Report Year: 2011 12551 Verdugo Hills Hospital Glendale Page:1 of 19

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

Facility Number:	12551	
Facility Name:	Verdugo	o Hills Hospital
Address:	1812 Ve	erdugo Blvd.
City:	Glendal	е
Hospital Owner/Lic	censee:	Verdugo Hills Hospital
Year of Re	porting:	2011
Contact 1 e-mail A	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ac	ddress::	
Name of Sul	bmitter:	ro
Submissio	n Date:	1/29/2012 3:00:00 PM

Report Year: 2011 12551 Verdugo Hills Hospital Glendale Page:2 of 19

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	Main Building - North Tower	1812 Verdugo Blvd.	Retrofit	SPC2	01/01/2013	12/15/2012
02	Main Building - South Tower	1812 Verdugo Blvd.	Retrofit	SPC2	01/01/2013	12/15/2012

Report Year: 2011 12551 Verdugo Hills Hospital Glendale Page:3 of 19

Report Year: 2011 12551 Verdugo Hills Hospital Glendale Page:4 of 19

## 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	ing Name: Main Building - North Towe	er	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X 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
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X 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	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

Report Year: 2011 12551 Verdugo Hills Hospital Glendale Page:5 of 19

#### 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: Main Building - South Tow	er	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	92 Inpatient 12363 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
X Psychiatric Nursing	Inpatient Beds	24 Inpatient Days 8064	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	12 Inpatient Days 2330	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	18 Inpatient Days 5151	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

2011

12551

Verdugo Hills Hospital

Glendale

Page:6 of 19

### 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:	Main Building - North Tower		
Medical / Surgical (I	nclude GYN)	Acute Respira	tory Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
•	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	Inpatient 0 Days	Inpatient 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 Bed	Inpatient 0 Days	0	0

2011

12551

Verdugo Hills Hospital

Glendale

Page:7 of 19

#### 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:	Main Building - South Towe	er	
Medical / Surgical (	Include GYN)	Acute Respir	ratory Care	Acute Psychiatric	
Inpatient 92 Bed	Inpatient 1463 Days 3	Inpatient Bed	0 Inpatient 0 Days	Inpatient 24 Bed	Inpatient 8064 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 12 Bed	Inpatient 2330 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 18 Bed	Inpatient 5151 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		Rehabilitation Center	1	Int. Care / developn Disabled	nent
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	146	144

Report Year:	2011	12551	Verdugo Hills Hospital	G	Glendale	Page:8 of 19
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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	Main Building - North Tower	
02	Main Building - South Tower	
03	West Addition	
04	East Addition	

Report Year: 2011 12551 Verdugo Hills Hospital Glendale Page:9 of 19

Report Year: 2011 12551 Verdugo Hills Hospital Glendale Page:10 of 19

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 Buildi	ng Name: Main Build	ling - North Tower			
Type of Servic	e Provided					
		X Surgica	al	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesth				
	IntensiveCare		<u> X</u>	Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent	Clinica	Il Lab		X	Outpatient Surgery
П	Psychiatric	X Radiol Imagin		<b>d</b> WellBaby		
	Nursing	Pharm	aceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X Dieteti	c	Nuclear Medicine	X	Support Services
	Intermediate Care	X Admin	istration			
	Skilled Nursing					

Report Year:	2011	12551	Verdugo Hills Hospital	Glendale	Page:11 of 19
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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 Buildi	ng Name: Main	Building - South	Tower		
Type of Service	e Provided					
		s	urgical	Obstet Cesare	rical ean/Deliv	Rehabilitation Therapy
X	Nursing	A	nesthesia	Obstet	rical 🔲	Renal Dialysis
	IntensiveCare Pediatric/Adol		Clinical Lab	Recove		•
	escent		Radiological/	Newbo WellBa		Outpatient Surgery
X	Psychiatric Nursing	<u> </u>	maging Pharmaceutical	Emerg	ency	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic	Nuclea Medicii		Support Services
	Intermediate Care		dministration			
X	Skilled Nursing					

Report Year:	2011	12551	Verdugo Hills Hospital	Glendale	Page:12 of 19
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Building Number:	: 01	Building Na	me: Main Building	- North Tow	er		
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NP	PC 3 and rem	ove from service by 2030	)	
Type of Servi	ce Provided						
1	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate	X	Dietetic		Linergency		Johnan Hant
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services

Report Year:	2011	12551	Verdugo Hills Hospital	Glendale	Page:13 of 19
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Building Number	er									
Configuration .	Retrofit Non-Confo	orming buildi	rming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Servi	ce Provided									
X I	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		Emergency	Ш	Central Flatit			
	Care		Administration		Nuclear Medicine		Support Services			
X	Skilled Nursing		Aummistration							

Report Year:	2011	12551	Verdugo Hills Hospital	Glendale	Page:14 of 19
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Building Numbe	er: 03	Building Na	me: West Addition				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia	П	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		<del></del>	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2011	12551	Verdugo Hills Hospital	Glendale	Page:15 of 19
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Building Number:	04	Building Na	me: East Addition				
Configuration :	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
X	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X II	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2011		12551		Verdugo Hills Hospital		Glendale	Page:16 of 19
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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: 03						
Type of Service Prov	<u>rided</u>					
Nursing	Inpatient Beds	0	S	urgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Ar	nesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X CI	linical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pł	harmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	□ <sub>Di</sub>	ietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Ad	dministration		
Total Beds this Building		0				

Report Year:	2011		12551		Verdugo Hills Hospital		Glendale	Page:17 of 19
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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							
Тур	e of Service Prov	<u>ided</u>					
X	Nursing	Inpatient Beds	6		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	6		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		12				

Report Status: **Data Last Update**: 01/17/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

2011

12551

Verdugo Hills Hospital

Glendale

Page:18 of 19

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:	Build	ing Name: West	Addition			
Medical / Surgical (Inc	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 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	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	

2011

12551

Verdugo Hills Hospital

Glendale

Page:19 of 19

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:	4 Build	ing Name: East	Addition		
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 Newborn Nursery		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 6 Bed	Inpatient 1662 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 6 Bed	Inpatient 37 Days	Inpatient 0 Bed	Inpatient 0 Days	12	14