Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:1 of 61

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

Facility Number:	11758	
Facility Name:	Kaiser F	Foundation Hospital - Harbor City
Address:	25825	5. Vermont Ave.
City:	Harbor	Dity
Hospital Owner/Lic	ensee:	Kaiser Foundation Hospital/10619043
Year of Rep	porting:	2011
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sub	omitter:	duane luzum
Submission	n Date:	1/29/2012 3:00:00 PM

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:2 of 61

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	1953 Original Hospital	25825 S. Vermont Ave.	Replace	SPC5	01/01/2015	11/01/2014
02	1956 Addition	25825 S. Vermont Ave.	Replace	SPC5	01/01/2015	11/01/2014
03	1959 100 Wing Addition	25825 S. Vermont Ave.	Replace	SPC5	01/01/2015	11/01/2014
04	1962 Emergency West Wing Addition	25825 S. Vermont Ave.	Replace	SPC5	01/01/2015	11/01/2014
05	1964 2300 Wing Addition	25825 S. Vermont Ave.	Replace	SPC5	01/01/2015	11/01/2014
06	1968 Physical Therapy Addition	25825 S. Vermont Ave.	Replace	SPC5	01/01/2015	11/01/2014
07	1972 Two-Story Addition	25825 S. Vermont Ave.	Replace	SPC5	01/01/2015	11/01/2014

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:3 of 61

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	1953 Original Hospital	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11758 IL082108	0 PPR - CONSTRUCT A 92,000 SF ANNEX HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	10/09/2008 09/17/2009 02/15/2010 11/11/2011 OPEN No
11758 IL082110	0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	10/09/2008 12/01/2010 11/15/2011 05/15/2014 OPEN No
Building No: 02	1956 Addition	Retrofit/Replacement Yes-Submitted Project:
Facility Decided Cub		
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
	0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	
Number Number Num	0 PPR - REPLACEMENT HOSPITAL AT	in Date Date Review
Number Number Num 11758 IL082110	0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	in Date Date Review 10/09/2008 12/01/2010 11/15/2011 05/15/2014 OPEN No Retrofit/Replacement Yes-Submitted

Report Year: 201	1 11758 Kaiser Foundation Hospital -	Harbor City	Page:4 of 61
Building No: 04	1962 Emergency West Wing Addition	n Retrofit/Replacement Yes- Project:	Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
11758 IL082110	0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	10/09/2008 12/01/2010 11/15/2011 05/15/2014	OPEN No
Building No: 05	1964 2300 Wing Addition	Retrofit/Replacement Yes-	Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
11758 IL082108	0 PPR - CONSTRUCT A 92,000 SF ANNEX HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	10/09/2008 09/17/2009 02/15/2010 11/11/2011	OPEN No
11758 IL082110	PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	10/09/2008 12/01/2010 11/15/2011 05/15/2014	OPEN No
Building No: 06	1968 Physical Therapy Addition	Retrofit/Replacement Yes-	Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
11758 IL082110	0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	10/09/2008 12/01/2010 11/15/2011 05/15/2014	OPEN No
Building No: 07	1972 Two-Story Addition	Retrofit/Replacement Yes-	Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
11758 IL082110	0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER	10/09/2008 12/01/2010 11/15/2011 05/15/2014	OPEN No

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:5 of 61

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: 1953 Original Hospital		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	35 Inpatient 1676 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	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X 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 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:6 of 61

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: 1956 Addition				
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	X Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	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	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		
		Building	0000.00.720	Central Plant		

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:7 of 61

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: 1959 100 Wing Addition		
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	X 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 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:8 of 61

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

Building Number: 04	Buildi	ng Name: 1962 Emergency West Win	g Addition	
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	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	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	000010011/2011	Central Plant

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:9 of 61

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

Building Number: 05	Buildi	ng Name: 1964 2300 Wing Addition				
Type of Service Prov	Type of Service Provided					
X Nursing	Inpatient Beds	34 Inpatient 1670 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 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:10 of 61

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

Building Number: 06 Building Name: 1968 Physical Therapy Addition						
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	X 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	Outpatient Surgery		
		Total Beds this Building	Cesarean/Deliv	Central Plant		

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:11 of 61

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

Building Number: 07	Buildi	ng Name: 1972 Two-Story Addition	
Type of Service Prov	<u>rided</u>		
Nursing	Inpatient Beds	0 Inpatient 0 Surgical Days	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	O Inpatient Days O	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0 X Administration	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building Total Beds this Cesarean/De	liv Central Plant

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:12 of 61

Building Number:	01 Be	uilding Name: 1953	3 Original Hospital		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 35 Bed	Inpatient 1676 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 / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	35	35

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:13 of 61

Building Number:	02	Building Name: 195	56 Addition		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:14 of 61

Building Number:	03 Buildi	ng Name: 1959	100 Wing Addition		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
	npatient 0 Pays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
	npatient 0 lays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	ays 0	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
•	patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:15 of 61

Building Number:	04	Building Name: 196	2 Emergency West Win	g Addition	
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:16 of 61

Building Number:	05	Building Name:	1964 2300 Wing Addition		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 34 Bed	Inpatient 1670 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / 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	e 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 / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 Bed	0 Inpatient 0 Days	34	34

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:17 of 61

Building Number:	06	Building Name: 1	968 Physical Therapy Add	dition	
Medical / Surgical	(Include GYN)	Acute Respirate	ory 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 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	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:18 of 61

Building Number:	07	Building Name:	1972 Two-Story Addition		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 Bed	0 Inpatient 0 Days	0	0

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:19 of 61

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	1953 Original Hospital	<u> </u>
02	1956 Addition	Ī
03	1959 100 Wing Addition	Ī
04	1962 Emergency West Wing Addition	Ī
05	1964 2300 Wing Addition	Ī
06	1968 Physical Therapy Addition	Ī
07	1972 Two-Story Addition	Ī
08	1976 Addition	Ī
09	South Hospital - Ancillary Wing	
10	South Hospital - Patient Tower	
11	South Hospital - Elevator Tower	
12	South Hospital - Central Plant	
13	1985 Modular Building Addition	
14	MRI Addition	Ī
15	Boiler House	
16	Vermont Pavilion	

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:20 of 61

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:21 of 61

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	Building Name:	1953 Original Hospital		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol		Clinical Lab		Outpatient
	escent	X		Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	χ Emergency	Central Plant
	Obstetrical		_ Thatmaceutical		
	Ante/Postprtui	m X	Dietetic	Nuclear Medicine	Support Services
	Intermediate				
	Care	X	Administration		
	Skilled Nursing	g			

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:22 of 61

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:	1956 Addition			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	า
	Nursing		Anesthesia			
	IntensiveCare	· _		Obstetrical Recovery	Renal Dialysi	is
	Pediatric/Adol	, [Clinical Lab		Outpatient	
	escent		Radiological/	Newborn/ WellBaby	LJ Surgery	
	Psychiatric Nursing		Imaging	X Emergency	Central Plant	
			X Pharmaceutical	X Emergency	Central Plant	,
	Obstetrical Ante/Postprtu	m [>	X Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care		A desiriate at a s			
	Skilled Nursin	g	Administration			

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:23 of 61

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:	1959	100 Wing Addition				
Type of Service	Provided		7 .					Dahal Wata
	Nivraina		Si	urgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Ar	nesthesia				Danal Dialysis
	IntensiveCare	,	٦ .		Ш	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	' <u>-</u>	_	linical Lab		Newborn/		Outpatient Surgery
	Psychiatric	X		adiological/ naging	Ш	WellBaby		
	Nursing		P	harmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtu	m	_			Nuclear	П	Support
	·] D	ietetic		Medicine		Services
	Intermediate Care		٦ ,	dministration				
	O		J ^	ammananon				
	Skilled Nursin	g I						

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:24 of 61

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:	1962 Emergency We	est Wing Addition	
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		5 . 15. 1
	IntensiveCare	,	¬	Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado escent	' ^L	Clinical Lab	Newborn/	Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby	
	Nursing		Pharmaceutical	X Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
	Skilled Nursin	g			

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:25 of 61

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

Building Number:	05	Building Name:	196	64 2300 Wing Addition				
Type of Service	Provided		7					B. I. 1995 et
	Niversia		_	Surgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing			Anesthesia	\Box	01		Renal Dialysis
	IntensiveCare	·	7		Ш	Obstetrical Recovery	Ш	Renai Dialysis
	Pediatric/Adol escent	' <u>-</u>	_	Clinical Lab		Newborn/		Outpatient Surgery
	Psychiatric			Radiological/ Imaging		WellBaby		
	Nursing			Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtu	m	_			Nuclear		Support
			_	Dietetic		Medicine		Services
	Intermediate Care			Administration				
	Skilled Nursin	g	_					

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:26 of 61

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:	06	Building Name:	1968 Physical Therap	by Addition		
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
_	Pediatric/Adol	, [Clinical Lab	_		Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging	- Fmorgonov		0 / 151 /
	01		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		Administration			
	Skilled Nursin	g				

Report Year:	2011	11758	Kaiser Foundation Hospital - Harbor City	Harbor City	Page:27 of 61
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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:	07	Building Name:	19	72 Two-Story Addition			
Type of Servic	e Provided						
				Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing			Anesthesia	_		
	IntensiveCare	,	_		Ш	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	, <u></u>		Clinical Lab		Newborn/	Outpatient Surgery
	Psychiatric			Radiological/ Imaging	ш	WellBaby	
	Nursing			Pharmaceutical		Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [2	X	Dietetic		Nuclear Medicine	Support Services
	Intermediate Care		X	Administration			
	Skilled Nursin	g					

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:28 of 61

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 Numb	er: 01	Building Na	me: 1953 Original Ho	spital		
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ıg		
Type of Ser	vice Provided					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	Intermediate Care	X	Dietetic			Connect
	Skilled Nursing	X	Administration		Nuclear Medicine	Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:29 of 61

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: 1956 Addition			
Configuration :	Replace with new	SPC 5 and N	IPC 4 or NPC 5 building	9		
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	Central Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine	Support
	Skilled Nursing		Administration		Nucleal Meulchie	Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:30 of 61

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

Building Number:	03	Building Na	me: 1959 100 Wing <i>i</i>	Addition		
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	ng		
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	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
1 1 -	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:31 of 61

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

Building Number:	04	Building Na	me: 1962 Emergency	west Wi	ng Addition	
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g		
Type of Service	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:32 of 61

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	: 05	Building Na	me: 1964 2300 Win	g Addition		
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ling		
Type of Servi	ce Provided					
X I	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic	_		ocarrian
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:33 of 61

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

Building Number:	06	Building Na	me: 1968 Physical T	herapy Ad	dition		
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ng			
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv	X	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
☐ In	termediate		Dietetic		Linergency		Ochira i iain
	are killed Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:34 of 61

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

Building Number:	07	Building Na	me: 1972 Two-Story	Addition		
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng		
Type of Service	Provided					
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
I I	ediatric/Adol cent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate	X	Dietetic	_		 osimari an
	are killed Nursing	X	Administration		Nuclear Medicine	Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:35 of 61

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: 1976 Addition				
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g			
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	X	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 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:36 of 61

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 Numb	er: 09	Building Na	me: South Hospital - A	Ancillary \	Wing		
Configuration	N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	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				os.mar ram
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:37 of 61

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: 10	Building Na	me: South Hospital	- Patient To	ower		
Configuration .	N/A						
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_		_	ooarrian
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:38 of 61

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 Numb	er: 11	Building Na	me: South Hospital - E	Elevator ⁻	Tower		
Configuratior	N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	□ X	Support
	Skilled Nursing	X	Administration		nuclear Medicine		Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:39 of 61

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	r: 12	Building Na	me: South Hospita	l - Central Pl	ant		
Configuration .	N/A						
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic		Line.gency		Contract fair
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:40 of 61

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: 13	Building	Name: 1985 Modular	Building Add	lition	
Configuration N	/A				
Type of Service Pr	ovided				
Nursir	ng	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intens	siveCare	Anesthesia		Obstetrical	Renal Dialysis
Pedia escen	tric/Adol	Clinical Lab		Recovery	
Psych Nursir		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
Obste Ante/F	etrical Postprtum	Pharmaceutical		Emergency	Central Plant
Interm	nediate	Dietetic		Emorgonoy	Coman lan
Care Skilled	d Nursing	Administration		Nuclear Medicine	Support Services

Report Year:	2011	11758	Kaiser Foundation Hospital - Harbor City	Harbor City	Page:41 of 61
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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 Numb	er: 14	Building Na	me: MRI Addition			
Configuration	N/A					
Type of Ser	vice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency		Central Plant
	Intermediate		Dietetic	Emergency	Ш	Central Flant
	Care		Administration	Nuclear Medicine		Support Services
	Skilled Nursing					

Report Year:	2011	11758	Kaiser Foundation Hospital - Harbor City	Harbor City	Page:42 of 61
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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:	15	Building Nar	me: Boiler House				
Configuration .	N/A						
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	'ediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic	_	Lineigonoy		Contract Tank
	care skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:43 of 61

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: 16	Building Nar	me: Vermont Pavilion			
Configuration N/A						
Type of Serv	rice Provided					
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	Outpatient Surgery
1, , 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic			22
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:44 of 61

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)

Build	ing Number: 08									
Тур	Type of Service Provided									
	Nursing	Inpatient Beds	0		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		0							

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:45 of 61

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: 09	Buildi	ng Name: So	outh Hospital - Ancillary Wing							
Type of Service Pro	Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
X IntensiveCare	Inpatient Beds	20	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	X Administration							
Total Beds this Building		20								

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:46 of 61

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: 10					
Тур	e of Service Prov	<u>ided</u>				
X	Nursing	Inpatient Beds	102	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		102			

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:47 of 61

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							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCa	re Inpatient Beds	0	Anesthesia					
Pediatric/Ade	lol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postpr	Inpatient tum Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	e Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services			
Skilled Nurs	ing Inpatient Beds	0	X Administration					
Total Beds t Building	his	0						

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:48 of 61

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	Building Number: 12 Building Name: South Hospital - Central Plant						
Туре	e of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:49 of 61

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: 13					
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	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		0			

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:50 of 61

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: 14						
Type of Service Pro	<u>vided</u>					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	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		0				

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City Page:51 of 61

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: 15 Building Name: Boiler House							
Тур	e of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Year: 2011 11758 Kaiser Foundation Hospital - Harbor City Harbor City

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:52 of 61

Build	Building Number: 16 Building Name: Vermont Pavilion						
Тур	e of Service Prov	<u>rided</u>					
	Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	10	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	34		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		44				

Report Status: **Data Last Update**: 10/19/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:46 PM

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:53 of 61

Building Number:	08 Bu	uilding Name: 1976	6 Addition	
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0 0

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:54 of 61

Building Number:	09 Build	ling Name: Sout	h Hospital - Ancillary Win	g	
Medical / Surgical (In	clude 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 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	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 10 Bed	Inpatient 1344 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 10 Bed	Inpatient 1522 Days	Inpatient 0 Bed	Inpatient 0 Days	20	20

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:55 of 61

Building Number:	10 Build	ing Name: Sout	h Hospital - Patient Towe	r	
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 102 Bed	Inpatient 37787 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpa	atient 0
Coronary Care		Chemical Dependency		Building Per E	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	102	102

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:56 of 61

Building Number:	11 Build	ing Name: Sout	h Hospital - Elevator Tow	er	
Medical / Surgical (In	nclude 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 N	ewborn / 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	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 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

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:57 of 61

Building Number:	12 Build	ling Name: Sou	th Hospital - Central Plant	t	
Medical / Surgical (In	clude 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 Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / 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	0	0

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:58 of 61

Building Number: 1	3 Build	ing Name: 1985	Modular Building Addition	n	
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 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 / 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	0	0

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:59 of 61

Building Number:	14	Building Name:	RI Addition		
Medical / Surgical (Include GYN)		Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Nursery	lewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	0 0	

2011

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:60 of 61

Building Number:	15 Build	ling Name: Boile	er House		
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 Ne	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 Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / 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

11758

Kaiser Foundation Hospital - Harbor City

Harbor City

Page:61 of 61

Building Number:	16 Build	ling Name: Verm	nont Pavilion		
Medical / Surgical (Ir	nclude 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 34 Bed	Inpatient 5408 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 10 Bed	Inpatient 2088 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	44	44