| Report Year: | 2011 |
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10382 A

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

| Facility Number: | 10382 |
|--|---------------------------------|
| Facility Name: | Anaheim Memorial Medical Center |
| Address: | 1111 W. La Palma Ave. |
| City: | Anaheim |
| Hospital Owner/Lice Year of Rep Contact 1 e-mail Ad Contact 2 e-mail Ad Contact 3 e-mail Ad Name of Sub | orting: 2011 Idress: |
| Submission | Date: 1/29/2012 3:00:00 PM |

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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 | Central Plant | 1111 W. La Palma Ave. | Retrofit | SPC2 | 01/01/2013 | 01/01/2013 |

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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 | Buildi | ing Name: Central Plant | | |
| Type of Service Prov | vided | | | |
| 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 | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery |
| | Deus | Total Beds this 0 Building | Obstetrical Cesarean/Deliv | X Central Plant |

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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: | 01 Build | ling 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 N | lewborn / 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 | 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 / development Disabled | |
| | 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 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 | ing Building ber Name | |
|--------------------|------------------------------------|---|
| 01 | Central Plant | |
| 02 | Main Hospital | Π |
| 03 | Phase IV East Entrance | Π |
| 03A | Phase IV East Entrance Add - North | Π |
| 03B | Phase IV East Entrance Add - South | Π |
| 04 | Phase IV/North Wing - South | Π |
| 04A | Phase IV/North Wing - North | Π |
| 05 | Main Entrance Building | Π |
| 05A | Porte Cochere | Π |
| 05B | Corridor No. 1 | Π |
| 05C | Corridor No. 2 | Π |
| 05D | Corridor No. 3 | Π |
| 05E | Corridor No. 4 | Π |
| 05F | Corridor No. 5 | |
| 05G | Arcade | |

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

| Building Number: | 01 | Building Na | me: Central Plant | | | | |
|------------------|-----------------------------|----------------|--------------------------|--------|-------------------------------|---|---------------------------|
| Configuration | Retrofit Non-Confo | orming buildir | ng to SPC 5 and NPC 4 | or NPC | 5 | | |
| Type of Service | e Provided | | | | | | |
| | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | tensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | bstetrical hte/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant |
| | termediate | | Dietetic | | | | Contraint land |
| _ | are killed Nursing | | Administration | | Nuclear Medicine | | Support Services |

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| Building Numbe | er: 02 | Building Na | me: Main Hospital | | | | |
|----------------|-------------------------------|---------------|--------------------------|--------|-------------------------------|----------|---------------------------|
| Configuration | Retrofit Non-Confo | orming buildi | ng to SPC 5 and NPC 4 | or NPC | 5 | | |
| Type of Ser | vice Provided | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| X | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | X | 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 Numbe | er: 03 | Building Na | me: Phase IV East | Entrance | | |
|----------------|-------------------------------|---------------|--------------------------|----------|-------------------------------|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | |
| 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 | | Linergency | Central Flant |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | Support Services |

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| Building Numbe | er: 03A | Building Na | me: Phase IV East I | Entrance A | dd - North | | |
|----------------|-------------------------------|---------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| 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 | | | _ | |
| | Anter ostprum | | Distatia | | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support |
| | Skilled Nursing | | Administration | | | | Services |

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| Building Numbe | er: 03B | Building Na | me: Phase IV East | Entrance A | dd - South | |
|----------------|-------------------------------|---------------|--------------------------|------------|-------------------------------|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | |
| 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 | | F | Central Plant |
| | Intermediate | | Dietetic | | Emergency | Central Plant |
| | Care | | A due in interations | | Nuclear Medicine | Support Services |
| | Skilled Nursing | | Administration | | | |

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| Building Numbe | r: 04 | Building Na | me: Phase IV/North | n Wing - Sou | uth | |
|----------------|-------------------------------|---------------|--------------------------|--------------|-------------------------------|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | |
| Type of Serv | ice Provided | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X | 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 | Contrain func |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | Support Services |

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| Building Number: 04A Building Name: Phase IV/North Wing - North | | | | | | | |
|---|---------------|--------------------------|--|-------------------------------|--|---------------------------|--|
| Configuration Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | | |
| Type of Service Provided | | | | | | | |
| X 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 | |
| | | Dietetic | | Linergency | | Central Flant | |
| Care Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | |

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| Building Numbe | er: 05 | Building Na | me: Main Entrance | Building | | |
|----------------|-------------------------------|---------------|--------------------------|----------|-------------------------------|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | |
| 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 | | Linergency | Central Flant |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | Support Services |

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| Building Number | :: 05A | Building Na | me: Porte Cochere | | |
|-----------------|-------------------------------|---------------|--------------------------|-------------------------------|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | |
| Type of Servi | ice 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 Services |
| | Skilled Nursing | | Administration | | |

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| Building Numbe | r: 05B | Building Na | me: Corridor No. 1 | | | |
|----------------|-------------------------------|---------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | |
| Type of Serv | rice 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 | | _ | |
| | Ante/Postprium | | Distatio | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | Nuclear Medicine | | Support |
| | Skilled Nursing | | Administration | | | Services |

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| Building Number | r: 05C | Building Na | me: Corridor No. 2 | | | | |
|-----------------|--------------------------|---------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Servi | ice 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 | | Pharmaceutical | _ | | _ | |
| | Ante/Postprtum | | | | Emergency | | Central Plant |
| | Intermediate | | Dietetic | _ | | | |
| _ | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |
| | Skilled Nursing | | | | | | |

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| Building Numbe | er: 05D | Building Na | me: Corridor No. 3 | | | |
|----------------|-------------------------------|---------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | |
| 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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| Building Number | : 05E | Building Na | me: Corridor No. 4 | | |
|-----------------|-------------------------------|---------------|--------------------------|-------------------------------|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | |
| 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 | |
| _ | | | Dietetic | Emergency | Central Plant |
| | Intermediate Care | | | Nuclear Medicine | Support Services |
| | Skilled Nursing | | Administration | | |

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| Building Numbe | er: 05F | Building Na | me: Corridor No. 5 | | |
|----------------|-------------------------------|---------------|--------------------------|-------------------------------|---------------------------|
| Configuration | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | |
| 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 | Emorgonov | Central Plant |
| | Intermediate | | Dietetic | Emergency | Central Flant |
| | Care | | Administration | Nuclear Medicine | Support Services |
| | Skilled Nursing | | Administration | | |

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| Building Numbe | er: 05G | Building Na | me: Arcade | | |
|----------------|--------------------------|----------------|--------------------------|-------------------------------|---------------------------|
| Configuration | Retrofit Conformin | ng building to | NPC 4 or NPC 5 | | |
| Type of Ser | 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 | | Pharmaceutical | | |
| | Ante/Postprtum | | | Emergency | Central Plant |
| | Intermediate Care | | Dietetic | Nuclear Medicine | Support |
| | Skilled Nursing | | Administration | | Services |
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| Buildi | uilding Number: 02 Building Name: Main Hospital | | | | | | | | |
|--------|---|-------------------|-----|--|--------------------------|-------------------------------|---------------------------|--|--|
| Туре | e of Service Prov | <u>ided</u> | | | | | | | |
| X | Nursing | Inpatient Beds | 112 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| X | IntensiveCare | Inpatient Beds | 11 | | Anesthesia | | | | |
| X | Pediatric/Adol escent | Inpatient Beds | 27 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | X 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 | | 150 | | | | | | |

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| - | | | | |

| Building Number: 03 Building Name: Phase IV East Entrance | | | | | | | | | |
|---|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|--|
| Тур | e of Service Prov | <u>ided</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 | 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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| | _ | _ | | | |

| Building Number: 03A Building Name: Phase IV East Entrance Add - North | | | | | | | | |
|--|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|--|
| Туре | e of Service Prov | <u>ided</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 | 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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| | | | | |

| Buildi | ng Number: 03B | Building | Name: Ph | ase IV East | Entrance Add - Sout | h | |
|-------------|-------------------------------|-------------------|----------|-------------|--------------------------|-------------------------------|---------------------------|
| <u>Type</u> | 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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|--------------|------------|---------------------------------|---------|---------------|
| | | | | |

| Buildi | ng Number: 04 | Building | Name: Ph | ase IV/NortI | n Wing - South | | |
|-------------|-------------------------------|-------------------|----------|--------------|--------------------------|-------------------------------|---------------------------|
| <u>Type</u> | e of Service Prov | ided | | | | | |
| X | Nursing | Inpatient Beds | 21 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X | IntensiveCare | Inpatient Beds | 22 | | 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 | | 43 | | | | |
| | | | | | | | |

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|--------------|------|-------|---------------------------------|---------|---------------|
| | | | | | - |

| Buildi | ng Number: 04A | Buildin | ng Name: Ph | ase IV/Nort | h Wing - North | | |
|--------|-------------------------------|-------------------|-------------|-------------|--------------------------|-------------------------------|---------------------------|
| Туре | e of Service Prov | ided | | | | | |
| X | Nursing | Inpatient Beds | 30 | | 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 | | 30 | | | | |

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| Include info | rmation on the num | per of innatient heds by type of Service provide | d by buildings that are classified | as SPC-2 SPC-3 |

| Buildi | ng Number: 05 | Building | Name: Ma | ain Entrance | 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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| | | | | - |

| Building Number: 05A Building Name: Porte Cochere | | | | | | | |
|---|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|
| 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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| | | | | |

| Buildi | ng Number: 05B | Building | Name: Co | orridor No. 1 | | | |
|--------|-------------------------------|-------------------|----------|---------------|--------------------------|-------------------------------|---------------------------|
| Тур | 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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| | | | | |

| Building Number: 05C Building Name: Corridor No. 2 | | | | | | | |
|--|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|
| 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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| | | | | |

| Building Number: 05D Building Name: Corridor No. 3 | | | | | | | |
|--|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|
| 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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| | | | | - |

| Building Number: 05E Building Name: Corridor No. 4 | | | | | | | |
|--|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|
| 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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| | | | | |

| Building Number: 05F Building Name: Corridor No. 5 | | | | | | | |
|--|-------------------------------|-------------------|---|--|--------------------------|-------------------------------|---------------------------|
| <u>Type</u> | e of Service Prov | <u>ided</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 | 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) | | | | | | |

| Buildi | ng Number: 05G | Buildi | ng Name: Ar | cade | | | |
|--------|-------------------------------|-------------------|-------------|------|--------------------------|-------------------------------|---------------------------|
| Туре | e 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 | 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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| Building Number: 02 | Buildi | ing Name: Main | Hospital | | |
|--------------------------|-------------------------|-------------------------------|------------------------|---|--|
| Medical / Surgical (Incl | ude GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 112 Bed | Inpatient 30578 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse New | born / GYN) | Burn | | Skilled Nursing | |
| Inpatient 27 Bed | Inpatient 5552 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Nev Nursery | wborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 11 Bed | Inpatient 3324 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 | 150 | 89 |

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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: | 03 | Buildi | ing Name: Phas | se IV East Entrance | | |
|------------------------|----------------|--------|-------------------------------|---------------------|---|--|
| Medical / Surgical (Ir | clude GYN) | | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Ne | ewborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | | intensive Care New Nursery | wborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | | Rehabilitation Center | | Int. Care / developi Disabled | nent |
| Inpatient 0 Bed | Inpatient Days | 0 | 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 Days | 0 | 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: | 03A Bu | ilding Name: Pha | ase IV East Entrance Add | - North | |
|-----------------------|---------------------|------------------------------|--------------------------|---|--|
| Medical / Surgical (I | nclude GYN) | Acute Respirator | y Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse N | lewborn / 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 | 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 | 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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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: | 03B | Building Name: | Phase IV East Entrance A | dd - South | |
|----------------------|-------------------|--------------------------|--------------------------|---|--|
| 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 Car Nursery | e 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 | ı | 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 |

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| Building Number: | 04 | Building Name: | Phase IV/North Wing - | South | |
|-----------------------|-------------------|-------------------------|-----------------------|---|--|
| Medical / Surgical (I | nclude GYN) | Acute Respir | ratory Care | Acute Psychiatric | |
| Inpatient 11 Bed | Inpatient Days | 6585 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse N | lewborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Ca Nursery | re Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitatio Center | n | Int. Care / develop Disabled | nent |
| Inpatient 22 Bed | Inpatient Days | 5132 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 10 Bed | Inpatient C | 3104 Inpatient Bed | 0 Inpatient Days | 0 43 | 0 |

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| Building Number: | 04A E | uilding Name: | nase IV/North Wing - North | | |
|------------------------|-------------------------|-----------------------------|----------------------------|---|--|
| Medical / Surgical (In | clude GYN) | Acute Respirato | ry Care | Acute Psychiatric | |
| Inpatient 30 Bed | Inpatient 10447 Days | Inpatient Bed |) Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Ne | wborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient (Bed |) Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care N Nursery | lewborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed |) Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop Disabled | nent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 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 Bed | D Inpatient 0 Days | 30 | 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: | 05 | Build | ing Name: Ma | in Entrance Building | | |
|------------------------|----------------|-------|-----------------------------|----------------------|---|--|
| Medical / Surgical (In | clude GYN) | | Acute Respirator | ry Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient (Bed | Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Ne | ewborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | | intensive Care N Nursery | ewborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient Days | 0 | 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 | 0 | Inpatient () 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 Days | 0 | Inpatient (| 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: 05 | 5A Buildi | ing Name: Porte | e Cochere | | |
|--------------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical (Incl | ude 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 New | born / 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 | 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 |

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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: | 95B B | uilding Name: | Corridor No. 1 | | |
|-------------------------|---------------------|---------------------------|-----------------------|---|--|
| Medical / Surgical (Inc | clude GYN) | Acute Respira | tory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Ne | wborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Nursery | Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 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 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 0 Days | Inpatient Bed | 0 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: | 5C | Buildi | ng Name: C | orridor No. 2 | | |
|-------------------------|-------------------|--------|--------------------------|-----------------------|---|--|
| Medical / Surgical (Inc | lude GYN) | | Acute Respirato | ory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Net | wborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient Bed |) Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | | intensive Care Nursery | lewborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | | Rehabilitation Center | | Int. Care / develop Disabled | ment |
| 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 |

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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: 05 | D Buildi | ng Name: Corri | idor No. 3 | | |
|--------------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical (Incl | ude 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 New | born / 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 | 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 / 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 |

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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: 05E | Building Name: Co | rridor No. 4 | | |
|-----------------------------------|-----------------------------|-----------------------|--|--|
| Medical / Surgical (Include GYN) | Acute Respirato | ry Care | Acute Psychiatric | |
| Inpatient 0 Inpatient Days | 0 Inpatient (Bed |) Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | |
| Perinatal (excluse Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | |
| Pediatric | intensive Care N Nursery | ewborn | Intermediate Card | |
| Inpatient 0 Inpatient Bed Days | 0 Inpatient (Bed |) Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | |
| Intensive Care | Rehabilitation Center | | Int. Care / development Disabled | |
| Inpatient 0 Inpatient Days | 0 Inpatient (Bed |) Inpatient 0 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 Bed Days | 0 Inpatient (| Days | | |

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| Building Number: 05 | F Buildi | ng Name: Corri | idor No. 5 | | |
|-----------------------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical (Incl | ude 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 Nev 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 / development Disabled | |
| 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: 05G | Buildir | ng Name: Arcad | de | | |
|-----------------------------------|------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical (Include | GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Inp Bed Day | oatient 0 lys | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Newborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Inp Bed Day | oatient 0 lys | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care New Nursery | vborn | Intermediate Card | |
| Inpatient 0 Inp Bed Day | oatient 0 lys | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / development Disabled | |
| Inpatient 0 Inp Bed Day | oatient 0 lys | 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 Inp Bed Day | patient 0 lys | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 |

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