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

Facility Number:	14370
Facility Name:	Children's Hospital of Orange County
Address:	455 S. Main St.
City:	Orange
Hospital Owner/Lice	ensee: CHOCO Realty Corporation
Year of Rep	orting: 2011
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Waldo Romero
Submission	Date: 1/29/2012 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
03	CHOC West	455 S. Main St.	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: 03	CHOC West		Retrofi Projec	t/Replacemet:	ent	Yes-Submitte	d
Facility Number	Project Sub Number Num	Scope	Date Plan A in	pproved Date	Proj. Start Date	Proj. Complete Date	ed Status	CEQA Review
14370	IL072072	0 CONSTRUCTION OF 451,459 SF HEALTHCARE FACILITY	09/25/2007		09/01/200	09 09/28/2012	2 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: 03 **CHOC West Building Name:** Type of Service Provided Surgical Obstetrical Inpatient Inpatient 0 Nursing Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 Anesthesia WellBaby **Beds Emergency** Clinical Lab Inpatient Days Inpatient 0 Pediatric/Adol escent **Beds** Nuclear Radiological/ Medicine Imaging **Psychiatric** Inpatient Days ol Inpatient Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient Inpatient Days Dietetic Therapy Ante/Postprtum Beds Renal Dialysis Administration Inpatient Inpatient Days 0 Intermediate 0 Care **Beds** |X|Support Outpatient Services Surgery Inpatient Days Skilled Nursing Inpatient 0

Report Status: **Data Last Update:** 01/17/2012 **Submission Date:** 01/29/2012 **Print Date:** 1/30/2012 12:46 PM

0

Obstetrical

Cesarean/Deliv

Central Plant

Beds

Total Beds this

Building

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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: CHC	OC West		
Medical / Surgical (Include GYN) Inpatient 0 Inpatient 0 Bed Days	Acute Respiratory Inpatient 0 Bed	r Care Inpatient 0 Days	Acute Psychiatric Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN) Inpatient 0 Inpatient 0 Bed Days	Burn Inpatient 0 Bed	Inpatient 0 Days	Skilled Nursing 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 / developr Disabled	nent
Inpatient 0 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 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	CHOC North	
02	Research Building	
03	CHOC West	

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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 Buildi	ng Name: CHOC West			
Type of Service	e Provided	_			
		Surgical	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	Clinical Lab			Outpatient
	escent	Radiological/	Newborn/ WellBaby		Surgery Surgery
	Psychiatric Nursing	Imaging			
	Nursing	Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum	□ Pour	Nuclear Medicine	X	Support Services
		Dietetic	Modifile		Convious
	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:	01	Building Na	me: CHOC North				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X I	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	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 Na	me: Research Build	ding		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	e 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		Emergency	Central Plant
☐ In	termediate		Dietetic		Linergency	Contain tant
	are killed Nursing	X	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 Numbe	er: 03	Building Na	me: CHOC West					
Configuration N/A :								
Type of Serv	vice 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	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic	_	Lineigeney	_	Contrain Tank	
	Care Skilled Nursing		Administration		Nuclear Medicine	X	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 Numb										
Type of Serv	Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X Intensiv	eCare Inpatient Beds	108		Anesthesia						
Pediatri X escent	c/Adol Inpatient Beds	130		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
Psychia Nursing		0		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
Obstetri Ante/Po	ical Inpatient estprtum Beds	0	X	Pharmaceutical		Emergency	X	Central Plant		
Interme Care	diate Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services		
Skilled I	Nursing Inpatient Beds	0	X	Administration						
Total Be Building		238								

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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: 02								
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	X	Administration				
	Total Beds this Building		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:	1 Build	ing Name:	OC North			
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	vborn / 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	ewborn	Intermediate Card		
Inpatient 130 Bed	Inpatient 105 Days	Inpatient 54 Bed	Inpatient 39 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 54 Bed	Inpatient 48 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	238	238	

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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: Rese	earch Building			
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	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	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	