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

Facility Number: 11621

Facility Name: Encino Hospital Medical Center

Address: 16237 Ventura Blvd.

City: Encino

Hospital Owner/Licensee: Prime Healthcare Services Encino, LLC

Year of Reporting: 2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter: Puchlik Design Associates

Submission Date: 1/10/2013 9:31:05 AM

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-00675	North Wing	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2016	01/01/2014
BLD-00676	West Wing	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2016	01/01/2014
BLD-00677	Main Tower / Basement / Mech Bldg	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2016	01/01/2015

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-00675   North Wing   Retrofit/Replacement Project: Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date Plan in	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11621	P-2012-01286	0	Material Testing - Building 1	6/19/2012 12:00:00 AM	7/16/2012 12:00:00 AM	09/03/2012	10/31/2012	PEND	No
11621	SL110746-0	0	VSI BLDG #1 NORTH WING	3/29/2011 12:00:00 AM	2/6/2012 12:00:00 AM	06/22/2012	01/01/2014	FIEL	No

Building No: BLD-00676   West Wing   Retrofit/Replacement Project: Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date Plan in	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11621	P-2012-01288	0	Material Testing	6/19/2012 12:00:00 AM	7/16/2012 12:00:00 AM	09/03/2012	10/31/2012	PEND	No
11621	SL110744-0	0	VSI BLDG #2 WEST WING	3/29/2011 12:00:00 AM	2/6/2012 12:00:00 AM	06/22/2012	01/01/2014	FIEL	No

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| Building No: | BLD-00677 | Main Tower / Basement / Mech Bldg | Retrofit/Replacement Project: | Yes-Submitted |

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11621	HL101538-0	0	SB 499: VSI - BUILDING 3	6/30/2010 12:00:00 AM	3/19/2012 12:00:00 AM	03/01/2013	01/01/2015	OPEN	No
11621	SL091334-0	0	MATERIALS TESTING PROGRAM - MAIN HOSPITAL TOWER (BLDG 3)	6/30/2009 12:00:00 AM	2/18/2010 12:00:00 AM			CLOS	No

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-00675**   Building Name: **North Wing**

Type of Service Provided

☐	Nursing	Inpatient Beds	0	Inpatient Days	0	
☒	IntensiveCare	Inpatient Beds	12	Inpatient Days	415	
☐	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0	
☒	Psychiatric Nursing	Inpatient Beds	13	Inpatient Days	4016	
☐	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0	
☐	Intermediate Care	Inpatient Beds	0	Inpatient Days	0	
☐	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0	

Total Beds this Building   **25**

☐ Surgical		☐ Obstetrical Recovery	
☐ Anesthesia		☐ Newborn/WellBaby	
☐ Clinical Lab		☐ Emergency	
☐ Radiological/Imaging		☐ Nuclear Medicine	
☐ Pharmaceutical			
☐ Dietetic		☐ Rehabilitation Therapy	
☐ Administration		☐ Renal Dialysis	
☒ Support Services		☐ Outpatient Surgery	
☐ Obstetrical Cesarean/Deliv		☐ 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-00676**   Building Name: **West Wing**

Type of Service Provided

[X] Nursing	Inpatient Beds	25	Inpatient Days	0	[ ] Surgical	[ ] Obstetrical Recovery
[ ] IntensiveCare	Inpatient Beds	0	Inpatient Days	0	[ ] Anesthesia	[ ] Newborn/ WellBaby
[ ] Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0	[ ] Clinical Lab	[X] Emergency
[ ] Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0	[ ] Radiological/ Imaging	[ ] Nuclear Medicine
[ ] Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0	[ ] Pharmaceutical	
[ ] Intermediate Care	Inpatient Beds	0	Inpatient Days	0	[ ] Dietetic	[X] Rehabilitation Therapy
[ ] Skilled Nursing	Inpatient Beds	0	Inpatient Days	0	[ ] Administration	[ ] Renal Dialysis
					[X] Support Services	[ ] Outpatient Surgery
	Total Beds this Building	25			[ ] Obstetrical Cesarean/Deliv	[X] 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-00677**   Building Name: **Main Tower / Basement / Mech Bldg**

Type of Service Provided

[X]	Nursing	Inpatient Beds	62	Inpatient Days	4871	
[X]	IntensiveCare	Inpatient Beds	10	Inpatient Days	345	
[ ]	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0	
[ ]	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0	
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0	
[ ]	Intermediate Care	Inpatient Beds	0	Inpatient Days	0	
[X]	Skilled Nursing	Inpatient Beds	28	Inpatient Days	10084	

Total Beds this Building   **100**

[X] Surgical		[ ] Obstetrical Recovery	
[X] Anesthesia		[ ] Newborn/WellBaby	
[ ] Clinical Lab		[ ] Emergency	
[X] Radiological/Imaging		[X] Nuclear Medicine	
[X] Pharmaceutical			
[X] Dietetic		[ ] Rehabilitation Therapy	
[X] Administration		[X] Renal Dialysis	
[X] Support Services		[X] Outpatient Surgery	
[ ] Obstetrical 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-00675   **Building Name:** North Wing

Medical / Surgical (Include GYN)

Inpatient Bed: 0   Inpatient Days: 0

Acute Respiratory Care

Inpatient Bed: 0   Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 13   Inpatient Days: 4016

Perinatal (exclude Newborn / GYN)

Inpatient Bed: 0   Inpatient Days: 0

Burn

Inpatient Bed: 0   Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0   Inpatient Days: 0

Pediatric

Inpatient Bed: 0   Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0   Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0   Inpatient Days: 0

Intensive Care

Inpatient Bed: 12   Inpatient Days: 415

Rehabilitation Center

Inpatient Bed: 0   Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0   Inpatient Days: 0

Coronary Care

Inpatient Bed: 0   Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0   Inpatient Days: 0

Total Beds this Building Per Unit

25

Total Beds this Building Per Service

25

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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-00676   **Building Name:** West Wing

Medical / Surgical (Include GYN)

Inpatient Bed: 0   Inpatient Days: 0

Acute Respiratory Care

Inpatient Bed: 0   Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0   Inpatient Days: 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed: 0   Inpatient Days: 0

Burn

Inpatient Bed: 0   Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0   Inpatient Days: 0

Pediatric

Inpatient Bed: 0   Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0   Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0   Inpatient Days: 0

Intensive Care

Inpatient Bed: 0   Inpatient Days: 0

Rehabilitation Center

Inpatient Bed: 25   Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0   Inpatient Days: 0

Coronary Care

Inpatient Bed: 0   Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0   Inpatient Days: 0

Total Beds this Building Per Unit

25

Total Beds this Building Per Service

25

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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-00677   **Building Name:** Main Tower / Basement / Mech Bldg

Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient Bed: 62	Inpatient Days: 4871	Inpatient Bed: 0	Inpatient Days: 0	Inpatient Bed: 0	Inpatient Days: 0

Perinatal (exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient Bed: 0	Inpatient Days: 0	Inpatient Bed: 0	Inpatient Days: 0	Inpatient Bed: 28	Inpatient Days: 10084

Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient Bed: 0	Inpatient Days: 0	Inpatient Bed: 0	Inpatient Days: 0	Inpatient Bed: 0	Inpatient Days: 0

Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient Bed: 10	Inpatient Days: 345	Inpatient Bed: 0	Inpatient Days: 0	Inpatient Bed: 0	Inpatient Days: 0

Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient Bed: 0	Inpatient Days: 0	Inpatient Bed: 0	Inpatient Days: 0	100	100

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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-00675	North Wing	Retrofit
BLD-00676	West Wing	Retrofit
BLD-00677	Main Tower / Basement / Mech Bldg	Retrofit

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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-00675   Building Name: North Wing

Type of Service Provided

☐	Nursing
☒	IntensiveCare
☐	Pediatric/Adolescent
☒	Psychiatric Nursing
☐	Obstetrical Ante/Postprtum
☐	Intermediate Care
☐	Skilled Nursing

☐	Surgical
☐	Anesthesia
☐	Clinical Lab
☐	Radiological/Imaging
☐	Pharmaceutical
☐	Dietetic
☐	Administration

☐	Obstetrical Cesarean/Deliv
☐	Obstetrical Recovery
☐	Newborn/WellBaby
☐	Emergency
☐	Nuclear Medicine

☐	Rehabilitation Therapy
☐	Renal Dialysis
☐	Outpatient Surgery
☐	Central Plant
☒	Support Services

Report Status: **Data Last Update:** 10/24/2012   **Submission Date:** 01/10/2013   **Print Date:** 1/11/2013 6:25 AM

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-00676   Building Name: West Wing

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing

- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration

- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [X] Emergency
- [ ] Nuclear Medicine

- [X] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

Report Status: **Data Last Update:** 10/24/2012   **Submission Date:** 01/10/2013   **Print Date:** 1/11/2013 6:25 AM

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-00677 Building Name: Main Tower / Basement / Mech Bldg

Type of Service Provided

[X] Nursing	[X] Surgical	[ ] Obstetrical Cesarean/Deliv	[ ] Rehabilitation Therapy
[X] IntensiveCare	[X] Anesthesia	[ ] Obstetrical Recovery	[X] Renal Dialysis
[ ] Pediatric/Adolescent	[ ] Clinical Lab		[X] Outpatient Surgery
[ ] Psychiatric Nursing	[X] Radiological/Imaging	[ ] Newborn/WellBaby	
[ ] Obstetrical Ante/Postprtum	[X] Pharmaceutical	[ ] Emergency	[X] Central Plant
[ ] Intermediate Care	[X] Dietetic	[X] Nuclear Medicine	[X] Support Services
[X] Skilled Nursing	[X] Administration		

Report Status: **Data Last Update:** 10/24/2012   **Submission Date:** 01/10/2013   **Print Date:** 1/11/2013 6:25 AM

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-00675 Building Name: North Wing

Configuration: N/A

Type of Service Provided

☐ Nursing	☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☒ IntensiveCare	☐ Anesthesia	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Pediatric/Adolescent	☐ Clinical Lab		
☒ Psychiatric Nursing	☐ Radiological/Imaging	☐ Newborn/WellBaby	☐ Outpatient Surgery
☐ Obstetrical Ante/Postprtum	☐ Pharmaceutical	☐ Emergency	☐ Central Plant
☐ Intermediate Care	☐ Dietetic	☐ Nuclear Medicine	☒ Support Services
☐ Skilled Nursing	☐ Administration		

Report Status: **Data Last Update:** 10/24/2012 **Submission Date:** 01/10/2013 **Print Date:** 1/11/2013 6:25 AM

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-00676   **Building Name:** West Wing

Configuration: N/A

Type of Service Provided

[X] Nursing	[ ] Surgical	[ ] Obstetrical Cesarean/Deliv	[X] Rehabilitation Therapy
[ ] IntensiveCare	[ ] Anesthesia	[ ] Obstetrical Recovery	[ ] Renal Dialysis
[ ] Pediatric/Adolescent	[ ] Clinical Lab		
[ ] Psychiatric Nursing	[ ] Radiological/Imaging	[ ] Newborn/WellBaby	[ ] Outpatient Surgery
[ ] Obstetrical Ante/Postprtum	[ ] Pharmaceutical	[X] Emergency	[X] Central Plant
[ ] Intermediate Care	[ ] Dietetic	[ ] Nuclear Medicine	[X] Support Services
[ ] Skilled Nursing	[ ] Administration		

Report Status: **Data Last Update:** 10/24/2012   **Submission Date:** 01/10/2013   **Print Date:** 1/11/2013 6:25 AM

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-00677   Building Name: Main Tower / Basement / Mech Bldg

Configuration: N/A

Type of Service Provided

[X] Nursing	[X] Surgical	[ ] Obstetrical Cesarean/Deliv	[ ] Rehabilitation Therapy
[X] IntensiveCare	[X] Anesthesia	[ ] Obstetrical Recovery	[X] Renal Dialysis
[ ] Pediatric/Adolescent	[ ] Clinical Lab		
[ ] Psychiatric Nursing	[X] Radiological/Imaging	[ ] Newborn/WellBaby	[X] Outpatient Surgery
[ ] Obstetrical Ante/Postprtum	[X] Pharmaceutical	[ ] Emergency	[X] Central Plant
[ ] Intermediate Care	[X] Dietetic	[X] Nuclear Medicine	[X] Support Services
[X] Skilled Nursing	[X] Administration		

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