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

Facility Number:	12140
Facility Name:	Valley Presbyterian Hospital
Address:	15107 Van Owen St.
City:	Van Nuys
Hospital Owner/Lice	ensee: Valley Presbyterian Hospital
Year of Rep	orting: 2011
Contact 1 e-mail Ad	ldress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Gayathri S Jith
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 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	Base Building (Main Hospital)	15107 Van Owen St.	Retrofit	SPC2	01/01/2013	01/01/2013
02	Service Building	15107 Van Owen St.	Retrofit	SPC2	01/01/2013	12/01/2011
09	South Tower	15107 Van Owen St.	Retrofit	SPC2	01/01/2013	01/01/2013

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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 Building Name: Base Building (Main Hospital)								
Type of Service Prov	Type of Service Provided							
X Nursing	Inpatient Beds	92 Inpatient 10505 Days	X Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X 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				
X Obstetrical Ante/Postprtum	Inpatient Beds	8 Inpatient Days 1090	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	X 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 Building Name: Service 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	X 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 0	Support Services  Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building		χ 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: 09	Building Number: 09 Building Name: South Tower						
Type of Service Prov	Type of Service Provided						
X Nursing	Inpatient Beds	17 Inpatient 4078 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
X Pediatric/Adol escent	Inpatient Beds	25 Inpatient Days 3834	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 42	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery			
		Building	Oesaleal/Deliv	Central Plant			

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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:	01	Building Name: Bas	se Building (Main Hospital)			
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric		
Inpatient 92 Bed	Inpatient 1050 Days 5	Inpatient 30 Bed	Inpatient 5899 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 8 Bed	Inpatient 1090 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care No 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 / 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	130	130	

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

Building Number:	02	Building Name:	ervice Building			
Medical / Surgical	(Include GYN)	Acute Respirato	Acute Respiratory Care			
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		
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	

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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:	09	Building Name: Sou	th Tower		
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 Ne Nursery	wborn	Intermediate Card	
Inpatient 25 Bed	Inpatient 3834 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 17 Bed	Inpatient 4078 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	42	42

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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	Base Building (Main Hospital)	П
02	Service Building	
03	Administrative Expansion	
03A	Administrative Expansion (North)	
04	Ancillary Inpatient East	
05	Ancillary Inpatient West	
06	Elevator Lobby East	
07	Elevator Lobby West	
08	Inpatient Tower	
09	South Tower	
	01 02 03 03A 04 05 06 07 08	Number Name    Dase Building (Main Hospital)

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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 Buildir	ng Name: Base Building (Main H	ospital)			
Type of Service Provided						
		X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	Nursing	X Anesthesia				
	IntensiveCare		Obstetrical Recovery	Renal Dialysis		
	Pediatric/Adol	Clinical Lab		Outpatient		
Ш	escent	Radiological/	Newborn/ WellBaby	□ Surgery		
	Psychiatric Nursing	Imaging	X Emergency	Control Blant		
✓	Obstetrical	X Pharmaceutical	X Emergency	Central Plant		
X	Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Services		
	Intermediate Care					
	Caro	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	Building Name:	Service Building						
Type of Service	Type of Service Provided								
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		Anesthesia						
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Ado	,   [	Clinical Lab			Outpatient			
	escent		Radiological/ Imaging	Newborn/ WellBaby	Ш	Surgery			
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant			
	Obstetrical					ooman nam			
Ш	Ante/Postprtu	m _	Dietetic	X Nuclear Medicine		Support Services			
	Intermediate		_						
	Care		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:	09 Bu	ilding Name:	South Tower			
Type of Servic	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/ Imaging	Newborn/ WellBaby	Ш	Surgery
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum			Nuclear	Х	Support
	, and it outpitalli		Dietetic	Medicine	Ш	Services
	Intermediate Care		Administration			
	Skilled Nursing					

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Building Number	: 01	Building Na	me: Base Building	(Main Hospi	tal)		
Configuration :	Remove from GAC	Service by	1/1/2030				
Type of Servi	ce Provided						
X I	Nursing	Х	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical	П	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1, , 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	Intermediate Care	X	Dietetic				Over and
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	02	Building Na	me: Service Building				
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	)			
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				OS.MAIT MIN
	are killed Nursing		Administration	X	Nuclear Medicine		Support Services

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Building Numbe	r: 03	Building Nai	me: Administrative Exp	oansion			
Configuration :	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
I I	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		Support
	Skilled Nursing	X	Administration		Nucleal Medicine	Ш	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:	03A	Building Na	me: Administrative	Expansion (	(North)		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	П	Central Plant
	termediate are		Dietetic				
	killed Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number	: 04	Building Na	me: Ancillary Inpa	tient East			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
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	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1,,,1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	<u> </u>	Lineigency	<u> </u>	Contract land
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number	r: 05	Building Na	me: Ancillary Inpa	tient West			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Х	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Cupport
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	. 06	Building Na	me: Elevator Lobb	y East			
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Servi	ce Provided						
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		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
	ntermediate		Dietetic		Linergency		Ochtiai Flant
	Care		Administration		Nuclear Medicine	X	Support Services
<b>∶</b>	Skilled Nursing						

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Building Numbe	er: 07	Building Na	me: Elevator Lobby	West			
Configuration :	Remove from GAC	Service by	1/1/2030				
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	_	Recovery	<u> </u>	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				0
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	08	Building Na	me: Inpatient Tower				
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
X 1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ΧI	ntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic	<u></u>	Linergency	_	Contract faint
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number: 09	Building Na	ame: South Tower				
Configuration Remove :	from GAC service by	1/1/2030				
Type of Service Provided						
X Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
IntensiveCar	•	Anesthesia		Obstetrical		Renal Dialysis
X Pediatric/Add escent	ol 📗	Clinical Lab	Recovery cal Lab			
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprte	um	Pharmaceutical	П	Emergency	П	Central Plant
Intermediate Care		Dietetic				
Skilled Nursi	ng	Administration		Nuclear Medicine	X	Support Services

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Building Nu	ımber: 03	Building	Name: Ad	Iministrative	<b>Expansion</b>		
Type of Se	ervice Prov	<u>rided</u>					
Nurs	ing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inten	siveCare	Inpatient Beds	0		Anesthesia		
Pedia esce	atric/Adol nt	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psyc	hiatric ing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
_	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
Interi Care	mediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skille	ed Nursing	Inpatient Beds	0	X	Administration		
Total Build	I Beds this ling		0				

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Building Number: 03A	A Building	g Name: Ad	Iministrative Expansion (North)							
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	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	Inpatient Beds	0	X Administration							
Total Beds this Building		0								

teport Year:
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Building Number: 04										
Type of Service Provided										
Nursing	Inpatient Beds	0	Surg	gical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anes	sthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clini	cal Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	X Radi Imag	ological/ jing	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical  X Ante/Postprtum	Inpatient Beds	20	Phar	maceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Diete	etic [	Nuclear Medicine	X Support Services				
Skilled Nursing	Inpatient Beds	0	Adm	inistration						
Total Beds this Building		20								

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Building Number: 05										
Type of Service Provided										
Nursing	Inpatient Beds	0	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Inpatient Beds	0	Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	X Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	Inpatient Beds	0	Administration							
Total Beds this Building		0								

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Building Number: 06										
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	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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Building Number: 07										
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	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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Buildi											
Тур	Type of Service Provided										
X	Nursing	Inpatient Beds	96		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X	IntensiveCare	Inpatient Beds	62	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
X	Obstetrical Ante/Postprtum	Inpatient Beds	30		Pharmaceutical	Emergency	Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		188								

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

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Building Number:	03 Buil	ding Name: Adm	inistrative Expansion				
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days		
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days		
Pediatric		intensive Care New 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 / 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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Building Number:	03A Build	ding Name: Adm	inistrative Expansion (No	lorth)		
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	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	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 / 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	0	0	

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Building Number:	04 Build	ing Name: Ancil	llary Inpatient East		
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 20 Bed	Inpatient 2808 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	20	20

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Building Number:	05 Build	ling Name: Ancil	llary Inpatient West		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Intensive Care		Rehabilitation Center		Int. Care / developme Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0		npatient 0
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:	06 Build	ling Name: Eleva	ator Lobby East		
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	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	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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Building Number:	D7 Build	ing Name:	ator Lobby West		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Bed Building Building Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	Build	ing Name: Inpa	tient Tower		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 96 Bed	Inpatient 25130 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 30 Bed	Inpatient 7961 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 32 Bed	Inpatient 6197 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 30 Bed	Inpatient 5333 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	188	188