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

Facility Number:	11621	
Facility Name:	Encino Hospital Medical Center	
Address:	16237 Ventura Blvd.	
City:	Encino	
Hospital Owner/Lice	ensee: Prime Healthcare Services Encino, LLC	
Year of Rep	porting: 2011	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	pmitter: Puchlik Design Associates	
Submission	n 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
01	North Wing	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2013	12/01/2012
02	West Wing	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2013	12/01/2012
03	Main Tower / Basement	16237 Ventura Blvd.	Retrofit	SPC2	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).

Building No: 01 North Wing			Retrofit/Replacement Yes-Submitted Project:			
Facility Project Sub Number Number Num	Scope	Date Plan A	Approved Proj. Start Proj. Comple Date Date Date	ted Status CEQA Review		
11621 SL110746	0 VSI BLDG #1 NORTH WING	03/29/2011	02/01/2012 12/01/201	2 OPEN No		
Building No: 02	West Wing		Retrofit/Replacement Project:	Yes-Submitted		
Facility Project Sub Number Number Num	Scope	Date Plan A in	Approved Proj. Start Proj. Comple Date Date Date	ted Status CEQA Review		
11621 SL110744	0 VSI BLDG #2 WEST WING	03/29/2011	02/01/2012 12/01/201	2 OPEN No		
Building No: 03	Main Tower / Basement / Mech Bldg		Retrofit/Replacement Project:	Yes-Submitted		
Facility Project Sub Number Number Num	Scope	Date Plan A	Approved Proj. Start Proj. Comple Date Date Date	ted Status CEQA Review		
11621 HL091434	0 SPC-2 UPGRADES TO BUILDING #3	07/07/2009		OPEN No		
11621 HL101538	0 SB 499: VSI - BUILDING 3	06/30/2010	02/01/2012 02/01/201	3 OPEN No		
11621 SL091334	0 MATERIALS TESTING PROGRAM - MAIN HOSPITAL TOWER (BLDG 3)	06/30/2009	02/18/2010	CLSD No		

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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:)1 Build	ling Name: North Wing						
Type of Service Pro	Type of Service Provided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	12 Inpatient Days 529	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
X Psychiatric Nursing	Inpatient Beds	13 Inpatient Days 4118	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtur	Inpatient n 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	X Support Services Obstetrical	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: 02	Buildiı	ng Name: West Wing		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	25 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	X 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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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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	ing Name: Main Tower / Basement / M	lech Bldg	
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	62 Inpatient 6419 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	10 Inpatient Days 441	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
X Skilled Nursing	Inpatient Beds	28 Inpatient Days 9704	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/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:	01	Building Name: North	h Wing		
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 13 Bed	Inpatient 4118 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	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 / developn Disabled	nent
Inpatient 12 Bed	Inpatient 529 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	25	25

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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:	02	Building Name: Wes	t 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 New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 25 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	25	25

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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:	03	Building Name:	fain Tower / Basement / I	Mech Bldg	
Medical / Surgical	(Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 62 Bed	Inpatient 6419 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 28 Bed	Inpatient 9704 Days
Pediatric		intensive Care I Nursery	Newborn	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 10 Bed	Inpatient 441 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	100	100

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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	North Wing	
02	West Wing	
03	Main Tower / Basement / Mech Bldg	

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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)

Divilation of Neurolands	O4 Divilation	- No N	Lauth Mina				
Building Number:	01 Buildin	g Name:	lorth Wing				
Type of Service	Provided						
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
X	IntensiveCare			Ш	Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery
			Radiological/ Imaging	Ш	WellBaby		Ourgery
X	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum		District		Nuclear Medicine	X	Support Services
			Dietetic		Wiedleine		33171333
	Intermediate Care		Administration				
	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:	02	Building Name:	West Wing								
Type of Service Provided											
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy					
X	Nursing		Anesthesia								
	IntensiveCare	·	_	Obstetrical Recovery		Renal Dialysis					
П	Pediatric/Adol		Clinical Lab	□ Nautaur/		Outpatient Surgery					
			Radiological/ Imaging	Newborn/ WellBaby		Surgery					
Ш	Psychiatric Nursing		Pharmaceutical	X Emergency	X	Central Plant					
	Obstetrical Ante/Postprtu	m _	J	Nuclear Medicine	X	Support Services					
			Dietetic	Wedene		COLVICOS					
	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:	03	Building Name:	Main Tower / Basen	nent / Mech Bldg	
Type of Servic	e Provided	l x	Surgical	Obstetrical	Rehabilitation
X	Nursing			Cesarean/Deli	
X	IntensiveCare	<u> </u>	Anesthesia	Obstetrical Recovery	X Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/	X Outpatient Surgery
	Psychiatric Nursing	<u> </u>	Radiological/ Imaging	WellBaby	
	-	X	Pharmaceutical	Emergency	X Central Plant
	Obstetrical Ante/Postprtum	n X	Dietetic	X Nuclear Medicine	X Support Services
	Intermediate Care	X	Administration		
X	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 Numbe	r: 01	Building Na	me: North Wing						
Configuration:	Retrofit Non-Confo	rming building to SPC 5 and NPC 4 or NPC 5							
Type of Serv	rice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	Intermediate Care		Dietetic						
	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: 02	Building Na	me: West Wing					
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5			
Type of Service Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant	
	Intermediate		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	er: 03	Building Na	me: Main Tower / Base	ement / N	Mech Bldg					
Configuration :	Retrofit Non-Confo	orming buildir	rming building to SPC 5 and NPC 4 or NPC 5							
Type of Service Provided										
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant			
	Intermediate	X	Dietetic							
X	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services			

Report Status: **Data Last Update**: 01/12/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:46 PM

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