Report Year:	201
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10475

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

eim Regional Medical Center W. Orange Ave.
W Orange Ave
Wi Orange 7.ve.
eim
Prime Healthcare Anaheim, LLC 2011

Report Year:	2011 10475	Anaheim Regional Medical Center	Anaheim	Page:2 of 18
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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	g Extension Date	Anticipated Completion Date
01	Main Hospital	3033 W. Orange Ave.	Retrofit	SPC2	01/01/2013	12/01/2012

Report Year:	2011	10475	Anaheim Regional Medical Center	Anaheim	Page:3 of 18
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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building	No: 01	Main Hospital	Retrofit/Replacement Hazus-Submi Project:	tted
Facility <u>Number</u>	Project Sub Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status in Date Date Date	CEQA Review
10475	HL091590	0	07/29/2009 06/01/2011 OPEN	No
10475	SL091130	0	06/04/2009 06/09/2010 09/15/2010 07/01/2011 OPEN	No

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: 01	Buildi	ng Name: Main Hospital				
Type of Service Prov	rided					
X Nursing	Inpatient Beds	33 Inpatient 5171 Days	X Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical	X Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
X Skilled Nursing	Inpatient Beds	22 Inpatient Days 0	X Support Services	X Outpatient Surgery		
	2000	Total Beds this 55 Building	Obstetrical Cesarean/Deliv	X Central Plant		

Anaheim

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	ding Name: Ma	in Hospital		
Medical / Surgical (Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 33 Bed	Inpatient 5171 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 22 Bed	Inpatient 0 Days
Pediatric		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		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	55	55

Report Status: Data Last Update: 01/12/2012

Report Year:	2011 10475	Anaheim Regional Medical Center	Anaheim	Page:6 of 18
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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Buildin Numbe		Building to be Removed
01	Main Hospital	
02	Phase I - 1 Story Addition	
02A	Entry Canopy	
03	Phase I - Tower Addition	

Report Year:	2011 10475	Anaheim Regional Medical Center	Anaheim	Page:7 of 18

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	ing Name: Main Hosp	pital			
Type of Service	e Provided	. —				
		X Surgica	al 📃	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X	Nursing	X Anesth	esia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X Clinica	l Lab		Х	Outpatient
	escent	X Radiol		Newborn/ WellBaby		Surgery
	Psychiatric Nursing	Imagin	_	Emergency		Central Plant
	Obstetrical	X Pharm	aceutical X	Emergency	Х	Central Plant
	Ante/Postprtum	X Dieteti	c	Nuclear Medicine	Х	Support Services
	Intermediate Care	Admini	istration			
X	Skilled Nursing					

Report Status: Data Last Update: 01/12/2012

Report Year: 2011 10475 Anaheim Regional Medical Center	Anaheim	Page:9 of 18
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Building Number:	01	Building Name: Main Hospital							
Configuration	Retrofit Non-Conf	orming building to SPC 5 and NPC 4 or NPC 5							
Type of Service	e Provided								
X Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent	X	Clinical Lab	Lab	Recovery				
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	bstetrical hte/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	termediate are	X	Dietetic		Nuclear Medicine		Support		
_	killed Nursing		Administration		NUCLEAL MEUICINE	X	Support Services		

Report Status: Data Last Update: 01/12/2012

Report Year:	2011 10475	Anaheim Regional Medical Center	A	Anaheim	Page:10 of 18
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Building Number: 02 Building Name: Phase I - 1 Story Addition								
Configuration	Retrofit Conforming	g building to NPC 4 or NPC 5						
· Type of Service	e Provided							
	ursing		Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy	
ln In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
ln	termediate		Dietetic		Emergency		Contrair I and	
_	are killed Nursing		Administration		Nuclear Medicine	Х	Support Services	

Report Status: Data Last Update: 01/12/2012

Report Year:	2011 10475	Anaheim Regional Medical Center		Anaheim	Page:11 of 18
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Building Number: 02A		Building Name: Entry Canopy					
Configuration	Retrofit Conformin	g building to NPC 4 or NPC 5					
Type of Serv	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	X	Support Services
	Skilled Nursing		Administration				00111065

Report Status: Data Last Update: 01/12/2012

Report Year:	2011 10475	Anaheim Regional Medical Center		Anaheim	Page:12 of 18
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Building Number	er: 03 Building Name: Phase I - Tower Addition							
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Servi	ce Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical	X	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	X	Support	
	Skilled Nursing	X	Administration				Services	
		-						

Report Status: Data Last Update: 01/12/2012

Report Year:	2011 10475	Anaheim Regional Medical Center		Anaheim	Page:13 of 18
Include info	rmation on the numb	per of innationt bods by type of Service prov	vidod	by buildings that are classified	

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: Phase I - 1 Story Addition									
Туре	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X 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	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: Data Last Update: 01/12/2012

Report Year:	2011 10475	Anaheim Regional Medical Center	Anaheim	Page:14 of 18

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: 02A Building Name: Entry Canopy									
Туре	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 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	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: Data Last Update: 01/12/2012

Report Year:	2011 10475	Anaheim Regional Medical Center	Anaheim	Page:15 of 18
		or of innotiont hade by type of Convice provi		

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 03 Building Name: Phase I - Tower Addition							
Type of Service Provided							
Х	Nursing	Inpatient Beds	114		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Х	IntensiveCare	Inpatient Beds	20		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Renal Dialysis
X	Psychiatric Nursing	Inpatient Beds	30		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		164				

Report Year:

Anaheim Regional Medical Center

Anaheim

Page:16 of 18

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	Buildi	ing Name: Phas	se I - 1 Story Addition		
Medical / Surgical (Include 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 Newborn / 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 Nev 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 / developr 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

Report Status: Data Last Update: 01/12/2012

Report Year:	2011
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Anaheim Regional Medical Center

Anaheim

Page:17 of 18

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: 02A	Building Name:	Entry Canopy			
Medical / Surgical (Include GY	N) Acute Resp	iratory Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Inpatie Bed Days	ent 0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Newborn / 0	GYN) Burn		Skilled Nursing		
Inpatient 0 Inpatie Bed Days	ent 0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric	intensive Ca Nursery	are Newborn	Intermediate Card		
Inpatient 0 Inpatie Bed Days	ent 0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care	Rehabilitati Center	on	Int. Care / developr Disabled	nent	
Inpatient 0 Inpatie Bed Days	ent 0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care	Chemical Dependency	y	Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Inpatie Bed Days	ent 0 Inpatient Bed	0 Inpatient 0 Days	0	0	

Report Status: Data Last Update: 01/12/2012

Report Year:	201
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Anaheim Regional Medical Center

Anaheim

Page:18 of 18

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 I - Tower Addition		
Medical / Surgical (Incl	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 114 Bed	Inpatient 17865 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 30 Bed	Inpatient 7221 Days
Perinatal (excluse New	/born / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		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 / developm Disabled	ient
Inpatient 10 Bed	Inpatient 4300 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 10 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	164	164

Report Status: Data Last Update: 01/12/2012