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

Facility Number:	12235	
Facility Name:	Downey Regional Medical Center	
Address:	11500 Brookshire Ave.	
City:	Downey	
		_
Hospital Owner/Lice	ensee: Downey Regional Medical Center Hospital, 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	Downey Regional Medical Center	
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 Nursing Tower	11500 Brookshire Ave.	Retrofit	SPC2	01/01/2020	12/31/2019
03	Conference Room	11500 Brookshire Ave.	Retrofit	SPC2	01/01/2020	12/31/2019

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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	Buildi	ng Name: Original Nursing Tower		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	111 Inpatient 23433 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	7 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	X 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: 03	Buildi	ng Name: Conference Room Addition	า	
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 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		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: Origi	inal Nursing Tower		
Medical / Surgical (	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 111 Bed	Inpatient 2343 Days 3	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 7 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	118	115

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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	Building Name:	onference Room Addition		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care 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 / 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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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 Nursing Tower	
02	Original Surgery and Lab Building	Ī
03	Conference Room Addition	
06	ER/Surgery Addition	
07	ICU/CCU	
09	Cath Lab	
10	36 Bed Addition	
11	Building A, Mech. Equipment Bldg.	Ī
12	Building B	
13	Building C	
14	Radiology Addition	
15	ER Addition	

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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	Building Name:	Original Nursing	Tower		
Type of Servic	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Imaging	cal Emergency		Central Plant
	Obstetrical		Pharmaceuti	cal Emergency		Central Plant
Ш	Ante/Postprtu	m [	X Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		_			
	24.0		X Administration	on		
	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 Bui	Iding Name: Confer	rence Room Addition	1		
Type of Servic	e Provided					
		Sui	rgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	And And	esthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	Cli	nical Lab	_		Outpatient
Ш	escent		adiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		aging armaceutical	Emergency		Central Plant
	Obstetrical	L F"	amaceulicai			
Ш	Ante/Postprtum	Die	etetic	Nuclear Medicine	X	Support Services
	Intermediate					
	Care	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 Number:	01	Building Nar	me: Original Nursing	Tower			
Configuration .	Retrofit Non-Confo	rming buildir	ng to SPC 5 and NPC	4 or NPC	5		
Type of Service	Provided						
X Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
I I	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate	X	Dietetic		Lineigency	Ш	Contrain faint
— Ca	illed 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:	Building Number: 02 Building Name: Original Surgery and Lab Building							
Configuration .	Retrofit Non-Confo	rming buildir	ming building to SPC 5 and NPC 4 or NPC 5					
Type of Service Provided								
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent	X	Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	termediate		Dietetic				Community in the control of the cont	
	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:	03	Building Nar	me: Conference Roo	m Additior	١		
Configuration .	Retrofit Non-Confo	rming buildir	ng to SPC 5 and 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		Central Plant
	termediate		Dietetic		Linergency		Contrain faint
	are killed 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:	06	Building Na	me: ER/Surgery Add	dition				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Service Provided								
	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
lr	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol scent	X	Clinical Lab		Recovery			
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate		Dietetic					
	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	r: 07	Building Na	me: ICU/CCU		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Serv	ice Provided				
	Nursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab	Recovery	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	_	0 1 1 1 1
	Intermediate		Dietetic	Emergency	Central Plant
	Care			Nuclear Medicine	Support Services
	Skilled Nursing		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 Number:	09	Building Nar	me: Cath Lab			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	e Provided					
	lursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab	Recovery		
	Psychiatric Jursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical ante/Postprtum		Pharmaceutical	Emergency		Central Plant
	ntermediate Care		Dietetic	Nuclear Medicine		Cuppert
	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	r: 10	Building Na	me: 36 Bed Addition				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		<b>ge</b> ,		2 2
	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	r: 11	Building Na	me: Building A, Me	ech. Equipme	ent Bldg.		
Configuration :	Retrofit Conformin	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
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	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:	12	Building Nar	me: Building B				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1 -	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ermediate		Dietetic	<u> </u>	Linergency		Contract tank
— Ca	illed 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:	13	Building Na	me: Building C			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servic	e Provided					
N	ursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	ntermediate		Dietetic			
	are killed 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 Numb	er: 14	Building Na	me: Radiology Add	ition			
Configuration	n N/A						
Type of Ser	vice Provided	1					
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		
	Ante/i ostpitum		Dietetic	Ш	Emergency		Central Plant
	Intermediate Care		Diotolio	X	Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				SELVICES

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

Building Number:	15	Building Nar	me: ER Addition				
Configuration :	N/A						
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	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	termediate		Dietetic		Emergency	Ш	Central Flam
	are		Administration		Nuclear Medicine	X	Support Services
∐ S⊦	killed Nursing						

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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						
Type of Service	e Provided					
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensive(	Care Inpatient Beds	0	X	Anesthesia		
Pediatric/	Adol Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatri Nursing	c Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrica Ante/Post		0		Pharmaceutical	Emergency	Central Plant
Intermedia Care	ate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skilled Nu	ursing Inpatient Beds	0		Administration		
Total Bed Building	s this	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)

Buildi	ing Number: 06										
Тур	Type of Service Provided										
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
	IntensiveCare	Inpatient Beds	0	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X 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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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	ing Number: 07										
Тур	Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X	IntensiveCare	Inpatient Beds	18		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		18								

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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)

Build	ing Number: 09										
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	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	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)

Buildiı	ng Number: 10										
Type	Type of Service Provided										
X	Nursing	Inpatient Beds	36	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X	IntensiveCare	Inpatient Beds	7	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery				
X	Obstetrical Ante/Postprtum	Inpatient Beds	20	X	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		63								

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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)

Buildi						
Туре	e of Service Prov	<u>vided</u>				
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	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:	Building Number: 12 Building Name: Building B							
Type of Service F	Provided Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCar	e Inpatient Beds	0		Anesthesia				
Pediatric/Add	ol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprt	Inpatient um Beds	0		Pharmaceutical	Emergency	X Central Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursi	ng Inpatient Beds	0		Administration				
Total Beds the Building	nis	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:	Building Number: 13 Building Name: Building C										
Type of Service	Type of Service Provided										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCa	are Inpatient Beds	0		Anesthesia							
Pediatric/Adescent	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postpi	Inpatient tum Beds	0		Pharmaceutical	Emergency	X Central Plant					
Intermediat Care	e Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services					
Skilled Nurs	sing Inpatient Beds	0		Administration							
Total Beds Building	this	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: 14	Building Number: 14 Building Name: Radiology Addition										
Type of Service Pro	Type of Service Provided										
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0	Anesthesia	a							
Pediatric/Adol escent	Inpatient Beds	0	Clinical La	b Obstetrical Recovery	Renal Dialysis						
Psychiatric Nursing	Inpatient Beds	0	X Radiologic Imaging	eal/ Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmace	utical Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services						
Skilled Nursing	Inpatient Beds	0	Administra	ation							
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)

Build	ng Number: 15						
Тур	e of Service Prov	<u>rided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X 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				

Report Status: **Data Last Update**: 01/23/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:46 PM

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Building Number:	2 Build	ing Name: Origi	nal Surgery and Lab Build	ding		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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:	06 Bui	Iding Name: ER/Sur	rgery Addition		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory C	are	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newb Nursery	oorn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 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 Days	0 0	

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Building Number:	7 Build	ing Name:	CCU		
Medical / Surgical (Inc	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 Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 8 Bed	Inpatient 2264 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 10 Bed	Inpatient 2829 Days	Inpatient 0 Bed	Inpatient 0 Days	18	18

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Building Number:	09 <b>Bui</b>	ding Name: Cath Lab	
Medical / Surgical (In	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Unit Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	0 0

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Building Number: 1	0 Build	ing Name: 36 E	Bed Addition		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	⁄ Care	Acute Psychiatric	
Inpatient 36 Bed	Inpatient 10737 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 20 Bed	Inpatient 2602 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 7 Bed	Inpatient 1311 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	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	63	63

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Building Number: 1	1 Build	ing Name: Build	ding A, Mech. Equipment	Bldg.	
Medical / Surgical (Inc	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 Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	2 Build	ing Name: Build	ling B		
Medical / Surgical (Inc	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 Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	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	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:	Build	ing Name: Build	ling C		
Medical / Surgical (Inc	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 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 New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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:	14 Build	ling Name: Radi	ology Addition		
Medical / Surgical (In	clude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse 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 / develop	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:	15 Build	ing Name: ER A	Addition		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		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 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0