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

Facility Number:	11768	
Facility Name:	Kindred Hospital - La Mirada	
Address:	14900 E. Imperial Highway	
City:	La Mirada	
Hospital Owner/Lice	nsee: Southern California Specialty Care, Inc	
Year of Rep	orting: 2012	
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	ress::	
Name of Sub	mitter: Bill Alexander	
Submission	Date: 10/5/2012 2:37:11 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- 03470	Building III	14900 E. Imperial Highway	Retrofit	SPC2	01/01/2015	10/15/2013

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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-03470		Building III			Retrofi Project	t/Replacem t:	nent	Yes-Su	bmitted	t
Facility Number	Project Sub Number Num		Scope	Da in	te Plan	Approved Date	Proj. Start Date	Proj. Comple Date	eted	Status	CEQA Review
11768	HL101488-0	0 S	B499 V.S.I. BUILDING # 3		0/2010 2:00:00 AM	12:00:0		13 10/15/20 ⁻	13 P	END	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: BLD-034	Building Number: BLD-03470 Building Name: Building III								
Type of Service Provided									
Nursing Inpa		Surgical Obstetrical Recovery							
IntensiveCare Inpa		Anesthesia Newborn/ WellBaby							
Pediatric/Adol Inpa escent Bed		Clinical Lab Emergency							
Psychiatric Inpa Nursing Bed		Radiological/ Nuclear Medicine Medicine Pharmaceutical							
Obstetrical Inpa		Dietetic Rehabilitation Therapy							
Intermediate Inpa Care Beds		Administration Renal Dialysis X Support Outpatient							
Skilled Nursing Inpa		Services Surgery Obstetrical							
	Total Beds this Building	Cesarean/Deliv 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)

Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric Inpatient	Building Number:	BLD-03470	Building Name:	Building III				
Perinatal (excluse Newborn / GYN) Burn Skilled Nursing	Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Inpatient Inpa								
Bed Days Bed Days Pediatric Inpatient Inpatien	Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 0 0 0 0 0 0 0 0			• •					
Intensive Care Rehabilitation Center Inpatient O Inpatient O Days Bed Days Days Days Int. Care / development O Inpatient O Inpatient O Inpatient O Days Days O Days O Days O O O O O O O O O	Pediatric			e Newborn	Intermediate Card			
Center Disabled	• •							
Bed Days Bed Days Bed Days Bed Days Chemical Dependency Chemical Dependency Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 0 0 0	Intensive Care			ı	<u>-</u>	ent		
Dependency Building Per Unit Building Per Service Inpatient 0 Inpatient 0 Inpatient 0 0 0 0								
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 0 0	Coronary Care				Building Per	Building Per		

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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-01710	Building I	Remain
BLD-03469	Building II	Remain
BLD-03470	Building III	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-03470 Building	g Name: B	uilding III				
Type of Service	Provided	_					
_	N		Surgical		Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
	Nursing		Anesthesia		0		Renal Dialysis
	IntensiveCare		Clinical Lab	Ш	Obstetrical Recovery		ixeriai Diaiysis
	Pediatric/Adol escent				Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging		WellBaby		
_	Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic		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-01710 Building Name: Building I							
Configuration:	Retrofit Non-Confo	rming buildi	ng to SPC 5 and NPC	C 4 or NPC	5		
Type of Service	e Provided						
X N	ursing	X	Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X In	tensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	termediate	X	Dietetic	_	Lineigency		Contrait lant
	are killed 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-03469 Building Name: Building II									
Configuration: Retrofit Non-Conf		orming buildi	ming building to SPC 5 and NPC 4 or NPC 5						
Type of Serv	rice 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		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	Intermediate		Dietetic				223.3.1.3.1.		
	Care 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:	Building Number: BLD-03470 Building Name: Building III								
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NP	C 4 or NPC	5				
Type of Service	ce Provided								
1	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		
I I	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine	X	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-01710 Building Name: Building I									
Type of Service Provided									
X	Nursing	Inpatient Beds	79	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	6	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	X Central Plant		
X	Intermediate Care	Inpatient Beds	24	X	Dietetic	X Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		109						

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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-03469 Building Name: Building II									
Type of Service Provided									
X Nursing	Inpatient Beds	9	X 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	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services				
Skilled Nursing	Inpatient Beds	0	X Administration						
Total Beds this Building		9							

Report Status: **Data Last Update:** 10/05/2012 **Submission Date:** 10/05/2012 **Print Date:** 11/5/2012 1:26 PM

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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-01710 Build	ing Name: Build	ling I			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 79 Bed	Inpatient 20623 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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	ment	
Inpatient 6 Bed	Inpatient 1178 Days	Inpatient 24 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	109	109	

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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-03469	Building Name:	Building II				
Medical / Surgical (I	nclude GYN)	Acute Respir	atory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 9 Bed	Inpatient 2 Days	2349 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitatio Center	ı	Int. Care / develop Disabled	Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient Days	0 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 Days	0 Inpatient Bed	0 Inpatient 0 Days	9	9		

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