Report Year: 2011 11177 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Simi Valley Page:1 of 35

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

Facility Number:	11177	
Facility Name:	Simi Valle	ey Hospital And Health Care Svcs-Sycamore
Address:	2975 Nor	th Sycamore Drive
City:	Simi Valle	ey
Hospital Owner/Lice	ensee:	Simi Valley Hospital and Health Care Services
Year of Rep	orting:	2011
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Simi Valley Hospital
Submission	Date:	1/29/2012 3:00:00 PM

Report Year: 2011 11177 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	g Extension Date	Anticipated Completion Date
01	Original Building	2975 North Sycamore Drive	Retrofit	SPC2	01/01/2013	12/31/2012
07	Telecom Room	2975 North Sycamore Drive	Replace	SPC5	01/01/2013	06/30/2008
12	North Building	2975 North Sycamore Drive	Remove	N/A	01/01/2013	12/31/2012
13	Emerg. Generator No. 3 Enclosure	2975 North Sycamore Drive	Remove	N/A	01/01/2013	12/31/2011

Report Year: 2011 11177 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Simi Valley Page:3 of 35

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: 07	Telecom Room		Retrofit/	Replaceme	nt	Yes-Submitte	d
Facility <u>Number</u>	Project Sub Number Num	Scope	Date Plan in	Approved F Date	Proj. Start F Date	Proj. Completo Date	ed Status	CEQA Review
11177	HS013085	0 PATIENT BED TOWER	11/28/2001	09/05/2003	09/09/2003	3 03/29/2011	I OPEN	No

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:4 of 35

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

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:5 of 35

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

Building Number: 07	Buildi	ng Name: Telecom Room					
Type of Service Prov	Type of Service Provided						
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 Pharmaceutical	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialysis Outpatient			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery			
		Total Beds this Building	Cesarean/Deliv	Central Plant			

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:6 of 35

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

Building Number: 12	Buildi	ng Name: North Building						
Type of Service Prov	Type of Service Provided							
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 Pharmaceutical	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialysis Outpatient				
X Skilled Nursing	Inpatient Beds	44 Inpatient Days 0	Services	Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Plant				

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:7 of 35

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

Building Number: 13 Building Name: Emerg. Generator No. 3 Enclosure					
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
		Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:8 of 35

Building Number:	01	Building Name: Origi	nal Building		
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	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:9 of 35

Building Number:	07	Building Name:	Telecom Room		
Medical / Surgical	(Include 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	Newborn / 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	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C 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	Inpatient 0 Days	0	0

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:10 of 35

Building Number:	12	Building Name:	North Building		
Medical / Surgical	(Include GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 44 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn 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	44	44

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:11 of 35

Building Number:	13	Building Name:	Emerg. Generator No. 3 E	Enclosure	
Medical / Surgical	(Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C 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 C Bed	Inpatient 0 Days	0	0

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2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:12 of 35

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building	
04	Main Hospital Building	
07	Telecom Room	
08	New Bridge/Elevator & Med. Gas Encl	
12	North Building	X
13	Emerg. Generator No. 3 Enclosure	X
15	North and South Patient Care Tower	
16	Patient Care Tower Entrance	

Report Year:	2011	11177	Simi Valley Hospital And Health Care Svcs-	Simi Valley	Page:13 of 35
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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	New North Building Patient Tower	

Report Year: 2011		Simi Valley Hospi Sycamore	tal And Health Care Svcs-	Simi Valley	Page:14 of 35
Provide the number of in from acute care services			type of service for the year of	2008, 2009 and 2010 for buil	dings to be removed
Building 12 Number:	Building Name:	North Build	ing	Year of Information: Information Current As Of:	2011
Type of Services Provided				Oi.	
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			

Report Year: 2011		i Valley Hospita amore	al And Health Care Svcs-	Simi Valley	Page:15 of 35
Provide the number of in from acute care services			pe of service for the year of	2008, 2009 and 2010 for build	dings to be removed
Building 13 Number:	Building Name:	Emerg. Gen	erator No. 3 Enclosure	Year of Information:	2011
Type of Services Provided				Information Current As Of:	
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			

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:16 of 35

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)

		[22				
Building Number:	01 Buildin	g Name: Original Bui	lding			
Type of Service	e Provided					
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesthe	sia			
	IntensiveCare	_		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	Clinical	Lab	No. Lored		Outpatient Surgery
		Radiologian Radiol		Newborn/ WellBaby		Surgery
	Psychiatric Nursing	X Pharma		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	_		Nuclear	X	Support
	Anto/i ostpitam	X Dietetic		Medicine		Services
	Intermediate Care					
_		X Adminis	tration			
	Skilled Nursing					

Report Year: 2011 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore Sycamore

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:	07	Building Name:	Telecom Ro	om				
Type of Service Provided								
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthes	sia				
	IntensiveCare		_		Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Adol	, L	Clinical L	_ab 	l		Outpatient	
			Radiolog Imaging		Newborn/ WellBaby		Surgery	
Ш	Psychiatric Nursing		Pharmac		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m			Nuclear		Support	
	, and, r desprie		Dietetic		Medicine		Services	
	Intermediate Care		Administ	tration				
П	Skilled Nursin	g						

Report Year: 2011 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore

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:	12	Building Name:	North Building							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare	_	_	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol	L	Clinical Lab	□ Navihami/		Outpatient Surgery				
			Radiological/ Imaging	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtu	m		Nuclear		Support				
			Dietetic	Medicine		Services				
	Intermediate Care		Administration							
X	Skilled Nursin	a								

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2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:19 of 35

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:	13 Buildi	ng Name: Emerg. Generator N	lo. 3 Enclosure					
Type of Service Provided								
_		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing	Anesthesia			Danal Diakaia			
	IntensiveCare		Obstetrical Recovery	Ш	Renal Dialysis			
	Pediatric/Adol escent	Clinical Lab	Newborn/		Outpatient Surgery			
	Psychiatric	Radiological/ Imaging	WellBaby		0 ,			
	Nursing	Pharmaceutical	Emergency		Central Plant			
	Obstetrical Ante/Postprtum		Nuclear	П	Support			
	·	Dietetic	Medicine		Services			
	Intermediate Care	Administration						
	Skilled Nursing							

Report Year: 2011 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Original Building								
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030			
Type of Service	ce Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant	
	ntermediate	X	Dietetic					
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

Report Year: 2011 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 04 Building Name: Main Hospital Building							
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service Provided							
N	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery	<u>—</u>	
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
1 1 -	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	termediate		Dietetic				
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Year:	2011	11177	Simi Valley Hospital And Health Care Svcs-	Simi Valley	Page:22 of 35

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 Numb	er: 07	Building Na	me: Telecom Room							
Configuration:	Configuration N/A :									
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 Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	Intermediate Care		Dietetic							
	Skilled Nursing		Administration		Nuclear Medicine		Support Services			

Report Year: 2011 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore

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:	Building Number: 08 Building Name: New Bridge/Elevator & Med. Gas Encl								
Configuration:	Remove from GAC	Service by	1/1/2030						
Type of Service	ce Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
lı	ntensiveCare		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		
	ntermediate		Dietetic	_		<u> </u>	osar. an		
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

Report Year:	2011	11177	Simi Valley Hospital And Health Care Svcs-	Simi Valley	Page:24 of 35
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 12	Building Na	me: North Building						
Configuration :	Configuration : N/A								
Type of Serv	vice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab	<u>—</u>	Recovery	<u>—</u>			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		Dietetic						
X	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

Report Year:	2011	11177	Simi Valley Hospital And Health Care Svcs-	Simi Valley	Page:25 of 35
			15vcamore		

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	er: 13	Building Na	me: Emerg. Generator	· No. 3 E	nclosure		
Configuration	N/A						
Type of Ser	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		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 11177 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley Hospital And Health Care Svcs-Sycamore

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	er: 15	Building Na	me: North and Sou	uth Patient C	are Tower		
Configuration:	N/A						
Type of Ser	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		F	□	Control Dions
П	Intermediate		Dietetic		Emergency	X	Central Plant
	Care	 X	Administration	X	Nuclear Medicine	X	Support Services
	Skilled Nursing		Auministration				

Report Year:	2011	11177	Simi Valley Hospital And Health Care Svcs- Sycamore	Simi Valley	Page:27 of 35
		·	15vcamore		

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:	16	Building Nar	me: Patient Care Towe	er Entran	nce	
Configuration :	N/A					
Type of Service	Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate are		Dietetic			
	killed Nursing	X	Administration		Nuclear Medicine	Support Services

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:28 of 35

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

Building Number: 04				
Type of Service Prov	<u>vided</u>			
Nursing	Inpatient (Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient (Anesthesia		
Pediatric/Adol escent	Inpatient C	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient (Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient (Pharmaceutical	X Emergency	X Central Plant
Intermediate Care	Inpatient (Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient (Administration		
Total Beds this Building	0			

Report Year: 2011 Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

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)

Page:29 of 35

Building Number: Building Name: New Bridge/Elevator & Med. Gas Encl							
Тур	e of Service Prov	<u>rided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:30 of 35

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: 15							
Туре	Type of Service Provided							
X	Nursing	Inpatient Beds	85	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	32	X	Anesthesia			
X	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery	
X	Obstetrical Ante/Postprtum	Inpatient Beds	27		Pharmaceutical	Emergency	X Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		144					

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Simi Valley Hospital And Health Care Svcs-Sycamore

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Page:31 of 35

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: 16 Building Name: Patient Care Tower Entrance								
Тур	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	Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		0					

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:32 of 35

Building Number:	D4 Build	ing Name: Main	Hospital Building		
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 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	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	0	0

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:33 of 35

Building Number:)8 Build	Building Name: New Bridge/Elevator & Med. Gas Encl			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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	Inpatient 0	0	0

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:34 of 35

Building Number:	15 Building Name: North and South Patient Care Tower				
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 85 Bed	Inpatient 20735 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 27 Bed	Inpatient 1713 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 8 Bed	Inpatient 572 Days		npatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 24 Bed	Inpatient 3902 Days	Inpatient 0 Bed	Inpatient 0		npatient 0
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	144	144

2011

11177

Simi Valley Hospital And Health Care Svcs-Sycamore Simi Valley

Page:35 of 35

Building Number:	16 Build	ding Name: Patie	ent Care Tower Entrance		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 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	0	0