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

Facility Number:	13019
Facility Name:	La Palma Intercommunity Hospital
Address:	7901 Walker St.
City:	La Palma
Hospital Owner/Lice	ensee: Prime Healthcare La Palma, LLC
Year of Rep	porting: 2011
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	dress::
Name of Sub	Puchlik Design Associates
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.	<b>Building Name</b>	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01A	Entrance Canopy	7901 Walker St.	Replace	SPC5	01/01/2013	11/01/2012

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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	A Buildir	ng Name: Entrance Canopy		
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	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/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)

Medical / Surgical (Include GYN)       Acute Respiratory Care       Acute Psychiatric         Inpatient	Building Number:	01A	Building Name:	Entrance Canopy		]
Perinatal (excluse Newborn / GYN)   Burn   Skilled Nursing	Medical / Surgical (	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Inpatient Inpa						
Bed     Days     Bed     Days       Pediatric       Inpatient     Inpatien	Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient   0   0   0   0   0   0   0   0   0			• •			
Intensive Care   Rehabilitation   Center   Int. Care / development   Disabled   Inpatient   O   Inpatient   O   Inpatient   O   Days   Days   O   Days   O   Days   O   Inpatient   O   Days   O   Days   O   O   O   O   O   O   O   O   O	Pediatric			e Newborn	Intermediate Card	
Center   Disabled	•					
Bed Days Bed Days  Coronary Care  Chemical Dependency  Chemical Dependency  Inpatient 0 Inpatient In	Intensive Care			ı	-	ent
Dependency  Building Per Unit  Building Per Service  Inpatient 0 Inpatient 0 Inpatient 0 0 0 0						
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 0 0	Coronary Care				<b>Building Per</b>	<b>Building Per</b>
				· · · · · · · · · · · · · · · · · · ·		

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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	
01A	Entrance Canopy	
02	Perinatal Building Addition	
03	Pool Building	
04	Service Building	
04A	Service Building	
05	Rehabilitation Department Expansion	
06	Patient Room Expansion	

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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:	01A Buil	ding Name:	Intrance Canopy			
Type of Servic	e Provided		Surgical	Obstetrical		Rehabilitation
	Nursing		Anesthesia	Cesarean/Deliv		Therapy
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	<b>W</b> ellBaby		
_	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	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	Building Number: 01 Building Name: Main Building						
Configuration :	Retrofit Non-Confo	orming buildir	ng to SPC 5 and NPC	4 or NPC	5		
Type of Servi	ce Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	ntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services

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

Building Number:	01A	Building Na	me: Entrance Canop	ру			
Configuration :	Retrofit Non-Confo	orming buildir	ng to SPC 5 and NPC	4 or NPC	5		
Type of Service Provided							
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		_		
	ntermediate		Dietetic		Emergency		Central Plant
	Care				Nuclear Medicine	X	Support Services
S	killed Nursing		Administration				22000

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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: 02 Building Name: Perinatal Building Addition									
Configuration :	Configuration Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		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:	03	Building Na	me: Pool Building			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	e Provided					
Nu	ursing		Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Int	tensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	Emergency		Central Plant
Int	termediate		Dietetic	Lineigency		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:	04	Building Na	me: Service Building			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	e Provided					
	lursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab	Recovery		
	Psychiatric Jursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/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: 04A Building Name: Service Building							
Configuration :	Retrofit Non-Confo	orming buildir	ng to SPC 5 and NPC	4 or NPC	5		
Type of Service Provided							
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		E		Ocated Black
	termediate		Dietetic		Emergency	Ш	Central Plant
	are				Nuclear Medicine	X	Support Services
SI	killed Nursing		Administration				23.11000

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

Building Number: 05 Building Name: Rehabilitation Department Expansion										
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NP	C 4 or NPC	5					
Type of Serv	vice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	Intermediate		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:	06	Building Nar	me: Patient Room Expa	ansion					
Configuration :	Retrofit Non-Confo	rming building to SPC 5 and NPC 4 or NPC 5							
Type of Service	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
1 1	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	termediate		Dietetic		,				
	are killed Nursing		Administration		Nuclear Medicine		Support Services		

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi												
Тур	Type of Service Provided											
X	Nursing	Inpatient Beds	105	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy					
X	IntensiveCare	Inpatient Beds	8	X	Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis					
X	Psychiatric Nursing	Inpatient Beds	17	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery					
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	X Central Plant					
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services					
	Skilled Nursing	Inpatient Beds	0	X	Administration							
	Total Beds this Building		130									

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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	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	X Obstetrical Recovery	Renal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery					
X	Obstetrical Ante/Postprtum	Inpatient Beds	9		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		9									

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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 Provided											
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X 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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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: 04											
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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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: 0											
Type of Service Provided											
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0	Anesthesia								
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis						
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services						
Skilled Nursin	g Inpatient Beds	0	Administration								
Total Beds thi Building	s	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 Numb										
Type of Service Provided										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
Intensiv	eCare Inpatient Beds	0		Anesthesia						
Pediatri escent	c/Adol Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis				
Psychia Nursing		0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetr X Ante/Po	cal Inpatient estprtum Beds	2		Pharmaceutical	Emergency	Central Plant				
Interme Care	diate Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services				
Skilled	Nursing Inpatient Beds	0		Administration						
Total Be Building		2								

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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	ng 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	Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								

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

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Building Number:	1 Build	ing Name: Mai	n Building		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 105 Bed	Inpatient 10704 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 17	Inpatient 3534 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 / development Disabled	
Inpatient 4 Bed	Inpatient 2151 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 4 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	130	130

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Building Number:	02 Build	ing Name: Perir	natal Building 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 9 Bed	Inpatient 618 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 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	9	9

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Building Number:	3 Build	ing Name: Pool	Building		
Medical / Surgical (Include 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	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 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:	4 Build	ing Name: Serv	ice Building		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04A	Building Name:	Service Building			
Medical / Surgical (Include GYN)		Acute Res	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpat Bed	ient 0	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skill	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpat Bed	ient 0	Inpatient 0 Days
Pediatric		intensive ( Nursery	Care Newborn	Inter	mediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpat Bed	ient 0	Inpatient 0 Days
Intensive Care		Rehabilita Center	Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpat Bed	ient 0	Inpatient 0 Days
Coronary Care		Chemical Dependen	су		l Beds this ding Per	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0	0	0

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Building Number:	05 Buil	ding Name: Reha	abilitation Department Ex	pansion		
Medical / Surgical (Include GYN)		Acute Respiratory	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 2 Bed	Inpatient 87 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 / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 Bed	Inpatient 0 Days	2	0	

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Building Number:	06 Bui	ding Name: Patient R	Room Expansion		
Medical / Surgical (Include GYN)		Acute Respiratory Car	re	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	Inpatient 0 Inpatien Bed Days	t 0
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	Inpatient 0 Inpatien Days	t 0
Pediatric		intensive Care Newbor Nursery	orn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		patient 0	Inpatient 0 Inpatien Days	t 0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays	Inpatient 0 Inpatien Bed Days	t 0
Coronary Care		Chemical Dependency			Beds this ling Per ice
Inpatient 0 Bed	Inpatient 0 Days		patient 0	0	0