Report Year:	2011
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11646 Pacific

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

Facility Number:	11646
Facility Name:	Pacific Alliance Medical Center Inc.
Address:	531 W. College St.
City:	Los Angeles
Hospital Owner/Lice Year of Rep	
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Ado	dress::
Name of Sub	mitter: Ron Anderson
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 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. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	West Wing	531 W. College St.	Retrofit	SPC2	01/01/2013	10/30/2015
02	East Wing	531 W. College St.	Retrofit	SPC2	01/01/2013	10/30/2015

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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 West Wing		Retrofit/Replacemen Project:	Hazus-Plan	ned
Facility Project Sub Scope <u>Number Num</u>	Date Plan A in	pproved Proj. Start Pr Date Date	roj. Completed Statu Date	s CEQA Review
11646 IL101468 0	06/30/2010	04/11/2011	08/26/2011 OPEN	No
11646 IL101468 0	06/30/2010	04/20/2015	10/09/2015 OPEN	No
11646 IL101468 0	06/30/2010	06/18/2012	10/05/2012 OPEN	No
11646 IL101468 0	06/30/2010	10/28/2013	05/02/2014 OPEN	No

Building No:	02	East Wing		Retrof Projec	t/Replaceme t:	ent H	azus-Planne	ed
Facility Proje <u>Number Numb</u>		Scope	Date Plan / in	Approved Date	Proj. Start Date	Proj. Complete Date	d Status	CEQA Review
11646 IL1014	70 0		06/30/2010		04/11/201	1 08/26/2011	OPEN	No
11646 IL1014	70 0		06/30/2010		04/20/201	5 10/09/2015	OPEN	No
11646 IL1014	70 0		06/30/2010		06/18/201	2 10/05/2012	OPEN	No
11646 IL1014	70 0		06/30/2010		10/28/201	3 05/02/2014	OPEN	No

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	ing Name: West Wing			
Type of Service Prov	vided				
X Nursing	Inpatient Beds	13 Inpatient 1477 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X 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	
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 695	X Pharmaceutical	X Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Uutpatient Surgery	
		Total Beds this 19 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	2 Buildi	ing Name: East Wing		
Type of Service Pro	vided			
X Nursing	Inpatient Beds	43 Inpatient 7761 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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 43 Building	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery

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:	st Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	v Care	Acute Psychiatric	
Inpatient 1 Bed	Inpatient 193 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 695 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 / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 1284 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	19	19

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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: East	t Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	v Care	Acute Psychiatric	
Inpatient 43 Bed	Inpatient 7761 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 Net 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	43	43

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

Building Number		Building to be Removed
01	West Wing	
02	East Wing	
03	Northwest Wing	x
04	Northeast Wing	X
05	South Wing	x

 Report Status:
 Data Last Update:
 01/16/2012
 Submission Date:
 01/29/2012
 Print Date:
 1/30/2012 12:46 PM

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Pacific Alliance Medical Center Inc.

Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building 03 Number:	Building Name:	Northwest Win	g	Year of Information:	2008	
				Information Current As Of:	10/26/2010	
<u>Type of Services</u> Provided						
X Nursing	Inpatient Beds	23	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient	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 Total Beds this	0	Administration			
	Building					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 03 Number:	Building Name:	Northwest	Wing	Year of Information:	2009		
				Information Current As Of:	10/26/2009		
<u>Type of Services</u> <u>Provided</u>							
X Nursing	Inpatient Beds	23	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol	Inpatient	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
escent	Beds		Radiological/	Newborn/	Outpatient		
Psychiatric Nursing	Inpatient Beds	0		WellBaby	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 th Building	is 23					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 03 Number:	Building Name:	Northwest	Wing	Year of Information:	2010		
				Information Current As Of:	10/26/2010		
<u>Type of Services</u> <u>Provided</u>							
X Nursing	Inpatient Beds	23	Surgical	Obstetrical Cesarean/Deliv	X 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	s 23					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 03 Number:	Building Name:	Northwest	Wing	Year of Information:	2011		
				Information Current As Of:			
<u>Type of Services</u> <u>Provided</u>							
X Nursing	Inpatient Beds	23	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol	Inpatient	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
escent	Beds			Newborn/	Outpatient		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	WellBaby	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	s 23					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 04 Number:	Building Name:	Northeast	Wing	Year of Information:	2008		
				Information Current As Of:			
<u>Type of Services</u> <u>Provided</u>							
X Nursing	Inpatient Beds	32	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCare	Inpatient Beds	9	Anesthesia				
Pediatric/Adol	Inpatient	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Beds Inpatient Beds	0	X 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	s 41					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 04 Number:	Building Name:	Northeast	Wing	Year of Information:	2009		
				Information Current As Of:	10/26/2010		
<u>Type of Services</u> Provided							
X Nursing	Inpatient Beds	32	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCare	Inpatient Beds	9	Anesthesia				
Pediatric/Adol	Inpatient	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis		
escent	Beds		X Radiological/	Newborn/	Outpatient		
Psychiatric Nursing	Inpatient Beds	0	Imaging	WellBaby	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	s <u>41</u>					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 04 Number:	Building Name:	Northeast	Wing	Year of Information:	2010		
				Information Current As Of:	10/26/2010		
<u>Type of Services</u> <u>Provided</u>							
X Nursing	Inpatient Beds	32	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCare	Inpatient Beds	9	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X 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	6 41					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 04 Number:	Building Name:	Northeast	Wing	Year of Information:	2011		
				Information Current As Of:			
<u>Type of Services</u> <u>Provided</u>							
X Nursing	Inpatient Beds	32	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCare	Inpatient Beds	9	Anesthesia				
Pediatric/Adol	Inpatient	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Beds Inpatient Beds	0	X 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	s 41					

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Provide the number of in from acute care services			type of service for the year of	2008, 2009 and 2010 for build	dings to be removed
Building 05 Number:	Building Name:	South Wing	g	Year of Information:	2008
				Information Current As Of:	10/26/2010
<u>Type of Services</u> Provided					
X Nursing	Inpatient Beds	12	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	Inpatient	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
escent	Beds		Radiological/	Newborn/	Outpatient
Psychiatric Nursing	Inpatient Beds	0		WellBaby	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	s 12			

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Provide the number of in from acute care services			type of service for the year of	2008, 2009 and 2010 for buil	dings to be removed
Building 05 Number:	Building Name:	South Wing	g	Year of Information:	2009
				Information Current As Of:	10/26/2010
<u>Type of Services</u> Provided					
X Nursing	Inpatient Beds	12	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	Inpatient	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
escent	Beds			Newborn/	Outpatient
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	WellBaby	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	s 12			

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Provide the number of in from acute care services			type of service for the year of	2008, 2009 and 2010 for build	dings to be removed
Building 05 Number:	Building Name:	South Wing	g	Year of Information:	2010
				Information Current As Of:	10/26/2010
<u>Type of Services</u> <u>Provided</u>					
X Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	Inpatient	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
escent	Beds Inpatient	0	Radiological/	Newborn/	Outpatient
Nursing	Beds		L Imaging	WellBaby	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	s 0			

Provide the number of in from acute care services			type of service for the year of	2008, 200	9 and 2010 for bui	ldings 1	to be removed
Building 05 Number:	Building Name:	South Wing	g	Info Of:	Year of Information: rmation Current As		011
<u>Type of Services</u> Provided							
X Nursing	Inpatient Beds	12	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	12					

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number: 03 Building Name: Northwest Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Nursing Removed from hospital services
Building Number: 03 Building Name: Northwest Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Rehabilitation Removed from hospital services
Rehabilitation Removed from hospital services Therapy
Building 03 Building Name: Northwest Wing
Will general acutr care services and beds will be relocated to a new or retrofittrd building? Medical/Surgical (Include GYN)
Building 03 Building Name: Northwest Wing
Will general acutr care services and beds will be relocated to a new or retrofittrd building? Rehabilitation Center

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Building Number: Will general acut Nursing	04 Building Name: Northeast Wing tr care services and beds will be relocated to a new or retrofittrd building? Removed from hospital services]	
Building Number: Will general acut Intensive Care	04 Building Name: Northeast Wing tr care services and beds will be relocated to a new or retrofittrd building? Removed from hospital services]	
Building Number: Will general acut Surgical	04 Building Name: Northeast Wing tr care services and beds will be relocated to a new or retrofittrd building? Removed from hospital services]	
Building Number: Will general acut ClinicalLab	04 Building Name: Northeast Wing tr care services and beds will be relocated to a new or retrofittrd building? Removed from hospital services]	

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Building Number: 04 Building Name: Northeast Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Radiological/Imaging Removed from hospital services		
Building Number: 04 Building Name: Northeast Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Medical/Surgical (Include GYN) Removed from hospital services		
Building Number: 04 Building Name: Northeast Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Intensive Care Removed from hospital services]	
Building Number: 05 Building Name: South Wing Will general acutr care services and beds will be relocated to a new or retrofittrd building? Nursing Removed from hospital services		

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Building Name: 05 Building Name: South Wing Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Support Services Removed from hospital services]	
Building Name: 05 Building Name: South Wing Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Medical/Surgical (Include GYN) Removed from hospital services]	

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	ling Name: West Wing			
Type of Servic	e Provided	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	
X	Nursing IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis	S
	Pediatric/Adol escent	Clinical Lab	X Newborn/	Outpatient Surgery	
	Psychiatric Nursing	Radiological/ Imaging X Pharmaceutical	WellBaby	Central Plant	
X	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
	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 Buildin	g Name: E	ast Wing			
Type of Service	Provided		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia	_		Renal Dialysis
	IntensiveCare			Obstetrical Recovery		Renai Dialysis
	Pediatric/Adol escent		Clinical Lab Radiological/	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

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Building Numbe	er: 01	Building Na	me: West Wing				
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Serv	vice 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	Х	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical	X	Pharmaceutical				
	Ante/Postprtum	_			Emergency		Central Plant
	Intermediate		Dietetic				
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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Building Number:	02	Building Na	me: East Wing				
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Servic	e Provided						
X N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ln lr	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	rediatric/Adol scent		Clinical Lab		Recovery		
	'sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dostetrical .nte/Postprtum		Pharmaceutical		Emergeney		Central Plant
_	ntermediate		Dietetic		Emergency		Central Plant
	are		Administration		Nuclear Medicine	Х	Support Services
s s	killed Nursing						

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Building Numb	er: 03	Building Nar	me: Northwest Wing	g			
Configuration	Remove from GAC	Service by	1/1/2030				
Type of Ser	vice 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		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	er: 04	Building Na	me: Northeast Win	g		
Configuration	Remove from GAC	C service by	1/1/2030			
Type of Serv	vice Provided					
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate Care		Dietetic			
	Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Numb	er: 05	Building Na	me: South Wing				
Configuration	Remove from GAC	C service by	1/1/2030				
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical	_		_	
	Ante/Postprtum				Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing		Administration				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)

Building Number: 03 Building Name: Northwest Wing									
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	23		Surgical	Obstetrical Cesarean/Deliv	X 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		23						

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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: 04 Building Name: Northeast Wing									
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	32	Х	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	9		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	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		41						

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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: 05 Building Name: South Wing									
Type of	Type of Service Provided								
X Nu	rsing	Inpatient Beds	12		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
lnte	ensiveCare	Inpatient Beds	0		Anesthesia				
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	stetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
Inte	ermediate re	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
Ski	illed Nursing	Inpatient Beds	0		Administration				
	tal Beds this ilding		12						

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

Building Number:	03 B	Building Name:	lorthwest Wing				
Medical / Surgical (Ir	nclude GYN)	Acute Respirat	ory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 12 Bed	Inpatient 2325 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nursery	Newborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 Bed	11 Inpatient 1305 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	23	23		

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

Building Number:	04	Building Name:	Northeast Wing			
Medical / Surgical (I	nclude GYN)	Acute Resp	iratory Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 32 Bed	Inpatient 9 Days	727 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Ca Nursery	are Newborn	Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitati Center	on	Int. Care / develop Disabled	nent	
Inpatient 9 Bed	Inpatient Days	702 Inpatient Bed	0 Inpatient 0 Days	0 Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependenc	y	Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 41	41	

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

Building Number: 05	Buildi	ng Name: Sout	h Wing		
Medical / Surgical (Inclu	de GYN)	Acute Respiratory	Care	Acute Psychiatric	
	Inpatient 1940 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newb	orn / GYN)	Burn		Skilled Nursing	
	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 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	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 Days	Inpatient 0 Bed	Inpatient 0 Days	12	12

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