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

Facility Number:	11768	
Facility Name:	Kindred Hospital - La Mirada	
Address:	14900 E. Imperial Highway	
City:	La Mirada	
Hospital Owner/Lice	censee: Southern California Specialty Care, Inc	
Year of Rep	porting: 2011	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	ldress::	
Name of Sub	bmitter: Bill Alexander	
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 Ratir If Required	g Extension Date	Anticipated Completion Date
03	Building III	14900 E. Imperial Highway	Retrofit	SPC5	01/01/2013	12/15/2029

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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 N	No: 03	Building III		Retrofit/ Project:	/Replacemer	nt [Yes-Submitte	d
,	Project Sub Number Num	Scope	Date Plan in	Approved I Date	Proj. Start P Date	roj. Complet <u>Date</u>	ed Status	CEQA Review
11768 H	HL101488	0 SB499 V.S.I. BUILDING # 3	06/30/2010	06/07/2011	02/01/2012	06/30/2012	2 OPEN	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: 03 **Building III Building Name:** Type of Service Provided Surgical Obstetrical Inpatient Inpatient 0 Nursing Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 Anesthesia WellBaby Beds **Emergency** Clinical Lab Inpatient Days Inpatient 0 Pediatric/Adol escent **Beds** Nuclear Radiological/ Medicine Imaging **Psychiatric** Inpatient Days ol Inpatient Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient Inpatient Days Dietetic Therapy Ante/Postprtum Beds Renal Dialysis Administration Inpatient 0 Inpatient Days 0 Intermediate Care **Beds** |X|Support Outpatient Services Surgery Inpatient Days Skilled Nursing Inpatient 0 **Beds** Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

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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 E	Building Name: Build	ling III		
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 l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / 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

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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	Building I	
02	Building II	
03	Building III	

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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 Build	ing Name: Building III								
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing	Anesthesia								
	IntensiveCare		Obstetrical Recovery		Renal Dialysis					
_	Pediatric/Adol	Clinical Lab	·		Outpatient					
	escent	Radiological/	Newborn/ WellBaby		Surgery					
	Psychiatric Nursing	Imaging	_							
	. raising	Pharmaceutical	Emergency		Central Plant					
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X	Support Services					
	Intermediate Care	Administration								
	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	er: 01	Building Na	me: Building I				
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5		
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		F		Octobel Plant
X	Intermediate	Х	Dietetic		Emergency	X	Central Plant
	Care			X	Nuclear Medicine	X	Support Services
	Skilled Nursing	X	Administration				

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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: Building II						
Configuration:	Retrofit Non-Confo	rming buildi	ng to SPC 5 and NPC 4	or NPC	5				
Type of Serv	Type of Service Provided								
X	Nursing	X	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		
П	Intermediate		Dietetic		Emergency	Ш	Central Flam		
	Care Skilled Nursing	X	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:	03	Building Nar	me: Building III				
Configuration :	Retrofit Non-Confo	rming buildir	ng to SPC 5 and NPC 4 o	or NPC	5		
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	itensiveCare		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	itermediate		Dietetic	<u></u>	Lineigency		Contrain lant
	are killed Nursing		Administration		Nuclear Medicine	X	Support 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: 01 Building Name: Building I									
Type of Service Provided									
X	Nursing	Inpatient Beds	79	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	6	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	X Central Plant		
X	Intermediate Care	Inpatient Beds	24	X	Dietetic	X Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		109						

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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: 02									
Type of Service Provided									
X Nursing	Inpatient Beds	9	X S	urgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Ar	nesthesia					
Pediatric/Adol escent	Inpatient Beds	0	CI	linical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pr	harmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Ll Di	ietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0	X Ad	dministration					
Total Beds this Building		9							

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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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:	01 Build	ing Name: Building I				
Medical / Surgical (In	clude GYN)	Acute Respiratory Care		Acute Psychiatric		
Inpatient 79 Bed	Inpatient 20983 Days	Inpatient 0 Inpatien Bed Days		Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn	;	Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days		Inpatient 0 Bed	Inpatient 0	
Pediatric		intensive Care Newborn Nursery	1	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days		Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent	
Inpatient 6 Bed	Inpatient 1894 Days	Inpatient 24 Inpatien Bed 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 Inpatien Days		109	109	

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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: 02	Building Name:	Building II				
Medical / Surgical (Include GYN) Acute Res	piratory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 9 Inpatient Bed Days	t 2391 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse Newborn / G	YN) Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Inpatient Days	t 0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric	intensive (Nursery	Care Newborn	Intermediate Card			
Inpatient 0 Inpatient Days	t 0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care	Rehabilitat Center	ion	Int. Care / develop	ment		
Inpatient 0 Inpatient Days	t 0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care	Chemical Dependend	Çy	Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Inpatient Days	t 0 Inpatient Bed	0 Inpatient 0 Days	9	9		