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

Facility Number:	13078	
Facility Name:	Kaiser Foundation Hospital - Anaheim	
Address:	441 Lakeview Ave.	
City:	Anaheim	
		_
Hospital Owner/Lice	rensee: Kaiser Foundation Hospitals/06000009	
Year of Rep	porting: 2011	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter: Scott Wendling	
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 Rati If Required	ng Extension Date	Anticipated Completion Date
01	Hospital Tower	441 Lakeview Ave.	Replace	SPC5	01/01/2013	01/01/2013

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Hospital Tower	Retrofit/Replacement Yes-Submitted Project:	
Facility Project Sub Number Number Num		Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review	_
18178 IL080372	0 PPR REPLACEMENT HOSPITAL B417116- 0230-151-0095	02/27/2008 01/15/2009 09/01/2002 07/11/2012 OPEN No	

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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: Hospital Tower								
Type of Service Provided								
X Nursing	Inpatient Beds	117 Inpatient 28594 Days	X Surgical	X Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	36 Inpatient Days 10915	X Anesthesia	X Newborn/ WellBaby				
X Pediatric/Adol escent	Inpatient Beds	11 Inpatient Days 2160	Clinical Lab	X Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	36 Inpatient Days 5041	X Pharmaceutical X Dietetic	X Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services X Obstetrical	X Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	X 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: Hos	oital Tower		
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 117 Bed	Inpatient 2859 Days 4	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 36 Bed	Inpatient 5041 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 11 Bed	Inpatient 2160 Days	Inpatient 14 Bed	Inpatient 3693 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 12 Bed	Inpatient 3939 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 10 Bed	Inpatient 3283 Days	Inpatient 0 Bed	Inpatient 0 Days	200	200

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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	Hospital Tower	
02	Ancillary Building 1	
03	Ancillary Bldg 2 - Material Mgmt	
04	Ancillary Building 3 - PTOT Wing	

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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 Buildin	g Name:	ospital Tower				
Type of Service	e Provided	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X	Anesthesia		Cesarean/Denv		тистару
X	IntensiveCare			X	Obstetrical Recovery	X	Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab	Х	Newborn/	Х	Outpatient Surgery
	Psychiatric		Radiological/ Imaging		WellBaby		3 7
	Nursing	X	Pharmaceutical	X	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care	X	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	ing Number: 01 Building Name: Hospital Tower							
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	g				
Type of Serv	ice Provided							
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis	
l I	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery	
1/ \ 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant	
	Intermediate	X	Dietetic		o.go.io,		OSTINIAL FILAN	
	Care Skilled 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: 02 Building Name: Ancillary Building 1								
Configuration Replace with new SPC 5 and NPC 4 or NPC 5 building:								
Type of Serv	rice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic				22	
	Care Skilled Nursing		Administration	X	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 Nai	me: Ancillary Bldg 2 -	Material	Mgmt		
Configuration:	Configuration Replace with new SPC 5 and NPC 4 or NPC 5 building						
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	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		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 Numb	er: 04	Building Na	me: Ancillary Building	3 - PTO	T Wing		
Configuratior	Replace with new	SPC 5 and I	NPC 4 or NPC 5 building	I			
Type of Ser	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				
	Skilled 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)

Building Numbe	r: 02 Buildin	ng Name: An	cillary Build	ding 1				
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrica Cesarean		Rehabilitation Therapy	
Intensive(Care Inpatient Beds	0		Anesthesia				
Pediatric/	Adol Inpatient Beds	0	X	Clinical Lab	Obstetrica Recovery	I	Renal Dialysis	
Psychiatri Nursing	ic Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery	
Obstetrica Ante/Post		0		Pharmaceutical	Emergenc	у	Central Plant	
Intermedi Care	ate Inpatient Beds	0		Dietetic	X Nuclear Medicine		Support Services	
Skilled Nu	ursing Inpatient Beds	0		Administration				
Total Bed Building	ls 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: 03							
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							
Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveC	are Inpatient Beds	0		Anesthesia			
Pediatric/A escent	Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	lnpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrica Ante/Post		0		Pharmaceutical	Emergency	Central Plant	
Intermedia Care	ite Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
Skilled Nu	rsing Inpatient Beds	0		Administration			
Total Beds Building	sthis	0					

Report Status: **Data Last Update**: 10/20/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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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:	2 Build	ing Name: Ancil	llary Building 1		
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 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	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	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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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:	3 Build	ing Name: Ancil	llary Bldg 2 - Material Mgr	mt	
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 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	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	ment
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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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:	04 Buil	ding Name: Anci	llary Building 3 - PTOT W	/ing		
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 N	ewborn / 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	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	0	0	