| Report Year: | 2011 |
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11598 E

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

| Facility Number:                   | 11598    |                           |
|------------------------------------|----------|---------------------------|
| Facility Name:                     | East Los | Angeles Doctors Hospital  |
| Address:                           | 4060 Wh  | ittier Blvd.              |
| City:                              | Los Ange | eles                      |
| Hospital Owner/Lice<br>Year of Rep |          | Avanti Health System 2011 |
| Contact 1 e-mail Ad                | ldress:  |                           |
| Contact 2 e-mail Ad                | ldress:  |                           |
| Contact 3 e-mail Add               | dress::  |                           |
| Name of Sub                        | mitter:  | Craig                     |
| Submission                         | n Date:  | 1/29/2012 3:00:00 PM      |

| Report Year: | 2011 1 | 1598 | East Los Angeles Doctors Hospital |  | Los Angeles | Page:2 of 21 |
|--------------|--------|------|-----------------------------------|--|-------------|--------------|
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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg.<br>No. | Building Name     | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | g Extension<br>Date | Anticipated<br>Completion Date |
|--------------|-------------------|----------------------------|------------------------|---------------------------------|---------------------|--------------------------------|
| 01           | Original Building | 4060 Whittier Blvd.        | Retrofit               | SPC2                            | 01/01/2013          | 01/01/2015                     |
| 02           | East Addition     | 4060 Whittier Blvd.        | Retrofit               | SPC2                            | 01/01/2013          | 01/01/2015                     |
| 03           | North Addition    | 4060 Whittier Blvd.        | Retrofit               | SPC2                            | 01/01/2013          | 01/01/2015                     |
| 04A          | South Addition    | 4060 Whittier Blvd.        | Retrofit               | SPC2                            | 01/01/2013          | 01/01/2015                     |

| Report Year: | 2011 11598 | East Los Angeles Doctors Hospital | Los Angeles | Page:3 of 21 |
|--------------|------------|-----------------------------------|-------------|--------------|
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Report Status: Data Last Update: 01/23/2012 Submission Date: 01/29/2012 Print Date: 1/30/2012 12:45 PM

| 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  | vided             |                                      |                                 |                           |  |
| Nursing   | Inpatient<br>Beds | 0 Inpatient 0<br>Days                | X Surgical                      | Obstetrical<br>Recovery   |  |
| IntensiveCare   | Inpatient<br>Beds | 0 Inpatient Days 0                   | X Anesthesia                    | Newborn/<br>WellBaby      |  |
| Pediatric/Adol<br>escent  | Inpatient<br>Beds | 0 Inpatient Days 0                   | Clinical Lab                    | Emergency                 |  |
| Psychiatric<br>Nursing  | Inpatient<br>Beds | 0 Inpatient Days 0                   | X Radiological/<br>Imaging      | Nuclear<br>Medicine       |  |
| Obstetrical<br>Ante/Postprtum   | Inpatient<br>Beds | 0 Inpatient Days 0                   | Pharmaceutical     Dietetic     | Rehabilitation<br>Therapy |  |
| Intermediate<br>Care  | Inpatient<br>Beds | 0 Inpatient Days 0                   | X Administration                | Renal Dialysis            |  |
| Skilled Nursing   | Inpatient<br>Beds | 0 Inpatient Days 0                   | X Support<br>Services           | X Outpatient<br>Surgery   |  |
|   | 2000              | Total Beds this <b>0</b><br>Building | X Obstetrical<br>Cesarean/Deliv | Central Plant             |  |

| Report Year: |  |
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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: 02           | Buildi            | ng Name: East Addition               |                             |                             |
|-------------------------------|-------------------|--------------------------------------|-----------------------------|-----------------------------|
| Type of Service Prov          | <u>vided</u>      |                                      |                             |                             |
| Nursing                       | Inpatient<br>Beds | 0 Inpatient 0<br>Days                | Surgical                    | Obstetrical<br>Recovery     |
| IntensiveCare                 | Inpatient<br>Beds | 0 Inpatient Days 0                   | Anesthesia                  | Newborn/<br>WellBaby        |
| Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 Inpatient Days 0                   | Clinical Lab                | Emergency                   |
| Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                   | Radiological/<br>Imaging    | Nuclear<br>Medicine         |
| Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                   | Pharmaceutical     Dietetic | X Rehabilitation<br>Therapy |
| Intermediate<br>Care          | Inpatient<br>Beds | 0 Inpatient Days 0                   | Administration              | Renal Dialysis              |
| Skilled Nursing               | Inpatient<br>Beds | 0 Inpatient Days 0                   | X Support<br>Services       | Outpatient<br>Surgery       |
|                               |                   | Total Beds this <b>0</b><br>Building | Cesarean/Deliv              | Central Plant               |

| Report Year: |  |
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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: 03             | Buildi            | ng Name: North Addition        |                            |                           |
|---------------------------------|-------------------|--------------------------------|----------------------------|---------------------------|
| Type of Service Prov            | <u>/ided</u>      |                                |                            |                           |
| Nursing                         | Inpatient<br>Beds | 0 Inpatient 0<br>Days          | Surgical                   | X Obstetrical<br>Recovery |
| IntensiveCare                   | Inpatient<br>Beds | 0 Inpatient Days 0             | Anesthesia                 | X Newborn/<br>WellBaby    |
| X Pediatric/Adol<br>escent      | Inpatient<br>Beds | 7 Inpatient Days 1396          | X Clinical Lab             | Emergency                 |
| Psychiatric<br>Nursing          | Inpatient<br>Beds | 0 Inpatient Days 0             | X Radiological/<br>Imaging | Nuclear<br>Medicine       |
| X Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 14 Inpatient Days 2465         | X Pharmaceutical           | Rehabilitation<br>Therapy |
| Intermediate<br>Care            | Inpatient<br>Beds | 0 Inpatient Days 0             | Administration             | Renal Dialysis            |
| Skilled Nursing                 | Inpatient<br>Beds | 0 Inpatient Days 0             | Support<br>Services        | Outpatient<br>Surgery     |
|                                 |                   | Total Beds this 21<br>Building | Cesarean/Deliv             | Central Plant             |

| Report Year: |  |
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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: 04           | A Buildi          | ing Name: South Addition                             |  |                           |
|-------------------------------|-------------------|--|--|---------------------------|
| Type of Service Prov          | /ided             |  |  |                           |
| X Nursing                     | Inpatient<br>Beds | 71 Inpatient 13559<br>Days                           | Surgical   | Obstetrical<br>Recovery   |
| X IntensiveCare               | Inpatient<br>Beds | 10 Inpatient Days 2880                               | Anesthesia   | Newborn/<br>WellBaby      |
| Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 Inpatient Days 0                                   | Clinical Lab   | X Emergency               |
| Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                                   | Radiological/<br>Imaging                             | Nuclear<br>Medicine       |
| Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                                   | Pharmaceutical                                       | Rehabilitation<br>Therapy |
| Intermediate<br>Care          | Inpatient<br>Beds | 0 Inpatient Days 0                                   |  | Renal Dialysis            |
| X Skilled Nursing             | Inpatient<br>Beds | 25 Inpatient Days 8969<br>Total Beds this <b>106</b> | Support<br>Services<br>Obstetrical<br>Cesarean/Deliv | Outpatient<br>Surgery     |
|                               |                   | Building   |  | Central Plant             |

#### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number:   | 01                  | Building Name: Oric          | jinal Building      |   |  |
|--------------------|---------------------|------------------------------|---------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respirator             | / Care              | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)      | Burn                         |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric          |                     | intensive Care Ne<br>Nursery | wborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center     |                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency       |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | 0                                       | 0  |

| Report Year: | 20 |
|--------------|----|
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Los Angeles

## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number:   | 02 E                | Building Name: Eas           | t Addition          |   |  |
|--------------------|---------------------|------------------------------|---------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respiratory            | y Care              | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)      | Burn                         |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric          |                     | intensive Care Ne<br>Nursery | wborn               | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center     |                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency       |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient 0<br>Bed           | Inpatient 0<br>Days | 0                                       | 0  |

| Report Year: | 2011 |
|--------------|------|
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Los Angeles

## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number: 03                | Building Name:           | North Addition        |   |  |
|------------------------------------|--------------------------|-----------------------|---|--|
| Medical / Surgical (Include C      | GYN) Acute Respir        | atory Care            | Acute Psychiatric                       |  |
| Inpatient 0 Inpatient<br>Bed Days  | 0 Inpatient Bed          | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Newborn         | / GYN) Burn              |                       | Skilled Nursing                         |  |
| Inpatient 14 Inpatient<br>Bed Days | 2184 Inpatient Bed       | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric                          | intensive Car<br>Nursery | e Newborn             | Intermediate Card                       |  |
| Inpatient 7 Inpatient<br>Bed Days  | 1396 Inpatient Bed       | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care                     | Rehabilitatior<br>Center | 1                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 0 Inpatient<br>Bed Days  | 0 Inpatient Bed          | 0 Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care                      | Chemical<br>Dependency   |                       | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0 Inpatient<br>Bed Days  | 0 Inpatient Bed          | 0 Inpatient 0<br>Days | 21                                      | 21   |

| Report Year: | 20 |
|--------------|----|
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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:    | 04A                      | Building Name: So           | uth Addition        |   |  |
|---------------------|--------------------------|-----------------------------|---------------------|---|--|
| Medical / Surgical  | (Include GYN)            | Acute Respirato             | ry Care             | Acute Psychiatric                       |  |
| Inpatient 71<br>Bed | Inpatient 1357<br>Days 6 | Inpatient 0<br>Bed          | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse  | Newborn / GYN)           | Burn                        |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed  | Inpatient 0<br>Days      | Inpatient 0<br>Bed          | Inpatient 0<br>Days | Inpatient 25<br>Bed                     | Inpatient 8877<br>Days                     |
| Pediatric           |                          | intensive Care N<br>Nursery | ewborn              | Intermediate Card                       |  |
| Inpatient 0<br>Bed  | Inpatient 0<br>Days      | Inpatient 0<br>Bed          | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care      |                          | Rehabilitation<br>Center    |                     | Int. Care / develop<br>Disabled         | ment                                       |
| Inpatient 4<br>Bed  | Inpatient 2908<br>Days   | Inpatient 0<br>Bed          | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care       |                          | Chemical<br>Dependency      |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 6<br>Bed  | Inpatient 0<br>Days      | Inpatient 0<br>Bed          | Inpatient 0<br>Days | 106                                     | 106  |

| Report Year: | 2011 11598 | East Los Angeles Doctors Hospital | Los Angeles | Page:12 of 21 |
|--------------|------------|-----------------------------------|-------------|---------------|
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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building<br>Number | Building<br>Name  | Building to<br>be Removed |
|--------------------|-------------------|---------------------------|
| 01                 | Original Building |                           |
| 02                 | East Addition     |                           |
| 03                 | North Addition    |                           |
| 04A                | South Addition    |                           |
| 04A                | South Addition    |                           |

 Report Status:
 Data Last Update:
 01/23/2012
 Submission Date:
 01/29/2012
 Print Date:
 1/30/2012 12:45 PM

| Report Year: | 2011 11598 | East Los Angeles Doctors Hospital | Los Angeles | Page:13 of 21 |
|--------------|------------|-----------------------------------|-------------|---------------|
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|              |            |                                   |             |               |
|              |            |                                   |             |               |

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

| Building Number: | 01 Build                      | ng Name: | Driginal Building        |                                 |   |                           |
|------------------|-------------------------------|----------|--------------------------|---------------------------------|---|---------------------------|
| Type of Service  | e Provided                    |          |                          |                                 |   |                           |
|                  |                               | X        | Surgical                 | X Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                  | Nursing                       | X        | Anesthesia               |                                 |   |                           |
|                  | IntensiveCare                 |          |                          | Obstetrical<br>Recovery         |   | Renal Dialysis            |
|                  | Pediatric/Adol                |          | Clinical Lab             | _                               | X | Outpatient                |
|                  | escent                        | X        | Radiological/<br>Imaging | Newborn/<br>WellBaby            |   | Surgery                   |
|                  | Psychiatric<br>Nursing        |          | Pharmaceutical           | Emergency                       |   | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtum |          | Dietetic                 | Nuclear<br>Medicine             | X | Support<br>Services       |
|                  | Intermediate<br>Care          | X        | Administration           |                                 |   |                           |
|                  | Skilled Nursing               |          |                          |                                 |   |                           |

Report Status: Data Last Update: 01/23/2012

| Report Year: | 2011 |
|--------------|------|
|--------------|------|

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: | Ea | ast Addition                  |                               |   |                           |
|------------------|------------------------------|----------------|----|-------------------------------|-------------------------------|---|---------------------------|
| Type of Servic   | e Provided                   | [              |    | Surgical                      | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |
|                  | Nursing<br>IntensiveCare     | , [ [          |    | Anesthesia                    | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|                  | Pediatric/Ado<br>escent      |                |    | Clinical Lab<br>Radiological/ | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                  | Psychiatric<br>Nursing       |                |    | Imaging<br>Pharmaceutical     | Emergency                     |   | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtu | m [            |    | Dietetic                      | Nuclear<br>Medicine           | X | Support<br>Services       |
|                  | Intermediate<br>Care         |                |    | Administration                |                               |   |                           |
|                  | Skilled Nursin               | ng I           |    |                               |                               |   |                           |

| Report Year: | 2011 |
|--------------|------|
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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: | 03                           | Building Name: | No                | orth Addition                 |   |                               |                           |
|------------------|------------------------------|----------------|-------------------|-------------------------------|---|-------------------------------|---------------------------|
| Type of Servic   | e Provided                   | [              |                   | Surgical                      |   | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                  | Nursing                      |                |                   | Anesthesia                    | x | Obstetrical                   | Renal Dialysis            |
|                  | IntensiveCare                |                |                   | Clinical Lab                  |   | Recovery                      |                           |
| X                | Pediatric/Adol<br>escent     |                | $\langle \rangle$ | Clinical Lab<br>Radiological/ | X | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                  | Psychiatric<br>Nursing       | Þ              | $\langle$         | Imaging<br>Pharmaceutical     |   | Emergency                     | Central Plant             |
| X                | Obstetrical<br>Ante/Postprtu | <sup>m</sup> [ |                   | Dietetic                      |   | Nuclear<br>Medicine           | Support<br>Services       |
|                  | Intermediate<br>Care         |                |                   | Administration                |   |                               |                           |
|                  | Skilled Nursin               | g              |                   |                               |   |                               |                           |

Los Angeles

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: | 04A Build                     | ng Name: | South Addition                             |                         |   |                       |
|------------------|-------------------------------|----------|--|-------------------------|---|-----------------------|
| Type of Service  | e Provided                    |          | Surgical                                   | Obstetrical             |   | Rehabilitation        |
| X                | Nursing                       |          | Anesthesia                                 | Cesarean/Deliv          | _ | Therapy               |
| X                | IntensiveCare                 | _        | _  | Obstetrical<br>Recovery |   | Renal Dialysis        |
|                  | Pediatric/Adol<br>escent      |          | Clinical Lab                               | Newborn/                |   | Outpatient<br>Surgery |
|                  | Psychiatric<br>Nursing        |          | Radiological/<br>Imaging<br>Pharmaceutical | WellBaby                |   | Central Plant         |
|                  | Obstetrical<br>Ante/Postprtum | X        | 1  | Nuclear<br>Medicine     |   | Support<br>Services   |
|                  | Intermediate<br>Care          |          | Administration                             |                         |   |                       |
| X                | Skilled Nursing               |          |  |                         |   |                       |

Report Status: Data Last Update: 01/23/2012

| Report Year: | 2011 11598 | East Los Angeles Doctors Hospital |  | Los Angeles | Page:18 of 21 |
|--------------|------------|-----------------------------------|--|-------------|---------------|
|--------------|------------|-----------------------------------|--|-------------|---------------|

| Building Number | r: 01                         | Building Na   | me: Original Building    |        |                               |   |                           |
|-----------------|-------------------------------|---------------|--------------------------|--------|-------------------------------|---|---------------------------|
| Configuration   | Retrofit Non-Confo            | orming buildi | ng to SPC 5 and NPC 4    | or NPC | 5                             |   |                           |
| Type of Serv    | ice Provided                  |               |                          |        |                               |   |                           |
|                 | Nursing                       | X             | Surgical                 | X      | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                 | IntensiveCare                 | X             | Anesthesia               |        | Obstetrical                   |   | Renal Dialysis            |
|                 | Pediatric/Adol<br>escent      |               | Clinical Lab             |        | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing        | X             | Radiological/<br>Imaging |        | Newborn/<br>WellBaby          | X | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           |        | _                             | — |                           |
|                 |                               |               | Distatis                 |        | Emergency                     |   | Central Plant             |
|                 | Intermediate<br>Care          |               | Dietetic                 |        | Nuclear Medicine              | X | Support                   |
|                 | Skilled Nursing               | X             | Administration           |        |                               |   | Services                  |

Report Status: Data Last Update: 01/23/2012

| Report Year: | 2011 11598 | East Los Angeles Doctors Hospital |  | Los Angeles | Page:19 of 21 |
|--------------|------------|-----------------------------------|--|-------------|---------------|
|--------------|------------|-----------------------------------|--|-------------|---------------|

| Building Numbe | r: 02                         | Building Na   | me: East Addition        |        |                               |   |                           |
|----------------|-------------------------------|---------------|--------------------------|--------|-------------------------------|---|---------------------------|
| Configuration  | Retrofit Non-Confo            | orming buildi | ng to SPC 5 and NPC 4    | or NPC | 5                             |   |                           |
| Type of Serv   | rice Provided                 |               |                          |        |                               |   |                           |
|                | Nursing                       |               | Surgical                 |        | Obstetrical<br>Cesarean/Deliv | X | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |               | Anesthesia               |        | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol<br>escent      |               | Clinical Lab             |        | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing        |               | Radiological/<br>Imaging |        | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |               | Pharmaceutical           | _      | _                             |   |                           |
|                |                               |               | Dietetic                 |        | Emergency                     |   | Central Plant             |
|                | Intermediate<br>Care          |               |                          |        | Nuclear Medicine              | X | Support<br>Services       |
|                | Skilled Nursing               |               | Administration           |        |                               |   |                           |

Report Status: Data Last Update: 01/23/2012

| Report Year: | 2011 | 11598 |  | East Los Angeles Doctors Hospital |  | Los Angeles | Page:20 of 21 |
|--------------|------|-------|--|-----------------------------------|--|-------------|---------------|
|--------------|------|-------|--|-----------------------------------|--|-------------|---------------|

| Building Numbe | er: 03                        | Building Na   | me: North Addition       |            |                               |                           |
|----------------|-------------------------------|---------------|--------------------------|------------|-------------------------------|---------------------------|
| Configuration  | Retrofit Non-Confo            | orming buildi | ng to SPC 5 and NPC      | C 4 or NPC | 5                             |                           |
| Type of Serv   | vice Provided                 |               |                          |            |                               |                           |
|                | Nursing                       |               | Surgical                 |            | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |               | Anesthesia               | X          | Obstetrical                   | Renal Dialysis            |
| X              | Pediatric/Adol<br>escent      | X             | Clinical Lab             |            | Recovery                      |                           |
|                | Psychiatric<br>Nursing        | X             | Radiological/<br>Imaging | X          | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
| X              | Obstetrical<br>Ante/Postprtum | X             | Pharmaceutical           |            | Emergency                     | Central Plant             |
|                | Intermediate                  |               | Dietetic                 |            | Linergency                    | <br>Central Flant         |
|                | Care<br>Skilled Nursing       |               | Administration           |            | Nuclear Medicine              | Support<br>Services       |

Report Status: Data Last Update: 01/23/2012

| Report Year: | 2011 11598 | East Los Angeles Doctors Hospital | Los Angeles | Page:21 of 21 |
|--------------|------------|-----------------------------------|-------------|---------------|
|--------------|------------|-----------------------------------|-------------|---------------|

| Building Number:                 | 04A                        | Building Na                                 | me: South Addition       |   |                               |  |                           |
|----------------------------------|----------------------------|---|--------------------------|---|-------------------------------|--|---------------------------|
| Configuration Retrofit Non-Confo |                            | orming building to SPC 5 and NPC 4 or NPC 5 |                          |   |                               |  |                           |
| Type of Service Provided         |                            |   |                          |   |                               |  |                           |
| X Nu                             | irsing                     |   | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |
| X Inte                           | ensiveCare                 |   | Anesthesia               |   | Obstetrical                   |  | Renal Dialysis            |
|                                  | diatric/Adol<br>cent       |   | Clinical Lab             |   | Recovery                      |  |                           |
|                                  | ychiatric<br>Irsing        |   | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |  | Outpatient<br>Surgery     |
|                                  | ostetrical<br>te/Postprtum |   | Pharmaceutical           | X | Emergency                     |  | Central Plant             |
| Inte<br>Ca                       | ermediate<br>are           | X   | Dietetic                 |   | Nuclear Medicine              |  | Support<br>Services       |
| X Ski                            | illed Nursing              |   | Administration           |   |                               |  | Services                  |
|                                  |                            |   |                          |   |                               |  |                           |

Report Status: Data Last Update: 01/23/2012