Report Year:	2012
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11646 Pac

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

Facility Number:	11646
Facility Name:	Pacific Alliance Medical Center Inc.
Address:	531 W. College St.
City:	Los Angeles
Hospital Owner/Lice Year of Repo	
Contact 1 e-mail Add	ress:
Contact 2 e-mail Add	ress:
Contact 3 e-mail Add	ress::
Name of Subr	nitter: Ron Anderson
Submission	Date: 10/31/2012 11:24:08 AM

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.		Los Angeles	Page:2 of 28
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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- 00686	West Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	10/10/2019
BLD- 00687	East Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	10/10/2019

Report Year:	2012
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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-00686	West Wing		Retrof	it/Replacem t:	ent Haz	us-Submi	tted
Facility Project Sub Number Number Num	Scope	Date Plan	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11646 IL101468-0 0		6/30/2010 12:00:00 AM		04/11/20	11 08/26/2011	ACTI	No
11646 IL101468-0 0		6/30/2010 12:00:00 AM		04/20/20	15 10/09/2015	ACTI	No
11646 IL101468-0 0		6/30/2010 12:00:00 AM		06/18/20	12 10/05/2012	ACTI	No
11646 IL101468-0 0		6/30/2010 12:00:00 AM		10/28/20	13 05/02/2014	ACTI	No

Report Year: 2012 11646	Pacific Alliance Medical Center Inc.	Los Angeles	Page:4 of 28
Building No: BLD-00687 East	Wing	Retrofit/Replacement Project:	Hazus-Submitted
Facility Project Sub Scope Number Number Num	Date Plan in	Approved Proj. Start Proj. Comple Date Date Date	eted Status CEQA Review
11646 IL101470-0 0	6/30/2010 12:00:00 AM	04/11/2011 08/26/20	11 ACTI No
11646 IL101470-0 0	6/30/2010 12:00:00 AM	04/20/2015 10/09/20	15 ACTI No
11646 IL101470-0 0	6/30/2010 12:00:00 AM	06/18/2012 10/05/20	12 ACTI No
11646 IL101470-0 0	6/30/2010 12:00:00 AM	10/28/2013 05/02/20	14 ACTI No

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BL	.D-00686		Building N	lame:	West V	Ving		
Type of Service Prov	vided							
X Nursing	Inpatient Beds	13	Inpatient Days	1902	[Surgical		Obstetrical Recovery
IntensiveCare	Inpatient Beds	0	Inpatient Days	s 0] [Anesthesia	X	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0	Inpatient Day	ys 0	[Clinical Lab		Emergency
Psychiatric Nursing	Inpatient Beds	0	Inpatient Day	ys 0	[Radiological/ Imaging		Nuclear Medicine
						X Pharmaceutical	_	
X Obstetrical Ante/Postprtum	Inpatient Beds	6	Inpatient Day	ys 888	[Dietetic	X	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0	Inpatient Day	ys 0] [Administration		Renal Dialysis
Skilled Nursing	Inpatient		Inpatient Day	ys 0		Support Services		Outpatient Surgery
	Beds		eds this	19] [Obstetrical Cesarean/Deliv		Central Plant

Report Status: Data Last Update: 10/31/2012

Report Year:	
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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-00687** East Wing **Building Name: Type of Service Provided Obstetrical** X Surgical 43 9565 Nursing Inpatient Inpatient Recovery Beds Days Newborn/ IntensiveCare Inpatient 0 **Inpatient Days** 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient **Obstetrical** 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Intermediate Inpatient Days Inpatient 0 0 Care Beds Outpatient X Support Services Surgery Skilled Nursing Inpatient 0 Inpatient Days 0 Beds Obstetrical Total Beds this 43 Cesarean/Deliv Central Plant Building

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

Building Number:	BLD-00686	Building Name: Wes	st Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	^v Care	Acute Psychiatric	
Inpatient 1 Bed	Inpatient 252 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 888 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Net 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	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 1650 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	19	19

Report Status: Data Last Update: 10/31/2012

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

Building Number:	BLD-00687	Building Name:	East Wing		
Medical / Surgical	(Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 43 Bed	Inpatient 9565 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 Bed	0 Inpatient 0 Days	43	43

Report Year:	201
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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-00686	West Wing	Retrofit
BLD-00687	East Wing	Retrofit
BLD-00688	Northwest Wing	Remain
BLD-00689	Northeast Wing	Remain
BLD-00690	South Wing	Remain

Report Status:Data Last Update:10/31/2012Submission Date:10/31/2012Print Date:11/5/2012 1:26 PM

Report Year:	2012 11646	Pacific Alliance	e Medical Center Inc.	Los	Angeles	Page:10 of 28
Report Status:	Data Last Update:	10/31/2012	Submission Date:	10/31/2012	Print Date:	11/5/2012 1:26 PM

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.	Lo	os Angeles	Page:11 of 28
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

Building Number: BLD-00688 Building Name: Northwest Wing Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Nursing Removed from hospital services
Building Number: BLD-00688 Building Name: Northwest Wing Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Rehabilitation Therapy Removed from hospital services
Building Number: BLD-00688 Building Name: Northwest Wing Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Medical/Surgical (Include GYN) Removed from hospital services

Report Year:	2012 11646 Pacific A	Iliance Medical Center Inc.	Los Angeles	Page:12	of 28
Building Number: Will general acu Rehabilitation Center	BLD-00688 Building Name: tr care services and beds will be r Removed from hospital se	Northwest Wing elocated to a new, Existing or retrofittrd ervices	building?		
Building Number: Will general acu Nursing	BLD-00689 Building Name: tr care services and beds will be r Removed from hospital se	Northeast Wing elocated to a new, Existing or retrofittrd ervices	building?		
Building Number: Will general acu Intensive Care	BLD-00689 Building Name: tr care services and beds will be r Removed from hospital se	Northeast Wing elocated to a new, Existing or retrofittrd ervices	building?		
Building Number: Will general acu Surgical	BLD-00689 Building Name: tr care services and beds will be r Removed from hospital se	Northeast Wing elocated to a new, Existing or retrofittrd ervices	building?		

Report Year: 2012 11646 Pacific Alliance Medical C	Los Angeles	Page:13 of 28
Building Number: BLD-00689 Building Name: Northeast Wing Will general acutr care services and beds will be relocated to a new ClinicalLab Removed from hospital services	-	
Building BLD-00689 Building Name: Northeast Wing Number: Will general acutr care services and beds will be relocated to a new Radiological/Imaging Removed from hospital services		
Building Number: BLD-00689 Building Name: Northeast Wing Will general acutr care services and beds will be relocated to a new Medical/Surgical (Include GYN) Removed from hospital services	-	
Building BLD-00689 Building Name: Northeast Wing Number: Will general acutr care services and beds will be relocated to a new Intensive Care Removed from hospital services	-	

Report Year:	2012 11646 Pacific Alliance Medical Center Inc.	Los Angeles	Page:14 of 28
Number:	Building Name: South Wing are services and beds will be relocated to a new, Existing or retrofittrd Removed from hospital services	I building?	
Number:	Building Name: South Wing are services and beds will be relocated to a new, Existing or retrofittrd Removed from hospital services	I building?	
Number:	Building Name: South Wing are services and beds will be relocated to a new, Existing or retrofittrd Removed from hospital services	I building?	

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.	Los Angeles	Page:15 of 28
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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-00686	Building Name:	W	est Wing				
Type of Service Provided Surgical Obstetrical X Rehabilitation								
X	Nursing			Surgical		Cesarean/Deliv		Therapy
	IntensiveCare			Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent			Clinical Lab	X	Newborn/		Outpatient Surgery
	Psychiatric Nursing			Radiological/ Imaging		WellBaby		
	Nursing		<	Pharmaceutical		Emergency		Central Plant
X	Obstetrical Ante/Postprtu	m [Dietetic		Nuclear Medicine		Support Services
	Intermediate Care			Administration				
	Skilled Nursin	g						

Report Status: Data Last Update: 10/31/2012

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.	Los Angeles	Page:16 of 28
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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-00687	Building Name:	Ea	ast Wing			
Type of Servic	e Provided	[Surgical	Obstetrical		Rehabilitation
X	Nursing	[Anesthesia	 Cesarean/Deliv		Therapy Bonal Dialycia
	IntensiveCare			Clinical Lab	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent			Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing	[Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtur	^m [Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	[Administration			
	Skilled Nursing	g					

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.] [Los Angeles	Page:17 of 28
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Building Number: BLD-00686		Building Nar	ne: West Wing						
Configuration:	Retrofit Non-Confo	prming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Servic	ce Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
X C	Obstetrical	X	Pharmaceutical						
	Ante/Postprtum				Emergency		Central Plant		
	ntermediate		Dietetic	_		_			
(Care				Nuclear Medicine		Support Services		
<u> </u>	Skilled Nursing		Administration						

Report Status: Data Last Update: 10/31/2012

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.] [Los Angeles	Page:18 of 28
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Building Number: BLD-00687 Building Name: East Wing							
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3 a	and rem	ove from service by 2030		
Type of Servic	ce Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency		Central Plant
	ntermediate		Dietetic				
C	Care				Nuclear Medicine	Х	Support Services
	Skilled Nursing		Administration				

Report Status: Data Last Update: 10/31/2012

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.	Los Angeles	Page:19 of 28
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Building Numbe	er: BLD-00688	Building Na	me: Northwest Wing			
Configuration:	Remove from GAC	C service by	1/1/2030			
Type of Serv	vice Provided					
X	Nursing		Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
			Pharmaceutical			
	Obstetrical Ante/Postprtum			Emergency		Central Plant
	Intermediate Care		Dietetic			
	ouro			Nuclear Medicine		Support Services
	Skilled Nursing		Administration			

Report Status: Data Last Update: 10/31/2012

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.	Los Angeles	Page:20 of 28
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Building Numbe	r: BLD-00689	Building Na	me: Northeast Wing		
Configuration:	Remove from GAC	c service by	1/1/2030		
Type of Serv	ice Provided				
X	Nursing	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare		Anesthesia	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	x	Clinical Lab	Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical		Pharmaceutical		
	Ante/Postprtum			Emergency	Central Plant
	Intermediate		Dietetic		
	Care			Nuclear Medicine	Support Services
	Skilled Nursing		Administration		

Report Status: Data Last Update: 10/31/2012

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.		Los Angeles	Page:21 of 28
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Building Numbe	er: BLD-00690	Building Na	me: South Wing				
Configuration	: Remove from GAC	C service by	1/1/2030				
Type of Serv	vice Provided						
X	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		Pharmaceutical				
	Ante/Postprtum				Emergency		Central Plant
	Intermediate		Dietetic	_			
	Care				Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				

Report Status: Data Last Update: 10/31/2012

Report Year:	201
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Pacific Alliance Medical Center Inc.

Los Angeles

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: BLI	D-00688	Building N	Name: No	rthwest Wing				
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	23		Surgical	Obstetrical Cesarean/Deliv	X 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		Administration				
	Total Beds this Building		23						

Report Status: Data Last Update: 10/31/2012

Submission Date: 10/31/2012

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

Report Year:	201
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Los Angeles

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: BLI	D-00689	Building I	Name: No	rtheast Wing			
Туре	Type of Service Provided							
X	Nursing	Inpatient Beds	32	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	9		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	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	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		41					

Report Status: Data Last Update: 10/31/2012

Submission Date: 10/31/2012

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

Report Year:	201
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Los Angeles

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-00690	Building N	lame: <mark>So</mark>	uth Wing		
Type of Service Prov	vided					
X Nursing	Inpatient Beds	12		Surgical	Obstetrical Cesarean/Deliv	Rehabilitatio Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialys
Psychiatric	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plar
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this Building		12				

Report Year:	201
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Los Angeles

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-00688	Building Name:	Northwest Wi	ng		
Medical / Surgical (Include GYN)	Acute Res	piratory Care		Acute Psychiatric	
Inpatient 12 Bed	Inpatient Days	2855 Inpatient Bed	0 Inpatier Days		Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatier Days		Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Nursery	Care Newborn		Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatier Days		Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilita Center	tion		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	11 Inpatier Days		Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependen	су		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatier Days	nt 0	23	23

Report Year:	201
--------------	-----

Los Angeles

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-00689	Building Name:	Northeast Wing		
Medical / Surgical (Include GYN)	Acute Res	piratory Care	Acute Psychiatric	
Inpatient 32 Bed	Inpatient 12 Days	2065 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive C Nursery	care Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitat Center	ion	Int. Care / develop Disabled	ment
Inpatient 9 Bed	Inpatient Days	702 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependenc	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 41	41

Report Status: Data Last Update: 10/31/2012

Report Year:	201
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Los Angeles

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-00690	Building Name:	South Wing			
Medical / Surgical (Include GYN)	Acute Res	piratory Care	Αςι	ite Psychiatric	
Inpatient 12 Bed	Inpatient Days	2374 Inpatient Bed	0 Inpatient Days	0 Inpa Bed	atient 0	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skil	lled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpa Bed	atient 0	Inpatient 0 Days
Pediatric		intensive (Nursery	Care Newborn	Inte	rmediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpa Bed	atient 0	Inpatient 0 Days
Intensive Care		Rehabilitat Center	ion		Care / develop abled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpa Bed	atient 0	Inpatient 0 Days
Coronary Care		Chemical Dependen	су		al Beds this Iding Per t	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0	12	12

Report Status: Data Last Update: 10/31/2012

Report Year:	2012 11646	Pacific Alliance Medical Center Inc.	Los Angeles	Page:28 of 28
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