Report Year:	2012	11177	Simi \

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

Facility Number:	11177	
Facility Name:	Simi Valley Hospital and Health Care Services - Sycamore	
Address:	2975 North Sycamore Drive	
City:	Simi Valley	
Hospital Owner/Lice	nsee: Simi Valley Hospital and Health Care Services	
Year of Rep	orting: 2012	
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Ado	ress::	
Name of Sub	nitter: Simi Valley Hospital	
Submission	Date: 10/29/2012 3:21:40 PM	

Report Year:         2012         11177         Simi Valley Hospital and Health Care Services           - Sycamore         - Sycamore	Simi Valley	Page:2 of 25
For buildings For buildings which are planned for rebuild, retrofit or replacement this report to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1) or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner inter the hospital owner has been approved per Section 130061(c)(1)(B)	(A). The deadline, as described in	Section 130060

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01252	Telecom Room	2975 North Sycamore Drive	Retrofit	SPC2	01/01/2015	10/17/2014

Report Year:	2012 11177	Simi Valley Hospital and Health Care Services	Simi Valley	Page:3 of 25
		- Sycamore		-

Report Status:Data Last Update:10/23/2012Submission Date:10/29/2012Print Date:11/5/2012 1:26 PM

Report Year:	2012
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Provide the number of	f inpaient bed	ds and patient days per type of servio	ce per building per Section 130	061(c)(1)(F)
Building Number: BL	.D-01252	Building Name:	elecom Room	
Type of Service Prov	<u>vided</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		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this <b>0</b>	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		X Central Plant

Report Year:	2012 11177	Simi Valley Hospital and He - Sycamore	alth Care Services Si	mi Valley	Page:5 of 25
Provide the numb	er of Inpatient beds	and patient days per type o	of unit per building per	Section 130061(c)(1)(I	=)
Building Number:	BLD-01252	Building Name: Tele	com Room		
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 / develop Disabled	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
-					

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-01246	Original Building	Remain
BLD-01249	Main Hospital Building	Remain
BLD-01252	Telecom Room	Retrofit
BLD-01253	New Bridge/Elevator & Med. Gas Encl	Remain
BLD-03335	North and South Patient Care Tower	Remain
BLD-05217	Patient Care Tower Entrance	Remain

Report Year:	2012 11177	Simi Valley H - Sycamore	ospital and Health Car	e Services	Simi Valley	Page:7	' of 25
Li	st ALL proposed ne	w buildings to be	constructd at this or	another site.			
Building Number	Building Nam	e		New Site			
N_1	New North B	uilding Patient Tow	er				
÷							
ī —							
Report Status:	Data Last Update:	10/23/2012	Submission Date:	10/29/2012	Print Date:	11/5/2012 1:26 PM	

Report Year: 2012	11177 Simi Va - Sycam		and Health Care Services	Si	mi Valley		Page:8 of 25
Report any genera SPC-1 per Section	Il acute care hospital i 130061(c)(4)	npatient se	rvice that is provided in a	any ge	enaral acute care f	nospital b	uilding that is rated
Building Number:	BLD-01252 Buildir	g Name:	Telecom Room				
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imaging Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
Report Status: Data Las	Skilled Nursing t Update: 10/23/2012	 Sub	mission Date: 10/29/201	12	Print Date:	11/5/2012	2 1:26 PM

Report Year:	2012 11177	Simi Valley Hospital and Health Care Services	Simi Valley	Page:9 of 25
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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-01246	Building Na	me: Original Building						
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Servi	ce 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	X	Pharmaceutical		Emergency	X	Central Plant		
	Intermediate	X	Dietetic						
_	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		

Report Status: Data Last Update: 10/23/2012

Report Year:	2012 11177	Simi Valley F Sycamore	lospital and Health C	Care Service	s Simi Valley		Page:10 of 25		
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-01249 Building Name: Main Hospital Building									
Configuration	: Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Serv	vice Provided								
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support		
	Skilled Nursing	x	Administration				Services		

Report Year:		Simi Valley <del>I</del> - Sycamore	lospital and Health (	Care Service	s Simi Valley		Page:11 of 25			
	whether by retrofit or by				ach building will comply be provided in each gene					
Building Numb	Building Number: BLD-01252 Building Name: Telecom Room									
Configuration	Remove from GAC	C service by	1/1/2015							
Type of Ser	vice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support			
	Skilled Nursing		Administration			<u>ن</u>	Services			

	Simi Valley Hospital and Health Ca	are Services Simi Valley	Page:12 of 25
Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)			
Building Number: BLD-01253	Building Name: New Bridge/Ele	vator & Med. Gas Encl	
Configuration: Retrofit Conformir	ng building to NPC 4 or NPC 5		
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Receivery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	X Support Services

Skilled Nursing

Report Status: Data Last Update: 10/23/2012

**Submission Date:** 10/29/2012

Administration

Print Date: 11/5/2012 1:26 PM

Report Year:		Simi Valley H - Sycamore	lospital and Health C	are Service	s Simi Valley		Page:13 of 25		
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-03335 Building Name: North and South Patient Care Tower									
Configuration	: N/A								
Type of Ser	vice Provided								
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis		
X	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support		
	Skilled Nursing	X	Administration				Services		

Report Year:		Simi Valley F - Sycamore	lospital and Health (	Care Service	s Simi Valley		Page:14 of 25		
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-05217 Building Name: Patient Care Tower Entrance									
Configuration	n: N/A								
Type of Ser	vice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine		Support		
	Skilled Nursing	X	Administration				Services		

Report Year: 2012	11177	Simi Valley Ho - Sycamore	ospital and l	Health Care Services	Simi Valley	Page:15 of 25
Include information o SPC-4, and SPC-5 per	n the number Section 130	of inpatient be 061(e)	eds by typ	e of Service provided	by buildings that are clas	sified as SPC-2, SPC-3,
Building Number: BLI	D-01246	Building N	ame: Or	iginal Building		
Type of Service Prov	rided					
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	X	Pharmaceutical	Emergency	X Central Plant
Intermediate	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	X	Administration		
Total Beds this Building		0				

Submission Date: 10/29/2012

Print Date: 11/5/2012 1:26 PM

Report Year: 201	2 11177	Simi Valley H - Sycamore	ospital and I	Health Care Services	Simi Valley	Page:16 of 25
Include information SPC-4, and SPC-5 p			eds by type	e of Service provided	I by buildings that are cl	assified as SPC-2, SPC-3,
Building Number: B	LD-01249	Building N	lame: Ma	in Hospital Building		
Type of Service Pro	ovided					
Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtur	Inpatient n Beds	0		Pharmaceutical	X Emergency	X Central Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	) Inpatient Beds	0	X	Administration		
Total Beds this Building	3	0				

Report Year: 2012	11177	Simi Valley Hos - Sycamore	spital and Health C	are Services Simi Valley	Page:17 of 25			
Include information o SPC-4, and SPC-5 per			ds by type of Ser	vice provided by buildings that	are classified as SPC-2, SPC-3,			
Building Number: BLD-01253 Building Name: New Bridge/Elevator & Med. Gas Encl								
Type of Service Prov	<u>vided</u>							
Nursing	Inpatient Beds	0	Surgic	al Obstetrical Cesarean/De	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesth	esia				
Pediatric/Adol escent	Inpatient Beds	0	Clinica	I Lab Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiolo Imagin		Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharma	aceutical Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetio	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0	Admini	stration				
Total Beds this Building		0						

Submission Date: 10/29/2012

Print Date: 11/5/2012 1:26 PM

Report Year:	2012 11177	Simi Valley Ho - Sycamore	ospital and I	Health Care Services	s Simi Valley	Page:18 of 25		
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-03335       Building Name:       North and South Patient Care Tower								
Type of Service	Type of Service Provided							
X Nursing	Inpatient Beds	85	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCa	are Inpatient Beds	32	X	Anesthesia				
Pediatric/A Secent	dol Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis		
Psychiatric	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
Obstetrical X Ante/Postp		27		Pharmaceutical	Emergency	X Central Plant		
Intermediat	te Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services		
Skilled Nur	sing Inpatient Beds	0	X	Administration				
Total Beds Building	this	144						

Report Year:	2012 11177	Simi Valley Ho - Sycamore	ospital and	Health Care Services	Simi Valley	Page:19 of 25			
Include informa SPC-4, and SPC	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	Building Number: BLD-05217 Building Name: Patient Care Tower Entrance								
Type of Service	e Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveC	care Inpatient Beds	0		Anesthesia					
Pediatric/A escent	Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	c Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrica		0		Pharmaceutical	Emergency	Central Plant			
Intermedia	te Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Skilled Nu	rsing Inpatient Beds	0	X	Administration					
Total Beds Building	s this	0							
•									

Report Year:   2012   11177   Simi Valley     - Sycamore	Hospital and Health Care Services	alley Page:20 of 25		
Include information on the number of inpatien SPC-4, and SPC-5 per Section 130061(e)	nt beds by type of unit provided by building	gs that are classified as SPC-2, SPC-3,		
Building Number:     BLD-01246     Building Name:     Original Building				
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	intensive Care Newborn Nursery	Intermediate Card		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / development Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0		

Report Year:   2012   11177   Simi Valley     - Sycamore	Hospital and Health Care Services Simi V	alley Page:21 of 25		
Include information on the number of inpatien SPC-4, and SPC-5 per Section 130061(e)	nt beds by type of unit provided by building	gs that are classified as SPC-2, SPC-3,		
Building Number:     BLD-01249     Building Name:     Main Hospital Building				
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	intensive Care Newborn Nursery	Intermediate Card		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / development Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0		

Report Year:201211177Simi V- Syca		Valley Page:22 of 25	
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:       BLD-01253       Building Name:       New Bridge/Elevator & Med. Gas Encl			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0	

Report Year: 2012 11177 Simi V - Syca		Valley Page:23 of 25	
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:         BLD-03335         Building Name:         North and South Patient Care Tower			
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric			
Inpatient 85 Inpatient 19136 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 27 Inpatient 1733 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 8 Inpatient 743 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / development Disabled	
Inpatient 24 Inpatient 3077 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding PerUnitService	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	144 144	

Report Year:         2012         11177         S	imi Valley Hospital and Health Care S Sycamore	Services Simi Valley	Page:24 of 25
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:     BLD-05217     Building Name:     Patient Care Tower Entrance			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	:
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Days	tient 0 Inpatient 0 s Bed C	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpa Bed Days	tient 0 Inpatient 0 s Bed	Inpatient 0 Days
Pediatric	intensive Care Newborn Nursery	Intermediate Carc	1
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Days	tient 0 Inpatient 0 s Bed	Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / develop Disabled	oment
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Days	tient 0 Inpatient 0 s Bed	Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Days	tient 0 0	0

Report Year:	2012 11177	Simi Valley Hospital and Health Care Services - Sycamore	Simi Valley	Page:25 of 25
		- Journer -		

Report Status:Data Last Update:10/23/2012Submission Date:10/29/2012Print Date:11/5/2012 1:26 PM