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

Facility Number: 11843

Facility Name: Memorial Hospital of Gardena

Address: 1145 W. Redondo Beach Blvd.

City: Gardena

Hospital Owner/Licensee: Avanti Health System

Year of Reporting: 2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter: Memorial Hospital of Gardena

Submission Date: 10/22/2012 3:02:27 PM

Report Status: **Data Last Update:** 10/22/2012 **Submission Date:** 10/22/2012 **Print Date:** 11/5/2012 1:25 PM

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-01778	Hospital	1145 W. Redondo Beach Blvd.	Retrofit	SPC2	01/01/2018	01/01/2019

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

Building Number: **BLD-01778**   Building Name: **Hospital**

Type of Service Provided

[X] Nursing	Inpatient Beds	70	Inpatient Days	18823	[X] Surgical	[X] Obstetrical Recovery
[X] IntensiveCare	Inpatient Beds	10	Inpatient Days	3794	[X] Anesthesia	[X] Newborn/ WellBaby
[ ] Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0	[X] Clinical Lab	[X] Emergency
					[X] Radiological/ Imaging	[ ] Nuclear Medicine
[ ] Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0		
					[X] Pharmaceutical	
[X] Obstetrical Ante/Postprtum	Inpatient Beds	23	Inpatient Days	3236	[X] Dietetic	[ ] Rehabilitation Therapy
[ ] Intermediate Care	Inpatient Beds	0	Inpatient Days	0	[X] Administration	[ ] Renal Dialysis
[X] Skilled Nursing	Inpatient Beds	69	Inpatient Days	24117	[X] Support Services	[X] Outpatient Surgery
	Total Beds this Building	172			[X] 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-01778 **Building Name:** Hospital

Medical / Surgical (Include GYN)

Inpatient Bed: 70 Inpatient Days: 1881 0

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed: 23 Inpatient Days: 3113

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 69 Inpatient Days: 2443 4

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: 5 Inpatient Days: 1941

Rehabilitation Center

Inpatient Bed: 0 Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0 Inpatient Days: 0

Coronary Care

Inpatient Bed: 5 Inpatient Days: 1941

Chemical Dependency

Inpatient Bed: 0 Inpatient Days: 0

Total Beds this Building Per Unit

172

Total Beds this Building Per Service

172

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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-01778	Hospital	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-01778   Building Name: Hospital

Type of Service Provided

[X] Nursing	[X] Surgical
[X] IntensiveCare	[X] Anesthesia
[ ] Pediatric/Adolescent	[X] Clinical Lab
[ ] Psychiatric Nursing	[X] Radiological/Imaging
[X] Obstetrical Ante/Postprtum	[X] Pharmaceutical
[ ] Intermediate Care	[X] Dietetic
[X] Skilled Nursing	[X] Administration

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

[ ] Rehabilitation Therapy
[ ] Renal Dialysis
[X] Outpatient Surgery
[X] Central Plant
[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-01778   Building Name: Hospital

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

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

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