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 128 Bed	Inpatient 30121 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 42 Bed	Inpatient 5066 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days
Pediatric		intensive Care New Nursery	/born	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 24 Bed	Inpatient 3325 Days		npatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developme Disabled	nt
Inpatient 24 Bed	Inpatient 3000 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	218	218

Report Year:	201
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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:	08 Build	Ing Name: New Central Utility Plant	
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (excluse N	lewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care		Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding PerUnitService
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	0 0