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

Facility Number:	12112	
Facility Name:	Temple	Community Hospital
Address:	235 N.	Hoover St.
City:	Los An	jeles
Hospital Owner/Lice	ensee:	Temple Community Hospital/Herbert Needman
Year of Rep	orting:	2011
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Ado	dress::	
Name of Sub	mitter:	Russel Tyner
Submission	Date:	1/29/2012 3:00:00 PM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Acute Care I	235 N. Hoover St.	Retrofit	SPC2	01/01/2013	01/01/2015
02	Acute Care II	235 N. Hoover St.	Retrofit	SPC2	01/01/2013	01/01/2015
03	Administrative	235 N. Hoover St.	Retrofit	SPC2	01/01/2013	01/01/2015

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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 **Building Name:** Acute Care I **Type of Service Provided** X Х **Obstetrical** 5133 Surgical Inpatient Inpatient Nursing 72 Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 0 X Anesthesia WellBaby Beds Emergency Clinical Lab Inpatient Days Inpatient 0 Pediatric/Adol 0 escent Beds Nuclear Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds X Pharmaceutical Rehabilitation Obstetrical Inpatient **Inpatient Days** 0 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds X Support Outpatient Services Surgery Inpatient Days Skilled Nursing Inpatient 0 0 Beds Obstetrical Total Beds this 72 Cesarean/Deliv X **Central Plant** Building

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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: Acute Care II		
Type of Service Prov	<u>vided</u>			
X Nursing	Inpatient Beds	66 Inpatient 4743 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	12 Inpatient Days 1002	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X 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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
X Skilled Nursing	Inpatient Beds	20 Inpatient Days 2781	X Support Services	Outpatient Surgery
		Total Beds this 98 Building	Obstetrical Cesarean/Deliv	X Central Plant

Report Year:	
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2011

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 Name: Administrative				
Type of Service Prov	<u>/ided</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	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
		Total Beds this 0 Building	Cesarean/Deliv	Central Plant

Los Angeles

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

Building Number:	01	Building Name: Acu	ite Care I		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 72 Bed	Inpatient 5133 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	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	72	72

Report Year:	2011
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Los Angeles

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

Building Number:	02	Building Name: Acu	te Care II		
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 66 Bed	Inpatient 4743 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 20 Bed	Inpatient 2781 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 6 Bed	Inpatient 501 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 6 Bed	Inpatient 501 Days	Inpatient 0 Bed	Inpatient 0 Days	98	98

Los Angeles

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

Building Number:	03	Building Name:	Administrative				
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	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 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitatior Center	1	Int. Care / develop Disabled	ment		
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				

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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	Acute Care I	
02	Acute Care II	
03	Administrative	
· · · · · · · · · · · · · · · · · · ·		

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Submission Date: 01/29/2012

Print Date: 1/30/2012 12:46 PM

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Los Angeles

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: Acute Care I			
Type of Service	e Provided	X Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X Anesthesia	Obstetrical		Renal Dialysis
	IntensiveCare Pediatric/Adol escent	Clinical Lab	Recovery		Outpatient Surgery
	Psychiatric Nursing	Radiological/ Imaging	WellBaby	X	Central Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	Administration			
	Skilled Nursing				

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

Building Number:	02 Build	ling Name: Acute Care II]
Type of Servic	e Provided	X Surgical	Obstetrical	Rehabilitation	
X	Nursing	Anesthesia	Cesarean/Deliv	Therapy	
X	IntensiveCare		Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent	X Clinical Lab	Newborn/	Outpatient Surgery	
	Psychiatric	X Radiological/ Imaging	WellBaby		
	Nursing	Pharmaceutical	Emergency	X Central Plant	
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Services	
	Intermediate Care	Administration			
X	Skilled Nursing				

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

Building Number:	03 Bu	ilding Name:	Admin	istrative				
Type of Service	e Provided	I	Su	rgical	Obstetrical		Rehabilitation	
	Nursing		An	esthesia	Cesarean/Deliv		Therapy	
	IntensiveCare	5	Cli	nical Lab	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Ra	adiological/	Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing			aging harmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Die	etetic	Nuclear Medicine	X	Support Services	
	Intermediate Care	Þ	< Ad	Iministration				
	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: Acute Care I				
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic		Linergeney		Contrain func
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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

Building Numbe	er: 02	Building Na	me: Acute Care II						
Configuration Retrofit Non-Confo		orming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Serv	vice Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Х	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	Intermediate	X	Dietetic		Linergeney		Contrain func		
X	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

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

Building Number:	03	Building Na	me: Administrative						
Configuration	Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030								
Type of Service	Provided								
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inte	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	diatric/Adol cent	X	Clinical Lab		Recovery				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine	X	Support		
Ski	illed Nursing	X	Administration				Services		
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