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

Facility Number:	11844	
Facility Name:	Glendal	e Memorial Hospital and Health Center
Address:	1420 S.	Central Ave.
City:	Glendal	9
Hospital Owner/Lice	ensee:	Glendale Memorial Hospital and Health Center
Year of Rep	orting:	2011
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Robert Omens
Submission	n Date:	1/29/2012 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Original Building	1420 S. Central Ave.	Remove	N/A	01/01/2013	08/22/2013
02	1942 Building	1420 S. Central Ave.	Remove	N/A	01/01/2013	08/22/2013
03	Radiology Addition A	1420 S. Central Ave.	Remove	N/A	01/01/2013	08/22/2013
04	Radiology Addition B	1420 S. Central Ave.	Remove	N/A	01/01/2013	08/22/2013
05	South Tower	1420 S. Central Ave.	Retrofit	SPC2	01/01/2013	08/22/2013
06	Juncture Building	1420 S. Central Ave.	Retrofit	SPC2	01/01/2013	01/31/2014
07	Patient Tower	1420 S. Central Ave.	Retrofit	SPC2	01/01/2013	08/22/2013

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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: 01	Buildir	ng Name: Original Building					
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	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			

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

Building Number: 02	Buildi	ng Name: 1942 Building		
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	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
		Total Beds this Building	Cesalean/Denv	Central Plant

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

Building Number: 03	Buildi	ng Name: Radiology Addition A		
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	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	Cesaledii/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: 04	Buildi	ng Name: Radiology Addition B				
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	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		

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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: 05	Buildi	ng Name: South Tower					
Type of Service Prov	Type of Service Provided						
X Nursing	Inpatient Beds	8 Inpatient 1691 Days	Surgical	X 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			
X Psychiatric Nursing	Inpatient Beds	49 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
X Obstetrical Ante/Postprtum	Inpatient Beds	16 Inpatient Days 4264	Pharmaceutical X Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration Support	Renal Dialysis Outpatient			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 73	Services X Obstetrical Cesarean/Deliv	Surgery			
		Total Beds this Building 73	Cesaleal/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: 06	Buildi	ng Name: Juncture Building		
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	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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesaledii/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: 07	Buildi	ng Name: Patient Tower		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	186 Inpatient 38565 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	13 Inpatient Days 3758	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	8 Inpatient Days 1664	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	30 Inpatient Days 0 Total Beds this 237	X Support Services Obstetrical Cesarean/Deliv	X Outpatient Surgery
		Total Beds this Building	Cesarean/Denv	Central Plant

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Building Number:	01 B	uilding Name: Orig	inal Building		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / 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 / developn 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	0	0

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Building Number:	02	Building Name: 1942	2 Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care 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 / developi 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

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Building Number:	03	Building Name: Ra	diology Addition A		
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	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

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Building Number:	04	Building Name: Ra	adiology Addition B				
Medical / Surgical	(Include GYN)	Acute Respirato	ry Care	Acute Psychiatric	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 N Nursery	lewborn	Intermediate Card	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	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		

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Building Number:	05	Building Name:	South Tower]		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric			
Inpatient 8 Bed	Inpatient 1691 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 16 Bed	Inpatient 4264 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days		
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	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	Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		npatient 0 Days		
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	73	73		

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Building Number:	06 E	Building Name: Juno	ture Building				
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	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	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	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	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		

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Building Number:	07 Bui l	ding Name:	ent Tower			
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
	Inpatient 3635 Days 9	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing		
	Inpatient 1664 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 30 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
	npatient 0 Days	Inpatient 13 Bed	Inpatient 3758 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
	npatient 0 Days	Inpatient 14 Bed	Inpatient 2206 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	237	237	

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

Building Number	Building Name	Building to be Removed
01	Original Building	x
02	1942 Building	x
03	Radiology Addition A	<u>x</u>
04	Radiology Addition B	<u>x</u>
05	South Tower	
06	Juncture Building	
07	Patient Tower	
08	Heart and Emergency Center	
09	Central Plant	
10	Mechanical Building	

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Provide the number of in from acute care services			ype of service for the year of 20	08, 2009	and 2010 for build	ings t	o be removed
Building 01 Number:	Building Name:	Original Bui	lding		Year of Information:	20	011
				Infor	mation Current As		
Type of Services Provided							
Nursing	Inpatient E	0	Surgical		Obstetrical Sesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient E	0	Clinical Lab		Obstetrical ecovery		Renal Dialysis
Psychiatric Nursing	Inpatient E	0	Radiological/ Imaging		lewborn/ /ellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient E	0	Pharmaceutical	E	mergency		Central Plant
Intermediate Care	Inpatient E	0	Dietetic		uclear ledicine		Support Services
Skilled Nursing	Inpatient Beds Total Beds this Building	0	Administration				

Report Year: 2011 11844 Glendale Memorial Hospital and Health Center Glendale Page:20 of 45 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) 1942 Building 2011 02 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0

Report Status: **Data Last Update:** 12/11/2011 **Submission Date:** 01/29/2012 **Print Date:** 1/30/2012 12:45 PM

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 04 Number:	Building Name:	Radiology A	Addition B	Year of Information:	2011		
				Information Current As Of:			
Type of Services Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol	Inpatient E	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					

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

Building Number:	01 Buildin	g Name:	Original Building				
Building Number.	Dullull	g Name.					
Type of Service	e Provided						
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab				Outpatient
	escent		Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant
			. namacoulou	Ш	3 ,	Ш	Comman Tank
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services
	Intermediate Care						
_			Administration				
	Skilled Nursing	l					

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

Building Number:	02	Building Name:	1942 Building		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	·	_	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	. [Clinical Lab		Outpatient
			Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	_		Nuclear	Support
	Ante/Fostpita	" [Dietetic	Medicine	Services
	Intermediate Care		\neg		
	24.0		Administration		
	Skilled Nursin	g 			

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

Building Number:	03	Building Name:	Radiology Addition A			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	9		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	, [Clinical Lab			Outpatient
	escent		Radiological/ Imaging	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical		Tramaceatical			Contrar i lant
Ш	Ante/Postprtu	ım _	Dietetic	Nuclear Medicine		Support Services
	Intermediate		_			
	Care		Administration			
	Skilled Nursin	ng				

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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:	04	Building Name:	Rad	iology Addition B				
Type of Service	e Provided							
] s	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing		_ ر	Anesthesia				
	IntensiveCare	, _	_	u losti losta		Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol	ı	(Clinical Lab			Outpatient	
	escent			Radiological/ maging	Ш	Newborn/ WellBaby	Surgery	
	Psychiatric Nursing		_	Pharmaceutical		Emergency	Central Plant	
	Obstetrical Ante/Postprtu	m				Nuclear	Support	
	,e, . Gotpita] [Dietetic		Medicine	Services	
	Intermediate Care] ,	Administration				
П	Skilled Nursin	ıg						

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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:	05	Building Name:	So	outh Tower]
Type of Service	e Provided							
				Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	Nursing			Anesthesia				
	IntensiveCare	,	_		X	Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol	, [Clinical Lab	Ū.	No. board	Outpatient Surgery	
				Radiological/ Imaging	X	Newborn/ WellBaby	Surgery	
X	Psychiatric Nursing			Pharmaceutical		Emergency	Central Plant	
X	Obstetrical Ante/Postprtu	m				Nuclear	Support	
	, and, i coupito	··· [>	(Dietetic		Medicine	Services	
	Intermediate Care	Σ	<	Administration				
	Skilled Nursin	g						

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

Building Number:	06	Building Name:	Juncture Building		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	;		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	, [Clinical Lab		Outpatient
	escent		Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency	Central Plant
	Obstetrical		Pharmaceutical		Central Plant
	Ante/Postprtu	ım X	X Dietetic	Nuclear Medicine	Support Services
	Intermediate				
	Care		Administration		
	Skilled Nursin	ng			

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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:	Patient Tower			
Type of Servic	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
X	IntensiveCare) 		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	ı ½	X Clinical Lab		X	Outpatient
			Radiological/ Imaging	X Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
X	Obstetrical Ante/Postprtu	m _		Nuclear	Х	Support
			Dietetic	Medicine		Services
	Intermediate Care		Administration			
X	Skilled Nursin	ng				

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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:	01	Building Nan	ne: Original Building		
Configuration .	N/A				
Type of Service	Provided				
Nur	rsing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia	Obstetrical	Renal Dialysis
Ped	diatric/Adol ent		Clinical Lab	Recovery	
	vchiatric rsing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical	Emergency	Central Plant
	ermediate		Dietetic	Lineigency	Ochilai Fiant
Car	e lled Nursing		Administration	Nuclear Medicine	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 Numb	er: 02	Building Na	me: 1942 Building		
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		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	Central Plant
	Intermediate		Dietetic		23a.r.a.r.
	Care Skilled Nursing		Administration	Nuclear Medicine	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	ne: Radiology Additio	n A			
Configuration :	N/A						
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab	<u>—</u>	Recovery	_	
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic	<u></u>			Contract tank
	Care Skilled Nursing		Administration		Nuclear Medicine		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:	04	Building Na	me: Radiology Add	ition B		
Configuration .	N/A					
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		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
☐ In	termediate		Dietetic	_	Emergency	Contrar Figure
	are killed Nursing		Administration		Nuclear Medicine	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	: 05	Building Na	me: South Tower				
Configuration .	Remove from GAC	service by	1/1/2030				
Type of Servi	ce Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic	_	Line.goney	_	Contrain tunt
	Care Skilled Nursing	X	Administration		Nuclear Medicine		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:	06	Building Nar	me: Juncture Buildii	ng		
Configuration :	Remove from GAC	Service by	1/1/2030			
Type of Servic	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	obstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate	X	Dietetic			
	are killed Nursing		Administration		Nuclear Medicine	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 Numb	er: 07	Building Na	me: Patient Tower				
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	Ш	Emergency	Ш	Central Plant
	Care		Administration		Nuclear Medicine	X	Support Services
X	Skilled Nursing						

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

Building Number:	08	Building Na	me: Heart and Eme	ergency Cen	ter		
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ΧI	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	ntermediate		Dietetic				22
	Care Skilled Nursing		Administration	X	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:	09	Building Nar	me: Central Plant				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	termediate are		Dietetic				Comment
	killed Nursing		Administration	Ш	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 Numb	er: 10	Building Na	me: Mechanical Buile	ding				
Configuration Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service 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					
	Care Skilled Nursing		Administration		Nuclear Medicine		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: 08 Building Name: Heart and Emergency Center										
Тур	Type of Service Provided									
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X	IntensiveCare	Inpatient Beds	24	X	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	X	Pharmaceutical	X Emergency	Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		24							

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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: 09 Building Name: Central Plant										
Тур	Type of Service Provided									
	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							

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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: 10 Building Name: Mechanical Building									
Type of Service Provided									
	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 Status: **Data Last Update**: 12/11/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 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:	08 Build	ling Name: Hear	t and Emergency Center			
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 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	ment	
Inpatient 12 Bed	Inpatient 3674 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 12 Bed	Inpatient 3068 Days	Inpatient 0	Inpatient 0 Days	24	24	

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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:	09 Build	ling Name: Cent	ral Plant			
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 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	0	0	

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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:	10 Bu	Iding Name: Mec	hanical Building			
Medical / Surgical (Ir	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	ent 0	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Coronary Care		Chemical Dependency		Building Per Bui	tal Beds this ilding Per rvice	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	