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

Facility Number:	11858		
Facility Name:	Methodis	t Hospital of Southern California	
Address:	300 W. H	luntington Dr.	
City:	Arcadia		
Hospital Owner/Lice	ensee:	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA / 930000103	
Year of Rep	orting:	2012	
Contact 1 e-mail Ad	dress:		
Contact 2 e-mail Ad	dress:		
Contact 3 e-mail Add	dress::		
Name of Sub	mitter:	JOE LABRIE	
Submission	Date:	1/10/2013 10:34:56 AM	

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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- 00358	Main Hospital	300 W. Huntington Dr.	Rebuild	SPC5	01/01/2015	12/31/2014
BLD- 00359	East Wing	300 W. Huntington Dr.	Rebuild	SPC5	01/01/2015	12/31/2014
BLD- 00360	Utility Building/Central Plant	300 W. Huntington Dr.	Retrofit	SPC5	01/01/2015	12/31/2012
BLD- 00362	West Wing	300 W. Huntington Dr.	Rebuild	SPC5	01/01/2015	12/31/2014
BLD- 00364	Pavilion East & West	300 W. Huntington Dr.	Retrofit	SPC2	01/01/2015	12/31/2014

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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-00358 Main Hospital	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope <u>Number Number Num</u>	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11858 HL041134-0 0 NORTH TOWER ADDITION	10/19/2004 9/6/2007 08/08/2008 12/31/2012 PEND No 12:00:00 12:00:00 AM AM
Building No: BLD-00359 East Wing	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11858 HL041134-0 0 NORTH TOWER ADDITION	10/19/2004 9/6/2007 08/08/2008 12/31/2012 PEND No 12:00:00 12:00:00 AM AM
Building No: BLD-00360 Utility Building/Central Plant	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11858 HL051062-0 0 CENTRAL PLANT UPGRADE	10/14/2005 1/30/2008 07/22/2008 09/29/2011 PEND No 12:00:00 12:00:00 AM AM

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Building No: BLD-00362 West Wing	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11858 HL041134-0 0 NORTH TOWER ADDITION	10/19/2004 9/6/2007 08/08/2008 12/31/2012 PEND No 12:00:00 12:00:00 AM AM
Building No: BLD-00364 Pavilion East & West	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11858 HL110070-0 0 VSI: HAZUS 2010 - REFOOFING OF PAVILION EAST & WEST BUILDING	1/11/2011 12/28/2011 01/01/2011 12/31/2012 PEND No 12:00:00 12:00:00 AM AM

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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	D-00358	Building Name:	Main Hospital	
Type of Service Provide	<u>ded</u>			
, , , , , , , , , , , , , , , , , , ,	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
	Inpatient Beds	9 Inpatient Days 869	Anesthesia	Newborn/ WellBaby
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Fotal Beds this Building	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-00359	Building Name:	East Wing	
Type of Service Prov	<u>ided</u>			
X Nursing	Inpatient Beds	76 Inpatient 8742 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	15 Inpatient Days 407	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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	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-00360	Building Name:	Jtility Building/Central Plant	
Type of Service Prov	<u>rided</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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	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-00362	Building Name:	West Wing	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	105 Inpatient Days	Surgical Obstetrical Recovery	l
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab Emergency	у
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic Rehabilitati Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Renal Dialy	•
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Outpatient Surgery Obstetrical	
		Total Beds this Building	Cesarean/Deliv Central Pla	ant

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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-00364	Building Name:	Pavilion East & West	
Type of Service Prov	<u>ided</u>			_
X Nursing	Inpatient Beds	24 Inpatient 6005 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	Renal Dialysis
X Skilled Nursing	Inpatient Beds	26 Inpatient Days 8528	Support Services Obstetrical	Outpatient Surgery
		otal Beds this uilding 50		Central Plant

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Building Number:	BLD-00358	Building Name:	Main Hospital		
Medical / Surgical (Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	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 / developn Disabled	nent
	Inpatient 869 Days	Inpatient 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 Days	Inpatient Bed	Inpatient 0 Days	9	9

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Building Number: BLD	-00359 Buildin	g Name: East	Wing		
Medical / Surgical (Includ	de GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 76 Inpati Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newbo	orn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpati Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	-	intensive Care New Nursery	born	Intermediate Card	
Inpatient 15 Inpati Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Inpati Bed Days		npatient 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 Inpatient Days		npatient 0 Bed	Inpatient 0 Days	91	91

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Building Number:	BLD-00360	Building Name:	Utility Building/Central Plant		
Medical / Surgical	(Include GYN)	Acute Respira	itory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 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 / developr Disabled	ment
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	0	0

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Building Number:	BLD-00362	Building Name: Wes	t Wing				
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 105 Bed	Inpatient 1216 Days 2	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	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 New 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 / developm 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	105	105		

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Building Number:	BLD-00364	Building Name: Pavi	lion East & West		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 4 Bed	Inpatient 380 Days	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 26 Bed	Inpatient 8528 Days
Pediatric		intensive Care New Nursery	vborn	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	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 5625 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	50	50

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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-00358	Main Hospital	Rebuild
BLD-00359	East Wing	Rebuild
BLD-00360	Utility Building/Central Plant	Retrofit
BLD-00362	West Wing	Rebuild
BLD-00364	Pavilion East & West	Retrofit
BLD-00365	Hoefflin Wing	Remain
BLD-00366	Surgical Wing	Remain
BLD-00367	Patient Tower	Remain
BLD-03711	Electrical Equipment Building	Remain

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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	North Tower	

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building	Number: BLD-0035	8	Main Hos	pital			Removal Date:	[12/31/2014		
Planned	Planned Uses for the building to be removed from acute care service:										
Planned	Planned use for building: Medical Office Building Jurisdiction: OSHPD										
Inpatient	services currently del	ivered in th	e building:	_	7						
	Nursing		Surgical	L	J	Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy		
X	IntensiveCare		Anesthesia		7						
	Pediatric/Adol escent		Clinical Lab	L]	Obstetrical Recovery			Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging]	Newborn/ WellBaby			Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical	Г	7	·			Central Plant		
	Intermediate Care	X	Dietetic		7	Emergency			Central Flant		
	Skilled Nursing	X	Administration		1	Nuclear Medicine		X	Support Services		

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: BLD-0035	9	East Wing	9		Removal Date:	[12/31/2014		
Planned	Uses for the building t	o be remov	ed from acute care	e service:						
Planned use for building: Medical Office Building Jurisdiction: OSHPD										
Inpatient	services currently del	ivered in the	e building:				_			
X	Nursing		Surgical		Obstetrical Cesarean/Deliv			Rehabilitation Therapy		
	IntensiveCare		Anesthesia				_			
X	Pediatric/Adol escent		Clinical Lab	Ц	Obstetrical Recovery			Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	.			Central Plant		
	Intermediate Care		Dietetic		Emergency					
	Skilled Nursing		Administration		Nuclear Medicine		Ш	Support Services		

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building l	Number: BLD-0036	2	West Win	g		Removal Date:	[12/31/2014		
Planned Uses for the building to be removed from acute care service:										
Planned	use for building: Me	dical Office	Building	Jurisdiction:	OSHPD					
Inpatient	services currently del	ivered in th	e building:							
X	Nursing		Surgical	Ш	Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy		
	IntensiveCare		Anesthesia							
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Ш	Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	·			Central Plant		
	Intermediate Care		Dietetic		Emergency					
	Skilled Nursing		Administration		Nuclear Medicine			Support Services		

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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: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Intensive Care Relocated to new building
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Pharmaceutical Relocated to new building
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Dietetic Relocated to new building
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Administration Relocated to new building

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		Main Hospital Plocated to a new, Existing or retrofittrd	building?	
		Main Hospital elocated to a new, Existing or retrofittrd	building?	
		East Wing elocated to a new, Existing or retrofittrd	building?	
		East Wing Plocated to a new, Existing or retrofittrd	building?	

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Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Medical/Surgical (Include GYN) Relocated to new building									
Number:		East Wing ocated to a new, Existing or retrofittrd	building?						
Number:		West Wing ocated to a new, Existing or retrofittrd	building?						
Number:		West Wing ocated to a new, Existing or retrofittrd	building?						

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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-00358	Building Name:	Main Hospital				
Type of Service	e Provided						
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				
X	IntensiveCare	, <u> </u>		Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Ado	, L	Clinical Lab	□ N. t/		Outpatient Surgery	
			Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing	X	7	Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m X	Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration				
П	Skilled Nursin	g					

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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-00359 Buildi	ng Name: Ea	st Wing			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery	Renal Dialysis	
X	Pediatric/Adol escent		Clinical Lab	Name and	Outpatient Surgery	
			Radiological/ Imaging	Newborn/ WellBaby	 Surgery	
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant	
	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-00360	Building Name:	Utility Building/Cen	tral Plant		
Type of Service	e Provided		_		_	
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia	<u></u>		
	IntensiveCare	,	_	Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	, L	Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		- a. g.,
	Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	m _		Nuclear Medicine		Support Services
			Dietetic	Medicine		Sei vices
	Intermediate Care		Administration			
	Skilled Nursin	g				

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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-00362	Building Name:	West Wing			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	Nursing		Anesthesia			
	IntensiveCare		_	Obstetrical Recovery	Renal Dialysis	
П	Pediatric/Adol	, [Clinical Lab		Outpatient	
			Radiological/ Imaging	Newborn/ WellBaby	Surgery	
Ш	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant	
	Obstetrical Ante/Postprtu	m	Dietetic	Nuclear Medicine	Support Services	
	Intermediate					
	Care		Administration			
	Skilled Nursin	g				

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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-00364 Buildin	g Name: Pavilion East & West			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	
X	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab		Outpatient	
	Psychiatric	Radiological/ Imaging	Newborn/ WellBaby	□ Surgery	
	Nursing	Pharmaceutical	Emergency	Central Plant	
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care	Administration			
X	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 Numbe	r: BLD-00358	Building Na	me: Main Hospital			
Configuration:	Remove from GAC	Service by	1/1/2015			
Type of Serv	ice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	Emergency		Central Plant
	Intermediate Care	X	Dietetic			Support
	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 Numbe	r: BLD-00359	Building Na	me: East Wing			
Configuration:	Remove from GAC	Service by	1/1/2015			
Type of Serv	rice Provided					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	Central Plant
	Intermediate Care		Dietetic			Q
	Skilled Nursing		Administration		Nuclear Medicine	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	er: BLD-00360 Building Name: Utility Building/Central Plant									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	C 4 or NPC	5					
Type of Serv	ice Provided									
	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 Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	Intermediate Care		Dietetic							
	Skilled Nursing		Administration		Nuclear Medicine		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	r: BLD-00362	Building Na	me: West Wing			
Configuration:	Remove from GAC	Service by	1/1/2015			
Type of Servi	ice 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 Ante/Postprtum		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care		Dietetic			
	Skilled Nursing		Administration	Nuclear Medicine	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-00364	Building Na	me: Pavilion East &	West			
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Service	Provided						
X No	ursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic				
	killed Nursing		Administration		Nuclear Medicine		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-00365	Building Na	me: Hoefflin Wing			
Configuration:	N/A					
Type of Service	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X I	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	ntermediate		Dietetic		Linergency	Ochilar Flant
	Care Skilled Nursing		Administration	X	Nuclear Medicine	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-00366	Building Na	me: Surgical Wing					
Configuration:	N/A							
Type of Service	e Provided							
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant	
	termediate		Dietetic				22	
	are killed Nursing		Administration	Ш	Nuclear Medicine		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	er: BLD-00367	Building Na	me: Patient Tower				
Configuration	: N /A						
Type of Serv	vice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	X	Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				Current
	Skilled Nursing	X	Administration		Nuclear Medicine		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-03711 Building Name: Electrical Equipment Building								
Configuration:	N/A								
Type of Service	e Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ntermediate		Dietetic						
	care skilled Nursing		Administration		Nuclear 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: BL	D-00365	Building I	Name: Ho	pefflin Wing		
Type of Service Prov	<u>vided</u>					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	20		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	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this Building		20				

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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: BL	_D-00366	Building N	Name: Surgical Wing						
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	X Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	X 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		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:	uilding Number: BLD-00367 Building Name: Patient Tower							
Type of Service Pro	<u>ovided</u>							
X Nursing	Inpatient Beds	144		Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCare	Inpatient Beds	17		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	X Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
Obstetrical X Ante/Postprtum	Inpatient n Beds	24		Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	X	Administration				
Total Beds this Building		185						

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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)

Buildi	ilding Number: BLD-03711 Building Name: Electrical Equipment Building							
Тур	e of Service Prov	<u>ided</u>						
	Nursing	Inpatient Beds	0		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	X Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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

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Building Number:	BLD-00365 Build	ing Name: Hoe	fflin Wing			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	⁷ Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 10 Bed	Inpatient 2021 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / 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 Ne Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
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 10 Bed	Inpatient 2954 Days	Inpatient 0 Bed	Inpatient 0 Days	20	20	

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Building Number:	BLD-00366	Building Name:	Surgical Wing				
Medical / Surgical (I	nclude GYN)	Acute Res	spiratory Care	Ac	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inp Be	patient 0	Inpatient 0 Days	
Perinatal (excluse N	lewborn / GYN)	Burn		Sk	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inp	patient 0	Inpatient 0 Days	
Pediatric		intensive Nursery	Care Newborn	Int	termediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inp	patient 0	Inpatient 0 Days	
Intensive Care		Rehabilita Center	ation		t. Care / developn sabled	nent	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inp	patient 0	Inpatient 0 Days	
Coronary Care		Chemical Depender	псу	Bi	otal Beds this uilding Per nit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0	0	0	

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Building Number:	BLD-00367 Build	ing Name: Patie	ent Tower		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 144 Bed	Inpatient 16724 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 24 Bed	Inpatient 5104 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 17 Bed	Inpatient 1031 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	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	185	185

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Building Number:	BLD-03711	Building Name	: Electric	cal Equipment Build	ding		
Medical / Surgical (Include GYN)		Acute R	espiratory C	are	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	Burn			Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensiv Nursery	e Care Newb	oorn	Intermediate Card	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabil Center	itation		Int. Care / develop	Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient 0 Days	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 Inpatient Bed		Inpatient 0 Days	0	0	

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