Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:1 of 42

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

Facility Number:	11527	
Facility Name:	Helford (Clinical Research Hosp At City Of Hope
Address:	1500 E.	Duarte Rd.
City:	Duarte	
Hospital Owner/Lic	ensee:	City of Hope National Medical Center
Year of Rep	oorting:	2011
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	David Wade
Submission	n Date:	1/29/2012 3:00:00 PM

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:2 of 42

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 Ratir If Required	ng Extension Date	Anticipated Completion Date
02	Northwest	1500 E. Duarte Rd.	Replace	SPC5	01/01/2013	08/01/2005
03	Machris	1500 E. Duarte Rd.	Replace	SPC5	01/01/2013	08/01/2005
04	Main Medical	1500 E. Duarte Rd.	Retrofit	SPC2	01/01/2013	01/01/2014
10	Boiler Building	1500 E. Duarte Rd.	Replace	SPC5	01/01/2013	06/01/1995

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:3 of 42

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: 02 Northwest Facility Project Sub Scope	Retrofit/Replacement Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA
Number Num	in Date Date Date Review
11527 HL980988 0 REPLACEMENT HOSPITAL	06/16/1998 08/16/2001 09/13/2001 CLSD No
Building No: 03 Machris	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11527 HL980988 0 REPLACEMENT HOSPITAL	06/16/1998 08/16/2001 09/13/2001 CLSD No
Building No: 04 Main Medical	Retrofit/Replacement Hazus-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11527 HL980988 0	06/16/1998 08/16/2001 CLSD No
Building No: 10 Boiler Building	Retrofit/Replacement Yes-Planned
	Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope

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

Page:4 of 42

Building Number: 02	Buildi	ng Name: Northwest					
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	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 Obstetrical	Outpatient Surgery			
		Total Beds this Building	Cesarean/Deliv	Central Plant			

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:5 of 42

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

Building Number: 03	Buildir	ng Name: Machris		
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 Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte

Page:6 of 42

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

Building Number: 04 Building Name: Main Medical					
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	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building	Gesaleal/Deliv	Central Plant	

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2011

11527

Helford Clinical Research Hosp At City Of Hope

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Page:7 of 42

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: Boiler 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		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery		
		Total Beds this Building	Cesarean/Deliv	Central Plant		

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:8 of 42

Building Number:	02	Building Name: North	hwest			
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 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 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

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:9 of 42

Building Number:	03	Building Name: Ma	achris			
Medical / Surgical	(Include GYN)	Acute Respirato	ry 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 N Nursery	lewborn	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 Bed	Inpatient 0 Days	0	0	

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:10 of 42

Building Number:	04	Building Name: Ma	ain Medical			
Medical / Surgical	(Include GYN)	Acute Respirato	ry 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 N Nursery	lewborn	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 Days	0	0	

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:11 of 42

Building Number: 10	Buildi	ng Name: Boile	er Building		
Medical / Surgical (Inclu	de GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Inpa Bed Days	tient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newb	orn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpa Bed Days	tient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 Inpat Bed 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 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	0	0

Report Year

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:12 of 42

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

Building Number	Building Name	Building to be Removed
02	Northwest	П
03	Machris	Π
04	Main Medical	П
05	ICU	П
06	Wing 1	П
07	Wing 5	П
08	Wing 6	П
09	Food Service Facility	П
10	Boiler Building	П
11	Chiller Addition	П
12	Helford Clinical Reasearch Hospital	

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope

Duarte

Page:13 of 42

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:14 of 42

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:	02	Building Name:	Northwest		
Type of Service	e Provided		_		
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		Decel District
	IntensiveCare		7	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		_ Clinical Lab	Newborn/	Outpatient Surgery
П	Psychiatric		Radiological/ Imaging	WellBaby	
	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m	Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
	Skilled Nursin	g			

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Page:15 of 42

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:	03	Building Name:	Machris		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	, [Clinical Lab		Outpatient
	escent		Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency	Central Plant
			Filamiaceutical	Linergeney	Central Flant
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		_		
	Cale		Administration		
	Skilled Nursin	g			

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Page:16 of 42

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:	04	Building Name:	Main Medical		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	, L	Clinical Lab		Outpatient
_			Radiological/ Imaging	Newborn/ WellBaby	Surgery
Ш	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Support
	, and, i odipitu	E	Dietetic Med		Services
	Intermediate Care		Administration		
П	Skilled Nursin	g			

Report Year:	2011 11527	Helford Clinical Research Hosp At City Of	Duarte	Page:17 of 42
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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	Building Name:	Boiler Building			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstatical				Ш	Commun ram
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine		Support Services
	Intermediate		_			
	Care		Administration			
	Skilled Nursin	g				

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:18 of 42

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

Building Number:	02	Building Na	me: Northwest					
Configuration .	ration Replace with new SPC 5 and NPC 4 or NPC 5 building							
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 lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate		Dietetic				Contract talk	
	are killed Nursing		Administration		Nuclear Medicine		Support Services	

Report Year:	2011	11527	Helford Clinical Research Hosp At City Of	Duarte	Page:19 of 42
Report Year:	2011	11527	Helford Clinical Research Hosp At City Of Hope	Duarte	Page:19 of 42

Building Number:	03	Building Na	me: Machris					
Configuration Replace with new SPC 5 and NPC 4 or NPC 5 building								
Type of Service	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		Dietetic					
	are killed Nursing		Administration		Nuclear Medicine		Support Services	

Report Year:	2011	11527	Helford Clinical Research Hosp At City Of	Duarte	Page:20 of 42
			Hope		ı

Building Number:	04	Building Na	me: Main Medical			
Configuration .	Remove from GAC	service by	1/1/2030			
Type of Service	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		Dietetic	_	Lineigonoy	Contract faint
	are killed Nursing		Administration		Nuclear Medicine	Support Services

Report Year:	2011	11527	· · · · · · · · · · · · · · · · · · ·	Duarte	Page:21 of 42
·			Hope		· ·

Building Number:	05	Building Na	me: ICU				
Configuration .	Remove from GAC	service by	1/1/2030				
Type of Service	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	П	Emergency	П	Central Plant
	termediate are		Dietetic				
	killed Nursing		Administration	Ш	Nuclear Medicine		Support Services

Report Year:	2011	11527	and the contract of the contra	Duarte	Page:22 of 42
			Hope		

Building Number:	06	Building Na	me: Wing 1			
Configuration .	Remove from GAC	service by	1/1/2030			
Type of Service	e Provided					
X	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic	_	Lineigonoy	Contract faint
	care skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year:	2011	11527	Helford Clinical Research Hosp At City Of Hope	Duarte	Page:23 of 42
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Building Number:	07	Building Na	me: Wing 5		
Configuration .	Remove from GAC	Service by	1/1/2030		
Type of Service	ce Provided				
X	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	Central Plant
	ntermediate		Dietetic		
	Care Skilled Nursing		Administration	Nuclear Medicine	Support Services

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:24 of 42

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 Na	me: Wing 6		
Configuration .	Remove from GAC	service by	1/1/2030		
Type of Service	ce Provided				
X N	lursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery	
	Psychiatric Jursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical	Emergency	Central Plant
	ntermediate		Dietetic		
	Care Skilled Nursing		Administration	Nuclear Medicine	Support Services

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:25 of 42

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:	09	Building Na	me: Food Service F	acility		
Configuration .	Retrofit Conformin	g building to	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			
	are killed Nursing		Administration		Nuclear Medicine	Support Services

Report Year:	2011	11527	·	Duarte	Page:26 of 42
			Hope		

Building Number:	10	Building Na	me: Boiler Building		
Configuration:	N/A				
Type of Service	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		Dietetic		osimari min
	are killed Nursing		Administration	Nuclear Medicine	Support Services

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:27 of 42

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

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:28 of 42

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: 12	Building Na	me: Helford Clinical	Reasearch	Hospital		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
X	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:29 of 42

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:	Building Number: 05 Building Name: ICU							
Type of Service	Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveC	are Inpatient Beds	0		Anesthesia				
Pediatric/A	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postp		0		Pharmaceutical	Emergency	Central Plant		
Intermedia Care	te Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nu	rsing Inpatient Beds	0		Administration				
Total Beds Building	this	0						

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte

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:30 of 42

Build								
Тур	Type of Service Provided							
X	Nursing	Inpatient Beds	25		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		25					

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Page:31 of 42

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:								
Type of Service	Type of Service Provided							
X Nursing	Inpatient Beds	23		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveC	are Inpatient Beds	0		Anesthesia				
Pediatric/A escent	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postp		0		Pharmaceutical	Emergency	Central Plant		
Intermedia Care	te Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nur	rsing Inpatient Beds	0		Administration				
Total Beds Building	this	23						

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte

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:32 of 42

Building Number: 08 Building Name: Wing 6								
Type of Ser	Type of Service Provided							
X Nursin	g Inpatient Beds	25		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Intensi	veCare Inpatient Beds	0		Anesthesia				
Pediati escent	ic/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychi Nursin		0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstet Ante/P	rical Inpatient ostprtum Beds	0		Pharmaceutical	Emergency	Central Plant		
Interme Care	ediate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled	Nursing Inpatient Beds	0		Administration				
Total B Buildin	eds this	25						

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:33 of 42

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:								
Type of Service Pr	Type of Service Provided							
Nursing	Inpatient Beds	0	s	urgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Ar	nesthesia				
Pediatric/Adol	I Inpatient Beds	0	C	linical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pt	harmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	X _{Di}	ietetic	Nuclear Medicine	Support Services		
Skilled Nursin	g Inpatient Beds	0	Ad	dministration				
Total Beds thi Building	s	0						

Report Year: 2011 11527 Helford Clinical Research Hosp At City Of Hope Duarte Page:34 of 42

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:								
Type of Service P	Type of Service Provided							
Nursing	Inpatient Beds	0	Surgica	al Obstetrica Cesarear				
IntensiveCare	e Inpatient Beds	0	Anesth	esia				
Pediatric/Ado	l Inpatient Beds	0	Clinical	I Lab Obstetrical Recovery				
Psychiatric Nursing	Inpatient Beds	0	Radiolo Imagin					
Obstetrical Ante/Postprtu	Inpatient ım Beds	0	Pharma	aceutical Emergen	cy X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetio	Nuclear Medicine	Support Services			
Skilled Nursir	ng Inpatient Beds	0	Admini	stration				
Total Beds th Building	is	0						

2011

11527

Helford Clinical Research Hosp At City Of Hope

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Page:35 of 42

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: 12	Buildir	ng Name:	lelford Clinic	al Reasearch Hospita	l		
Туре	Type of Service Provided							
X	Nursing	Inpatient Beds	108	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	18	X	Anesthesia			
X	Pediatric/Adol escent	Inpatient Beds	18	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		144					

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:36 of 42

Building Number:	5 Build	ing Name:			
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		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 / develop	nent
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

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:37 of 42

Building Number:	6 Build	ing Name: Wing	j 1		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 25 Bed	Inpatient 0 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 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 / develop Disabled	nent
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 Days	25	25

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:38 of 42

Building Number:	07 Build	ing Name: Wing	1 5		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 23 Bed	Inpatient 2458 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 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 / developm Disabled	nent
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 Days	23	23

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:39 of 42

Building Number:	08 Build	ing Name: Wing	16		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 25 Bed	Inpatient 5100 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	
Pediatric		intensive Care Newborn Nursery		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	25 25	

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:40 of 42

Building Number:	09 Build	ding Name: Food	d Service Facility		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		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 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

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:41 of 42

Building Number:	11 Build	ling Name: Chille	er Addition		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0
Coronary Care		Chemical Dependency			al Beds this ding Per vice
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

11527

Helford Clinical Research Hosp At City Of Hope

Duarte

Page:42 of 42

Building Number: 1	2 Build	Building Name: Helford Clinical Reasearch Hospital			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 108 Bed	Inpatient 36714 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	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 18 Bed	Inpatient 4987 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 18 Bed	Inpatient 5154 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	144	144