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

Facility Number:	11510
Facility Name:	Centinela Hospital Medical Center
Address:	555 E. Hardy St.
City:	Inglewood
Hospital Owner/Lice	ensee: Prime Healthcare Centinela, LLC
Year of Rep	orting: 2011
Contact 1 e-mail Ac	dress:
Contact 2 e-mail Ac	dress:
Contact 3 e-mail Ad	dress::
Name of Sub	mitter: Puchlik Design Associates
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 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	Extension Date	Anticipated Completion Date
05	West Tower	555 E. Hardy St.	Retrofit	SPC2	01/01/2013	12/01/2014
09	Nursery Addition	555 E. Hardy St.	Retrofit	SPC2	01/01/2013	12/01/2014
10	Laundry Building	555 E. Hardy St.	Replace	SPC5	01/01/2013	12/01/2012

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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).

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Building No: 05	West Tower	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11510 IL101404	0 SB 499: VSI - BUILDING 5/WEST TOWER BUILDING	06/23/2010 03/04/2011 12/01/2011 12/31/2011 OPEN No
Building No: 09	Nursery Addition	Retrofit/Replacement Yes-Submitted Project:
Building No: 09 Facility Project Sub Number Number Number Num	Nursery Addition Scope	

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

Building Number: 05	Build	ing Name: West Tower		
Type of Service Prov	<u>vided</u>			
X Nursing	Inpatient Beds	140 Inpatient 24212 Days	X Surgical	X 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	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	24 Inpatient Days 0	X Support Services X Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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

Building Number: 09	Buildi	ng Name: Nursery Addition		
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	9 Inpatient Days 2778	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X 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 Total Beds this 9	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesaleal/Deliv	Central Plant

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

Building Number: 10	Buildi	ng Name: Laundry Building		
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 Total Beds this	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesaleal/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:	05 E	Building Name: Wes	t Tower				
Medical / Surgical (Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric						
Inpatient 108 Bed	Inpatient 2421 Days 2	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse l	Perinatal (excluse Newborn / GYN) Burn Skilled Nursing						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 24 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	ment		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 32 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	164	164		

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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:	09	Building Name: Nur	sery Addition		
Medical / Surgical	(Include 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	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 9 Bed	Inpatient 2778 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	9	9

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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:	10	Building Name: Lau	ndry 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 Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / 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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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	West Wing/ER Addition	
02	North Wing/Day Surgery	
03	Dietary Storage	
04	East Tower	
05	West Tower	
06	Engineering	
07	East Wing	
08	Central Plant Addition	
09	Nursery Addition	
10	Laundry Building	
	· · · · · · · · · · · · · · · · · · ·	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05	Building Name:	W	est Tower				1	
3 3		3 3	<u></u>						
Type of Servic	e Provided	_							
		X		Surgical	X	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy	
X	Nursing	X		Anesthesia					
	IntensiveCare	_	_		X	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent	<u> </u>		Clinical Lab			X	Outpatient	
				Radiological/ Imaging		Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		7	Pharmaceutical		Emergency		Central Plant	
				r namaccatical	Ш	3 ,		ooman nam	
	Obstetrical Ante/Postprtum			Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X		Administration					
X	Skilled Nursing		_						

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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:	09	Building Name:	Nursery Addition					
Type of Service Provided								
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		Anesthesia					
X	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	, l	X Clinical Lab			Outpatient		
	escent] [Radiological/ Imaging	X Newborn/ WellBaby		Surgery		
	Psychiatric Nursing] [Pharmaceutical	Emergency		Central Plant		
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine	X	Support Services		
	Intermediate Care		Administration					
	Skilled Nursin	g						

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	10 Buildin	ng Name: Laundry Building		
Type of Servic	e Provided			
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	Anesthesia		
	IntensiveCare	Anestnesia	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	Clinical Lab		Outpatient
	escent Psychiatric	Radiological/ Imaging	Newborn/ WellBaby	LLI Surgery
	Nursing	Pharmaceutical	Emergency	X Central Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services
	Intermediate Care	Administration		
	Skilled Nursing			

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

Building Number: 01 Building Name: West Wing/ER Addition									
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	C 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		
1,,,1	Obstetrical Ante/Postprtum		Pharmaceutical				Central Plant		
	Intermediate		Dietetic	X	Emergency		Central Plant		
	Care				Nuclear Medicine	X	Support Services		
	Skilled Nursing		Administration						

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

Building Number:	ilding Number: 02 Building Name: North Wing/Day Surgery									
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	or NPC	5					
Type of Servic	e Provided									
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
1 1	Pediatric/Adol scent		Clinical Lab		Recovery					
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate		Dietetic							
	care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services			

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

Building Number:	03	03 Building Name: Dietary Storage									
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5						
Type of Servic	e Provided										
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
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				
	termediate	X	Dietetic	Ш	Emergency		Comman Tan				
	are killed Nursing		Administration		Nuclear Medicine	X	Support Services				

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

Building Number:	04	Building Na	me: East Tower			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servic	e Provided					
X N	ursing	X	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X Ir	ntensiveCare	X	Anesthesia	Obstetrical	Х	Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	X	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	ntermediate		Dietetic			
	are killed Nursing		Administration	Nuclear Medicine	X	Support Services

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

Building Numbe	er: 05	Building Na	me: West Tower				
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 5 and NPC 4	or NPC	5		
Type of Serv	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic			_	25
X	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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

Building Number:	06	Building Na	me: Engineering				
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	C 4 or NPC	5		
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	itermediate		Dietetic		Lineigency		Ociillai Fiaiil
	are				Nuclear Medicine	X	Support Services
S	killed Nursing		Administration				

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

Building Number: 07 Building Name: East Wing									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NP	C 4 or NPC	5				
Type of Serv	vice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency	П	Central Plant		
	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support		
	Skilled Nursing		Administration		Nucleal Medicille		Services		

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

Building Number:	: 08 Building Name: Central Plant Addition									
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	or NPC	5					
Type of Service	ce Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	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							
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services			

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

Building Numbe	er: 09	Building Na	me: Nursery Additio	n			
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5		
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	Х	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Lineigency		Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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

Building Number:	10	Building Nar	me: Laundry Building			
Configuration :	Remove from GAC	service by	1/1/2013			
Type of Service	Provided					
Nu	ursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia	Obstetrical		Renal Dialysis
I I	ediatric/Adol cent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	Emergency	X	Central Plant
Int Ca	ermediate		Dietetic			
	tilled Nursing		Administration	Nuclear Medicine	X	Support Services

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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: 01							
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	
X	Obstetrical Ante/Postprtum	Inpatient Beds	29		Pharmaceutical	X Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		29					

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

Building Number: 02							
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					

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

Building Number: 03							
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	X	Dietetic	Nuclear Medicine	X 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: 04							
Тур	Type of Service Provided							
X	Nursing	Inpatient Beds	136	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	12	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X 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		148					

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

Building Nu	Building Number: 06 Building Name: Engineering								
Type of S	Type of Service Provided								
Nurs	sing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Inter	nsiveCare	Inpatient Beds	0		Anesthesia				
Pedi esce	iatric/Adol ent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psyc Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	tetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
Inter Care	rmediate e	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
Skille	ed Nursing	Inpatient Beds	0		Administration				
Tota Build	al Beds this ding		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)

Buildin	ng Number: 07								
<u>Type</u>	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	19		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		19						

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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: 08							
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	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					

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Building Number:	1 Build	ing Name: Wes	t Wing/ER Addition			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn	Burn		Skilled Nursing	
Inpatient 29 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	29	29	

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Building Number:	02 Build	ding Name: Nort	h Wing/Day Surgery		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Coronary Care		Chemical Dependency		Building Per Bu	otal Beds this uilding Per ervice
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	03 Bui	Iding Name: Dietar	ry Storage		
Medical / Surgical (In	clude 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 Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care New Nursery	born	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 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 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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Building Number:	4 Build	ing Name: East	t Tower		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 136 Bed	Inpatient 30490 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	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 12 Bed	Inpatient 3584 Days	Inpatient 0 Bed	Inpatient 0 Days	148	148

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Building Number:	06 Bu	Iding Name: Engineering			
Medical / Surgical (Ir	clude GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0	Inpatient 0 Days	
Perinatal (excluse No	ewborn / GYN)	Burn	Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery	Intermediate Card	l	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center	Int. Care / develop Disabled	oment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed 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 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 0	0	

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Building Number:	7 Build	ing Name: East	Wing		
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 / developn Disabled	nent
Inpatient 19 Bed	Inpatient 4918 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 Days	19	19

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Building Number:	08 E	Building Name: Cent	ral Plant Addition		
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 No	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 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 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 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	