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

Facility Number:	11658	
Facility Name:	Garfield N	Medical Center
Address:	525 N. G	arfield Ave.
City:	Monterey	Park
Hospital Owner/Lice	ensee:	AHMC Healthcare, Inc
Year of Rep	oorting:	2012
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	dress::	
Name of Sub	omitter:	David Batista
Submission	n Date:	1/7/2013 5:14:59 PM

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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- 01934	Main Hospital	525 N. Garfield Ave.	Retrofit	SPC2	01/01/2020	12/31/2019
BLD- 01935	Nursery/Post Partum	525 N. Garfield Ave.	Retrofit	SPC2	01/01/2020	12/31/2019
BLD- 01936	Emergency Wing	525 N. Garfield Ave.	Retrofit	SPC2	01/01/2020	12/31/2019

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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-01934	Main Hospital	Retro Proje	•	us-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved in Date	Proj. Start Proj. Completed Date Date	Status CEQA Review
11658 IL101610-0 0		6/30/2010 12:00:00 AM	06/30/2010	ACTI No

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

Building Number: BL	.D-01934	Building Name:	Main Hospital	
Type of Service Prov	<u>rided</u>			_
X Nursing	Inpatient Beds	Inpatient 38977 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	22 Inpatient Days 6425	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	X Renal DialysisX Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	X Outpatient Surgery
		Total Beds this Building	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: BL	.D-01935	Building Name:	Nursery/Post Partum	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical X	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	20 Inpatient Days 4049	X Anesthesia X	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
X Obstetrical Ante/Postprtum	Inpatient Beds	34 Inpatient Days 12683	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services X Obstetrical	Outpatient Surgery
		Total Beds this Building 54	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: BL	D-01936	Building Name:	Emergency Wing	
Type of Service Prov	<u>ided</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	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration X Support	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Total Beds this Building	Cesaleall/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-01934	Building Name: Mair	n Hospital		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 106 Bed	Inpatient 3133 Days 0	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 / developr Disabled	ment
Inpatient 14 Bed	Inpatient 4158 Days	Inpatient 28 Bed	Inpatient 7647 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 8 Bed	Inpatient 2267 Days	Inpatient 0 Bed	Inpatient 0 Days	156	156

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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-01935	Building Name: Nurs	sery/Post Partum		
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 34 Bed	Inpatient 9006 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 20 Bed	Inpatient 4049 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
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	54	54

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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-01936 Buildi	ng Name: Eme	rgency Wing		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing	
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	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
	npatient 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
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01934	Main Hospital	Retrofit
BLD-01935	Nursery/Post Partum	Retrofit
BLD-01936	Emergency Wing	Retrofit
BLD-01937	O.B. Pavilion	Remain
BLD-01938	O.B. Addition	Remain
BLD-01939	Cath Lab	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-01934 Building	g Name: Ma	ain Hospital				
Type of Service	e Provided						
		X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare				Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol	X	Clinical Lab		·		Outpatient
	escent	X	Radiological/		Newborn/ WellBaby	X	Surgery
	Psychiatric Nursing		Imaging	_	_		
_	-	X	Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

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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-01935 Buildin	g Name: Nu	irsery/Post Partum			
Type of Service	e Provided					
		X	Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
X	IntensiveCare		Allestifesia	X Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab			Outpatient
	Psychiatric		Radiological/ Imaging	X Newborn/ WellBaby		Surgery
	Nursing		Pharmaceutical	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

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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-01936	Building Name:	Emergency Wing				
Type of Service	e Provided						
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare	;		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Ado	, \square	Clinical Lab			Outpatient	
Ш	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery	
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency		Central Plant	
	Obstetrical			Emergency	X	Central Flant	
	Ante/Postprtu	ım _	Dietetic	Nuclear Medicine	X	Support Services	
П	Intermediate						
ш	Care		Administration				
	Skilled Nursin	ng					

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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 Numb	er: BLD-01934	Building Na	me: Main Hospital				
Configuration	n: Retrofit Non-Confo	orming buildi	ing to SPC 5 and NP	C 4 or NPC	5		
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate	X	Dietetic		Lineigency	^_	Ochtiai i iant
	Care Skilled Nursing	X	Administration	X	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-01935	Building Na	me: Nursery/Post Pa	artum			
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5		
Type of Servi	ce Provided						
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
1, , 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	BLD-01936	Building Na	me: Emergency Wir	ng			
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5		
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	BLD-01937	Building Na	me: O.B. Pavilion				
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	C 4 or NPC	5		
Type of Service	ce Provided						
	lursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical ante/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant
	ntermediate Care	X	Dietetic				Command
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number	: BLD-01938	Building Na	me: O.B. Addition				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ce Provided						
	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare		Anesthesia	X	Obstetrical	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery	
1' ' 1	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	Central Plant	
	Intermediate	X	Dietetic		5.955,	25.114.1.14.11	
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services	

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Building Number	er: BLD-01939	Building Na	me: Cath Lab					
Configuration	: Retrofit Non-Confo	rming building to SPC 5 and NPC 4 or NPC 5						
Type of Ser	vice Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine		Support	
	Skilled Nursing		Administration		Nucleal 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: BLD-01937 Building Name: O.B. Pavilion									
Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient n Beds	0	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	X 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: BLD-01938 Building Name: O.B. Addition									
Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical X Ante/Postprtum	Inpatient Beds	7	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		7							

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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-01939 Building Name: Cath Lab								
Type of Service Provided								
X	Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	Anesthes	sia			
	Pediatric/Adol escent	Inpatient Beds	0	Clinical L	Obstetrical ab Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	Radiolog Imaging	ical/ Newborn/ WellBaby	X Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmac	ceutical Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0	Administ	ration			
	Total Beds this Building		0					

Report Status: **Data Last Update:** 01/07/2013 **Submission Date:** 01/07/2013 **Print Date:** 1/8/2013 6:25 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-01937	Building Nar	ne: O.B.	Pavilion				
Medical / Surgical (I	nclude GYN)	Acute	Respiratory	Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)						Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpati	ent 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Pediatric		intens Nurse	sive Care Nev	wborn		Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpation	ent 0	Inpatient [Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Reha Cente	oilitation r			Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient Days	0 Inpati	ent 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chem Depe	ical ndency			Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpati	ent 0	Inpatient Days	0	0	0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-01938	Building Name	e: O.B.	Addition				
Medical / Surgical (nclude GYN)	Acute I	Respiratory	Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)						Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Pediatric		intensi Nurser	ve Care Nev y	vborn		Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabi Center	litation			Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemic Depend				Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient Days	0	0	7	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-01939	Building Name:	Cath Lab			
Medical / Surgical (I	nclude GYN)	Acute Res	spiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	1 - 7	Inpatient 0 Bed	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	1	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	1 - 7	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			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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