| Report Year: | 2011 | |
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12875

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

| Facility Number: | 12875 | |
|---------------------|----------|--|
| Facility Name: | Kaiser | Foundation Hospital - West Los Angeles |
| Address: | 6041 C | adillac Ave. |
| City: | Los An | jeles |
| Hospital Owner/Lic | censee: | Kaiser Foundation Hospital / 930000081 |
| Year of Rep | porting: | 2011 |
| Contact 1 e-mail A | ddress: | |
| Contact 2 e-mail A | ddress: | |
| Contact 3 e-mail Ac | ldress:: | |
| Name of Sul | bmitter: | Mark Itzigoshn |
| Submissio | n Date: | 1/29/2012 3:00:00 PM |
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| Report Year: | 2011 | |
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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 | Center Tower | 6041 Cadillac Ave. | Retrofit | SPC2 | 01/01/2013 | 12/31/2012 |
| 04 | Central Plant | 6041 Cadillac Ave. | Retrofit | SPC5 | 01/01/2013 | 06/21/2005 |

| Building No: 01 | Center Tower | Retrofit/Replacement Hazus-Submitted Project: |
|---|----------------------------------|--|
| Facility Project Sub Number Number Num | Scope | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review |
| 12875 HL011700 | 0 | 05/14/2002 04/29/2003 04/29/2003 10/26/2004 CLSD No |
| 12875 HL011704 | 0 | 10/31/2002 05/13/2003 05/13/2003 02/20/2007 CLSD No |
| | | |
| Building No: 04 | Central Plant | Retrofit/Replacement Yes-Submitted |
| Facility Project Sub | Central Plant Scope | |
| Facility Project Sub | | Date Plan Approved Proj. Start Proj. Completed Status CEQA |
| Facility Project Sub Number Number Num | 0 SITE UTILITIES & CENTRAL PLANT | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review |

| Report Year: | 2011 |
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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 **Building Name: Center Tower Type of Service Provided** X Х **Obstetrical** Surgical Inpatient 0 Nursing 96 Inpatient Recovery Days Beds Newborn/ X IntensiveCare Inpatient Days Inpatient 17 1924 X Anesthesia WellBaby Beds Emergency **Clinical Lab** Х Inpatient Days Inpatient 0 Pediatric/Adol 0 escent Beds Nuclear Х Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient **Inpatient Days** 0 0 Х Dietetic Therapy Ante/Postprtum Beds lх **Renal Dialysis** Administration X Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds X Support Outpatient X Services Surgery Inpatient Days Skilled Nursing Inpatient 0 0 Beds Obstetrical Total Beds this 113 Cesarean/Deliv **Central Plant** Building

| Report Year: 2011 1 | 12875 Kaiser Fo Angeles | oundation Hospital - West Lo | s Los Angeles | Page:5 of 25 |
|--------------------------|----------------------------|-------------------------------|-----------------------------|---------------------------|
| Provide the number of in | npaient beds and pat | tient days per type of servio | ce per building per Section | 130061(c)(1)(F) |
| Building Number: 04 | Building Name: | Central Plant | | |
| Type of Service Provide | ed | | | |
| | | Inpatient 0 Days | Surgical | Obstetrical Recovery |
| | npatient 0 I Beds | npatient Days 0 | Anesthesia | Newborn/ WellBaby |
| | npatient 0 Beds | Inpatient Days 0 | Clinical Lab | Emergency |
| | npatient 0 Beds | Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| | npatient 0 Beds | Inpatient Days 0 | Pharmaceutical | Rehabilitation Therapy |
| | npatient 0 Beds | Inpatient Days 0 | | Renal Dialysis |
| | npatient 0 Beds | Inpatient Days 0 | Support Services | Outpatient Surgery |
| | Total Be Building | ds this 0 | Cesarean/Deliv | X Central Plant |

| Report Year: 2 | 12875 Kaiser Angele | Foundation Hospital | - West Los | Angeles | Page:6 of 25 | |
|---|------------------------|-------------------------------|------------------------|---|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: | 01 Build | ing Name: Cent | ter Tower | | | |
| Medical / Surgical (Ir | nclude GYN) | Acute Respiratory | Care | Acute Psychiatric | | |
| | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Perinatal (excluse No | ewborn / GYN) | Burn | | Skilled Nursing | | |
| | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Pediatric | | intensive Care Nev Nursery | wborn | Intermediate Card | | |
| | npatient 0 Days | Inpatient 17 Bed | Inpatient 1924 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop Disabled | nent | |
| | npatient 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 | |
| | npatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 113 | 113 | |

| Report Year: | 2011 12875 | Kaiser Foundation Hospital - Angeles | - West Los | Angeles | Page:7 of 25 | |
|---|---------------------|---|---------------------|---|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: | 04 | Building Name: Cent | ral Plant | | | |
| Medical / Surgical | (Include 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 | 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 New Nursery | vborn | 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 / developr Disabled | 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 | |

| Report Year: | 2011 12875 Kaiser Foundation Hospital - West Los Angeles | Los Angeles | Page:8 of 25 |
|--------------------|--|---------------------------|--------------|
| For all building | gs at the facility, indicate which ones are scheduled for genera | al acute service removal. | |
| Building Number | Building Name | Building to be Removed | |
| 01 | Center Tower | | |
| 02 | North Tower | | |
| 03 | South Tower | | |
| 04 | Central Plant | | |
| 05 | Generator Building | | |
| 06 | West Wing Tower | | |

| Report Year: | 2011 12875 | Kaiser Foundation Hospital - West Los Angeles | Los Angeles | Page:9 of 25 |
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| Report Year: | 2011 | |
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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: | 01 Buildir | ng Name: C | enter Tower | | | | | |
|--------------------------|-------------------------------|------------|--------------------------|-------------------------------|---|---------------------------|--|--|
| Type of Service Provided | | | | | | | | |
| | | X | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| X | Nursing | | Anesthesia | | | | | |
| X | IntensiveCare | | | Obstetrical Recovery | Х | Renal Dialysis | | |
| | Pediatric/Adol | X | Clinical Lab | _ | X | Outpatient | | |
| | escent | X | Radiological/ Imaging | Newborn/ WellBaby | | Surgery | | |
| | Psychiatric Nursing | | Pharmaceutical | Emergency | | Central Plant | | |
| | Obstetrical Ante/Postprtum | X | Dietetic | Nuclear Medicine | X | Support Services | | |
| | Intermediate Care | X | Administration | | | | | |
| | Skilled Nursing | | | | | | | |

Report Status: Data Last Update: 01/13/2012

| | aiser Foundation Hospital - West Los ngeles | Los Angeles | Page:11 of 25 |
|---|--|-------------------------------|--------------------------------|
| Report any general acute care hos SPC-1 per Section 130061(c)(4) | spital inpatient service that is provided in | any genaral acute care ho | ospital building that is rated |
| Building Number: 04 | Building Name: Central Plant | | |
| Type of Service Provided | | | |
| | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| Nursing | Anesthesia | _ | _ |
| IntensiveCare | | Obstetrical Recovery | Renal Dialysis |
| Pediatric/Adol escent | Clinical Lab | Newborn/ | Outpatient Surgery |
| Psychiatric | Radiological/ Imaging | WellBaby | |
| Nursing | Pharmaceutical | Emergency | X Central Plant |
| Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | Support Services |
| Intermediate Care | Administration | | |
| Skilled Nursing | | | |

| Report Year: | Report Year: 2011 12875 Kaiser Foundation Hospital - West Los Angeles Los Angeles Page:12 of 25 | | | | | | | | |
|---|--|---|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| 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: Center Tower | | | | | | | | | |
| Configuration | Configuration Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030 | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| X | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| X | IntensiveCare | X | Anesthesia | | Obstetrical | X | Renal Dialysis | | |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | |
| | Intermediate Care | X | Dietetic | | Nuclear Medicine | | Support | | |
| | Skilled Nursing | X | Administration | | | | Services | | |

| Report Year: 201 | Report Year: 2011 12875 Kaiser Foundation Hospital - West Los Angeles Los Angeles Page:13 of 25 | | | | | | | |
|---|--|--------------|--------------------------|--|-------------------------------|---|---------------------------|--|
| 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 E | Building Nar | me: North Tower | | | | | |
| Configuration | N/A | | | | | | | |
| Type of Service | Provided | | | | | | | |
| Nur | sing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | |
| Pec esc | diatric/Adol ent | | Clinical Lab | | Recovery | | | |
| | rchiatric rsing | | Radiological/ Imaging | | Newborn/ WellBaby | Х | Outpatient Surgery | |
| | stetrical e/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | |
| | ermediate | | Dietetic | | | | | |
| Car | e lled Nursing | | Administration | | Nuclear Medicine | | Support Services | |

| Report Year: 20 | | ser Founda eles | ation Hospital - West Lo | S | Los Angeles | | Page:14 of 25 |
|------------------|-----------------------------|--------------------|--------------------------|---|--|---|---------------------------|
| | her by retrofit or by rep | | | | ach building will comply with be provided in each general | | |
| Building Number: | 03 B | uilding Na | me: South Tower | | | | |
| Configuration | N/A | | | | | | |
| Type of Service | Provided | | | | | | |
| X Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X Int | ensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | Recovery | | |
| | sychiatric ursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical hte/Postprtum | X | Pharmaceutical | | Emergency | | Central Plant |
| | ermediate are | | Dietetic | | | | |
| _ | illed Nursing | X | Administration | | Nuclear Medicine | X | Support Services |

| Report Year: | Report Year: 2011 12875 Kaiser Foundation Hospital - West Los Angeles Los Angeles Page:15 of 25 | | | | | | | | |
|---|--|--|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| 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 Numbe | Building Number: 04 Building Name: Central Plant | | | | | | | | |
| Configuration | Retrofit Non-Conf | Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5 | | | | | | | |
| Type of Service 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 | X | Central Plant | | |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support | | |
| | Skilled Nursing | | Administration | | | | Services | | |

| Report Year: | Report Year: 2011 12875 Kaiser Foundation Hospital - West Los Angeles Los Angeles Page:16 of 25 | | | | | | | | |
|---|--|--|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| 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: Generator Building | | | | | | | | | |
| Configuration | Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5 | | | | | | | | |
| Type of Service 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 | X | Central Plant | | |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support | | |
| | Skilled Nursing | | Administration | | | | Services | | |

| Report Year: 20 | | aiser Founda | ation Hospital - West L | Los | Los Angeles | | Page:17 of 25 | | |
|---|-----------------------------|--------------|--------------------------|---------|-------------------------------|---|---------------------------|--|--|
| 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: | 06 | Building Na | me: West Wing Tow | ver | | | | | |
| Configuration | N/A | | | | | | | | |
| Type of Service | e Provided | | | | | | | | |
| X N | ursing | X | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| ln In | tensiveCare | X | Anesthesia | X | Obstetrical Recovery | | Renal Dialysis | | |
| | ediatric/Adol scent | X | Clinical Lab | | Recovery | | | | |
| | sychiatric lursing | X | Radiological/ Imaging | X | Newborn/ WellBaby | X | Outpatient Surgery | | |
| | bstetrical nte/Postprtum | X | Pharmaceutical | X | Emergency | | Central Plant | | |
| | ntermediate | x | Dietetic | <u></u> | Emergency | | Ochtar Flant | | |
| с | are | | | | Nuclear Medicine | X | Support Services | | |
| S | killed Nursing | | Administration | | | | | | |
| 1.00 | | | | | | | | | |

| Report Year: 2011 | 12875 | Kaiser Founda Angeles | ation Hospita | al - West Los | Los Angeles | Page:18 of 25 | | | |
|-------------------------------|--|--------------------------|---------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| | 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 Number: 02 Building Name: North Tower | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| 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 | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | X 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 | | | | | | | |
| | | | | | | | | | |

| Report Year: 2011 | 12875 | Los Angeles | Page:19 of 25 | | | | | | |
|-------------------------------|--|-------------|---------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| | 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 | Buildin | g Name: Sou | uth Tower | | |] | | | |
| Type of Service Prov | Type of Service Provided | | | | | | | | |
| X Nursing | Inpatient Beds | 53 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| X IntensiveCare | Inpatient Beds | 33 | | Anesthesia | | | | | |
| Pediatric/Adol | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X | Pharmaceutical | Emergency | Central Plant | | | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | | |
| Total Beds this Building | | 86 | | | | | | | |
| | | | | | | | | | |

| Report Year: | 2011 | | aiser Foundation ngeles | n Hospita | I - West Los | Los Angeles | | Page:20 of 25 |
|---|--|-------------------|----------------------------|-----------|--------------------------|-------------------------------|---|---------------------------|
| Include in SPC-4, an | 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: 05 Building Name: Generator Building | | | | | | | | |
| Type of S | Service Provi | ided | | | | | | |
| Nurs | sing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Inter | nsiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Ped esce | iatric/Adol ent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | | Renal Dialysis |
| Psy Nurs | chiatric sing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery |
| | tetrical e/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | X | Central Plant |
| Inter Care | rmediate e | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | | Support Services |
| Skill | ed Nursing | Inpatient Beds | 0 | | Administration | | | |
| Tota Buile | al Beds this ding | | 0 | | | | | |
| | | | | | | | | |

| Report Y | ear: 2011 | 12875 | Kaiser Founda Angeles | ation Hospita | al - West Los | Los Angeles | Page:21 of 25 |
|--|--|-------------------|--------------------------|---------------|--------------------------|---------------------------------|---------------------------|
| 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 | Building Number: 06 Building Name: West Wing Tower | | | | |] | |
| Туре | e of Service Prov | <u>vided</u> | | | | | |
| X | Nursing | Inpatient Beds | 78 | X | Surgical | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | IntensiveCare | Inpatient Beds | 0 | X | Anesthesia | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | X | Clinical Lab | X Obstetrical Recovery | Renal Dialysis |
| | Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | X Newborn/ WellBaby | X Outpatient Surgery |
| X | Obstetrical Ante/Postprtum | Inpatient Beds | 28 | X | Pharmaceutical | X Emergency | Central Plant |
| | Intermediate Care | Inpatient Beds | 0 | X | Dietetic | Nuclear Medicine | X Support Services |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | |
| | Total Beds this Building | | 106 | | | | |
| • | | | | | | | |

Submission Date: 01/29/2012

Print Date: 1/30/2012 12:46 PM

| Report Year: 2011 12875 Kaiser Fou Angeles | Indation Hospital - West Los | Page:22 of 25 | | | | |
|---|-------------------------------------|--|--|--|--|--|
| 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: North Tower | | | | | | |
| Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Bed Days | | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Bed Days | | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per Unit Service | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |

| Report Year: 2011 12875 Kaiser Fou Angeles | Indation Hospital - West Los | Page:23 of 25 | | | | | |
|---|--|--|--|--|--|--|--|
| 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: South Tower | | | | | | |
| Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric | | | | | | | |
| Inpatient 53 Inpatient 11249 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | | | |
| Inpatient 33 Inpatient 7097 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per Unit Service | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | 86 86 | | | | | |

| | iser Foundation Hospital - West Los geles | Los Angeles Page:24 of 25 | | | | |
|---|--|---|--|--|--|--|
| 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: 05 Building Name: Generator Building | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient 0 Bed Days | | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient 0 Bed Days | | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | | |
| Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient 0 Bed Days | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | | |
| Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient 0 Bed Days | | | | |
| Coronary Care | Chemical Dependency | Total Beds thisTotal Beds thisBuilding PerBuilding PerUnitService | | | | |
| Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient Bed Days | 0 0 0 | | | | |

| Report Year: 2011 12875 Kaiser F Angeles | | Angeles Page:25 of 25 | | | | |
|---|-------------------------------------|--|--|--|--|--|
| 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: West Wing Tower | | | | | | |
| Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric | | | | | | |
| Inpatient 78 Inpatient 21369 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 28 Inpatient 2807 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per Unit Service | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | 106 106 | | | | |