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

| Facility Number: | 11164 | | |
|---------------------|----------|--------------------------------------|--|
| Facility Name: | Los Rob | les Regional Medical Center | |
| Address: | 215 We | st Janss Road | |
| City: | Thousar | nd Oaks | |
| Hospital Owner/Lic | ensee: | Los Robles Hospital & Medical Center | |
| Year of Rep | oorting: | 2012 | |
| Contact 1 e-mail Ad | ddress: | | |
| Contact 2 e-mail Ad | ddress: | | |
| Contact 3 e-mail Ad | ldress:: | | |
| Name of Sub | omitter: | Patrick Smith | |
| Submission | n Date: | 10/29/2012 10:57:04 AM | |

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building 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 |
|---------------|------------------------------|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| BLD- 00601 | North Wing / Central Core | 215 West Janss Road | Retrofit | SPC2 | 01/01/2020 | 01/01/2020 |
| BLD- 00602 | South Wing | 215 West Janss Road | Retrofit | SPC2 | 01/01/2020 | 01/01/2020 |

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For each building which is planned for rebuild, retrofit 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: BLD-00601 North Wing / Central Core | Retrofit/Replacement Hazus-Submitted Project: |
|--|--|
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11164 HS100033-0 0 | 1/7/2010 4/19/2012 OPEN No 12:00:00 12:00:00 AM AM |
| | |
| Building No: BLD-00602 South Wing | Retrofit/Replacement Hazus-Submitted Project: |
| Building No: BLD-00602 South Wing Facility Project Sub Scope Number Num | |

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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: BLD | D-00601 | Building Name: | North Wing / Central Core | |
|-------------------------|----------------------|---------------------|--------------------------------|------------------------|
| Type of Service Provide | <u>ded</u> | _ | | _ |
| , , | Inpatient 45 Beds | Inpatient 5547 Days | Surgical | X Obstetrical Recovery |
| | Inpatient 12 Beds | Inpatient Days 2556 | Anesthesia | X Newborn/ WellBaby |
| 1/ 1 | Inpatient 9 Beds | Inpatient Days 768 | Clinical Lab | Emergency |
| | Inpatient C Beds |) Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| 1731 | Inpatient 29 Beds | Inpatient Days 4514 | X Pharmaceutical X Dietetic | Rehabilitation Therapy |
| | Inpatient C Beds | Inpatient Days 0 | X Administration | X Renal Dialysis |
| | Inpatient C | Inpatient Days 0 | X Support Services Obstetrical | Outpatient Surgery |
| | Total Buildi | Beds this 95 | | 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: BLD-00602 | Building Name: | South Wing | | |
|---|-----------------------------|----------------------------|---|--|
| Type of Service Provided | | | | |
| X Nursing Inpatient Beds | 49 Inpatient 6921 Days | X Surgical | X Obstetrical Recovery | |
| IntensiveCare Inpatient Beds | 0 Inpatient Days 0 | X Anesthesia | X Newborn/ WellBaby | |
| Pediatric/Adol Inpatient escent Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | |
| Psychiatric Inpatient Nursing Beds | 0 Inpatient Days 0 | X Radiological/ Imaging | X Nuclear Medicine | |
| Obstetrical Inpatient Ante/Postprtum Beds | 11 Inpatient Days 1129 | Pharmaceutical Dietetic | X Rehabilitation Therapy | |
| Intermediate Inpatient Care Beds | 0 Inpatient Days 0 | Administration X Support | X Renal DialysisX Outpatient | |
| Skilled Nursing Inpatient Beds | 0 Inpatient Days 0 | Services X Obstetrical | X Outpatient Surgery | |
| | Total Beds this Building 60 | 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: | BLD-00601 | Building Name: Nort | h Wing / Central Core | | |
|----------------------|------------------------|-------------------------------|------------------------|---|--|
| Medical / Surgical (| Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 45 Bed | Inpatient 5547 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse N | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 29 Bed | Inpatient 4514 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care New Nursery | wborn | Intermediate Card | |
| Inpatient 9 Bed | Inpatient 768 Days | Inpatient 12 Bed | Inpatient 2556 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop | ment |
| | 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 | 95 | 95 |

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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: | BLD-00602 Build | ling Name: | South Wing | | |
|------------------------|-------------------------|---------------------------|---------------------|---|--|
| Medical / Surgical (In | clude GYN) | Acute Respirat | ory Care | Acute Psychiatric | |
| | npatient 1003 Days 0 | Inpatient C Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Ne | ewborn / GYN) | Burn | | Skilled Nursing | |
| | npatient 411 Days | Inpatient C Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Nursery | Newborn | Intermediate Card | |
| | npatient 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developn Disabled | nent |
| | apatient 0 ays | 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 |
| | apatient 0 | Inpatient 0 Bed | Inpatient 0 Days | 60 | 60 |

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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 / Replaced / Rebuilt |
|--------------------|-------------------------------|--|
| BLD-00601 | North Wing / Central Core | Retrofit |
| BLD-00602 | South Wing | Retrofit |
| BLD-00603 | West Wing | Remain |
| BLD-00604 | New South Wing | Remain |
| BLD-00605 | Emergency Generator Shed | Remain |
| BLD-02950 | Emergency Department Addition | Remain |
| BLD-03108 | ICU/CCU | Remain |

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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: | BLD-00601 Buildin | g Name: N | orth Wing / Central C | ore | | | | | |
|--------------------------|-------------------------------|-----------|-----------------------|-----|-------------------------------|---|---------------------------|--|--|
| Type of Service Provided | | | | | | | | | |
| | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| X | Nursing | | Anesthesia | | | | | | |
| X | IntensiveCare | | | X | Obstetrical Recovery | X | Renal Dialysis | | |
| X | Pediatric/Adol | | Clinical Lab | | | | Outpatient | | |
| | escent | | Radiological/ | X | Newborn/ WellBaby | | Surgery | | |
| | Psychiatric Nursing | | Imaging | | _ | | | | |
| | | × | Pharmaceutical | Ш | Emergency | Ш | Central Plant | | |
| X | Obstetrical Ante/Postprtum | X | Dietetic | | Nuclear Medicine | X | Support Services | | |
| | Intermediate Care | X | Administration | | | | | | |
| | Skilled Nursing | | , animoration | | | | | | |

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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: | BLD-00602 Building | g Name: So | outh Wing | | | | | | |
|--------------------------|-------------------------------|------------|--------------------------|----|-------------------------------|---|---------------------------|--|--|
| Type of Service Provided | | | | | | | | | |
| | | X | Surgical | X | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | | |
| X | Nursing | X | Anesthesia | | | | | | |
| | IntensiveCare | | | X | Obstetrical Recovery | Х | Renal Dialysis | | |
| | Pediatric/Adol escent | | Clinical Lab | [] | | Х | Outpatient | | |
| | Psychiatric | X | Radiological/ Imaging | X | Newborn/ WellBaby | | Surgery | | |
| Ш | Nursing | | Pharmaceutical | | Emergency | X | Central Plant | | |
| X | Obstetrical Ante/Postprtum | | Dietetic | X | 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: BLD-00601 Building Name: North Wing / Central Core | | | | | | | |
|---|-------------------------------|---|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration: N/A | | | | | | | |
| Type of Service Provided | | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | X | Obstetrical | X | Renal Dialysis |
| X | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery |
| X | Obstetrical Ante/Postprtum | X | Pharmaceutical | | Emergency | | Central Plant |
| | Intermediate Care | X | Dietetic | | Nuclear Medicine | | Support |
| | 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: BLD-00602 Building Name: South Wing | | | | | | | | |
|--|-------------------------------|---|--------------------------|---|-------------------------------|---|---------------------------|--|
| Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030 | | | | | | | | |
| Type of Ser | vice Provided | | | | | | | |
| X | Nursing | X | Surgical | X | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | |
| | IntensiveCare | X | Anesthesia | X | Obstetrical | X | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | X | Newborn/ WellBaby | X | Outpatient Surgery | |
| X | Obstetrical Ante/Postprtum | | Pharmaceutical | | _ | | 0 | |
| | | | Dietetic | | Emergency | X | Central Plant | |
| | Intermediate Care | | Dietetic | X | Nuclear Medicine | X | Support | |
| | Skilled Nursing | | Administration | | | | 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: BLD-00603 | Building Na | me: West Wing | | | | |
|----------------|-------------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| 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 | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | П | 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 | er: BLD-00604 | Building Na | me: New South Wir | ng | | | |
|-----------------|-------------------------------|-------------|--------------------------|----|-------------------------------|---|---------------------------|
| Configuration | : N/A | | | | | | |
| Type of Ser | vice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | X | 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 Numbe | Building Number: BLD-00605 Building Name: Emergency Generator Shed | | | | | | | | |
|----------------|--|--|--------------------------|---|-------------------------------|---|---------------------------|--|--|
| Configuration: | N/A | | | | | | | | |
| Type of Serv | rice 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 | П | Emergency | X | Central Plant | | |
| | Intermediate | | Dietetic | | | | | | |
| | Care Skilled 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: | er: BLD-02950 Building Name: Emergency Department Addition | | | | | | | | |
|------------------|--|---|--------------------------|---|-------------------------------|--|---------------------------|--|--|
| Configuration: | N/A | | | | | | | | |
| Type of Servic | e Provided | | | | | | _ | | |
| N | lursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| Ir | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | | |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | | | |
| | sychiatric Iursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical .nte/Postprtum | | Pharmaceutical | X | Emergency | | Central Plant | | |
| | ntermediate | | Dietetic | | | | | | |
| | care skilled 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 | Building Number: BLD-03108 Building Name: ICU/CCU | | | | | | | |
|-----------------|---|--|--------------------------|--|-------------------------------|----------|---------------------------|--|
| Configuration: | N/A | | | | | | | |
| Type of Servi | ce Provided | | | | | | _ | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| X | 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 | | Lineigonoy | <u> </u> | Contrain land | |
| | Care 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 Number: BL | .D-00603 | Building N | Name: West | Wing | | | | | | | |
|-----------------------------|--------------------------|------------|------------|-----------------------|-------------------------------|------------------------|--|--|--|--|--|
| Type of Service Pro | Type of Service Provided | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | Su | urgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | |
| IntensiveCare | Inpatient Beds | 0 | Ar | nesthesia | | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Cli | inical Lab | Obstetrical Recovery | Renal Dialysis | | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | | adiological/ aging | Newborn/ WellBaby | Outpatient Surgery | | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pr | narmaceutical | X Emergency | Central Plant | | | | | |
| Intermediate Care | Inpatient Beds | 0 | ☐ Die | etetic | Nuclear Medicine | X Support Services | | | | | |
| Skilled Nursing | Inpatient Beds | 0 | Ac | dministration | | | | | | | |
| 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: BL | D-00604 | Building N | Name: Ne | ew South Wing | | |
|-----------------------------|-------------------|------------|----------|--------------------------|----------------------------|------------------------|
| Type of Service Prov | <u>vided</u> | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X IntensiveCare | Inpatient Beds | 20 | | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | X | 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 | | 20 | | | | |

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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: BLD-00605 Building Name: Emergency Generator Shed | | | | | | | | | | |
|--|--------------------------|---|--|--------------------------|----------------------------|------------------------|--|--|--|--|
| Type of Service Pro | 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 | X Central Plant | | | | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | 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: BL | .D-02950 | Building N | lame: En | nergency Departm | ent Addition | |
|-----------------------------|-------------------|------------|----------|--------------------------|----------------------------|------------------------|
| Type of Service Pro | <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 | 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 | 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)

| Buildi | Building Number: BLD-03108 Building Name: ICU/CCU | | | | | | | | |
|--------|---|-------------------|----|--|--------------------------|----------------------------|------------------------|--|--|
| Тур | e of Service Prov | <u>ided</u> | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| X | IntensiveCare | Inpatient Beds | 10 | | 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 | | 10 | | | | | | |

Report Status: **Data Last Update:** 10/29/2012 **Submission Date:** 10/29/2012 **Print Date:** 11/5/2012 1:25 PM

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| Building Number: | BLD-00603 | Building Name: | West Wing | | | | |
|----------------------------------|-------------------|----------------------|---------------------|-----------------|---|--|--|
| Medical / Surgical (Include GYN) | | Acute Re | spiratory Care | , | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 1 - 71 | Inpatient 0 | Inpatient 0 Days | |
| Perinatal (excluse N | Burn | | \$ | Skilled Nursing | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | | Inpatient 0 | Inpatient 0 Days | |
| Pediatric | | intensive Nursery | Care Newborn | ı | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 1 - 71 | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabilita Center | ation | | Int. Care / developr Disabled | nent | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemical Depender | | I | Total Beds this Building Per Unit | 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: | BLD-00604 | Building Name: | New South Wing | | | | |
|----------------------------------|---------------------|------------------------|------------------|---|--|--|--|
| Medical / Surgical (Include GYN) | | Acute Resp | piratory Care | Acute Psychiatric | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days | | |
| Perinatal (excluse N | ewborn / GYN) | Burn | | Skilled Nursing | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days | | |
| Pediatric | | intensive C Nursery | are Newborn | Intermediate Card | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days | | |
| Intensive Care | | Rehabilitati Center | ion | Int. Care / develop Disabled | ment | | |
| Inpatient 20 Bed | Inpatient 5 Days | Inpatient Bed | 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days | | |
| Coronary Care | | Chemical Dependenc | у | Total Beds this Building Per Unit | Total Beds this Building Per Service | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 20 | 20 | | |

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| Building Number: | BLD-00605 | Building Nam | e: Eme | rgency Gen | erator Shed | | | |
|-----------------------------------|----------------|------------------|------------------------|-------------------|-------------|---|--|--|
| Medical / Surgical (Include GYN) | | Acute | Acute Respiratory Care | | | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient Days | 0 | Inpatient 0 | Inpatient 0 Days | |
| Perinatal (excluse Newborn / GYN) | | | Burn | | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient Days | 0 | Inpatient 0 | Inpatient 0 Days | |
| Pediatric | | intens Nurser | ve Care Nev y | vborn | | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehab Center | ilitation | | | Int. Care / develop | ment | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemi Depen | | | | Total Beds this Building Per Unit | Total Beds this Building Per Service | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient Days | 0 | 0 | 0 | |

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| Building Number: | BLD-02950 | Building Name: | Emergency Depart | tment Addition | | | |
|----------------------------------|-------------------|------------------------|------------------|---|--|--|--|
| Medical / Surgical (Include GYN) | | Acute Resp | oiratory Care | Acute Psychia | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | | |
| Perinatal (excluse N | ewborn / GYN) | Burn | | Skilled Nursing | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | | |
| Pediatric | | intensive C Nursery | are Newborn | Intermediate C | ard | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | | |
| Intensive Care | | Rehabilitat Center | ion | Int. Care / deve Disabled | elopment | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | | |
| Coronary Care | | Chemical Dependend | çy | Total Beds this Building Per Unit | 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: | BLD-03108 Build | ing Name: | CU | | | |
|----------------------------------|------------------------|--------------------------------|---------------------|---|--|--|
| Medical / Surgical (Include GYN) | | Acute Respiratory Care | | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient 0 Days | | 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 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Pediatric | | intensive Care Newb Nursery | born | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient 0 Days | | 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 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 2828 Days | | Inpatient 0 Days | 10 | 10 | |

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