Report Year:	2012 12551	Verdugo Hills Hospital		Glendale	Page:1 of 20
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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12551
Facility Name:	Verdugo Hills Hospital
Address:	1812 Verdugo Blvd.
City:	Glendale
Hospital Owner/Lice	nsee: Verdugo Hills Hospital
Year of Repo	rting: 2012
Contact 1 e-mail Add	Iress:
Contact 2 e-mail Ado	Iress:
Contact 3 e-mail Add	ress::
Name of Subr	nitter: Ron Reed
Submission	Date: 1/7/2013 12:55:34 PM

Report Year:	2012 12551	Verdugo Hills Hospital	Glendale	Page:2 of 20
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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- 01025	Main Building - North Tower	1812 Verdugo Blvd.	Retrofit	SPC2	01/01/2017	03/09/2016
BLD- 01026	Main Building - South Tower	1812 Verdugo Blvd.	Retrofit	SPC2	01/01/2017	03/09/2016

Report Year:	2012	12551	Verdugo Hills Hospital	Glendale	Page:3 of 20
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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-01025 Main Building - North Tower	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review
12551 HL103374-0 0 HAZUS 2010 VSI: MAIN BUILDING	12/30/2010 10/31/2012 04/04/2013 03/09/2016 PEND No 12:00:00 12:00:00 AM AM
Building No: BLD-01026 Main Building - South Tower	Retrofit/Replacement Hazus-Submitted
	Project:
Facility Project Sub Scope Number Number Num	

Report Status: Data Last Update: 10/23/2012 Submission Date: 01/07/2013 Print Date: 1/8/2013 6:25 AM

2012

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: BLD-01025 Main Building - North Tower **Building Name:** Type of Service Provided Obstetrical Х Surgical X Inpatient Nursing 0 Inpatient 0 Recovery Days Beds Newborn/ Inpatient Days IntensiveCare Inpatient 0 0 Anesthesia X X WellBaby Beds Emergency **Clinical Lab** Х Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds X Nuclear Х Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient **Inpatient Days** 0 0 Х Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration X Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds X Support Outpatient X Services Surgery **Inpatient Days** Skilled Nursing Inpatient 0 0 Beds Obstetrical Total Beds this Cesarean/Deliv 0 X **Central Plant** Building

Report Year: 2012	12551 Verdu	go Hills Hospital	Glendale	Page:5 of 20
Provide the number of	f inpaient beds and	patient days per type of se	rvice per building per Section 1	30061(c)(1)(F)
° _	-D-01026	Building Name:	Main Building - South Tower	
Type of Service Prov	<u>vided</u>			
X Nursing	Inpatient 92 Beds	Inpatient 13129 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient 0 Beds	Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient 0 Beds	Inpatient Days 0	Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient 24 Beds	Inpatient Days 7970	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient 12 Beds	Inpatient Days 1981	Pharmaceutical	Rehabilitation Therapy
Intermediate Care	Inpatient 0 Beds	Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient 18 Beds	Inpatient Days 4371	Obstetrical	Surgery
	Total Buildii	Beds this 146	Cesarean/Deliv	Central Plant

Glendale

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

Building Number:	BLD-01025	Building Name: Mai	n Building - North Tower		
Medical / Surgical	(Include GYN)	Acute Respirator	y 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 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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	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 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

Report Year: 2012 12551	Verdugo Hills Hospital	Glendale Page:7 of 20
Provide the number of Inpatient beds	and patient days per type of unit per building	per Section 130061(c)(1)(F)
Building Number: BLD-01026	Building Name: Main Building - South To	wer
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 92 Inpatient 1312 Bed Days 9	Inpatient 0 Inpatient 0 Bed Days	Inpatient 24 Inpatient 7970 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 12 Inpatient 1981 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 18 Inpatient 4371 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	146 146

Report Year:	2012 12551	Verdugo Hills Hospital		Glendale	Page:8 of 20
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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-01025	Main Building - North Tower	Retrofit
BLD-01026	Main Building - South Tower	Retrofit
BLD-01027	West Addition	Remain
BLD-01028	East Addition	Remain

Report Status: Data Last Update: 10/23/2012 Submission Date: 01/07/2013 Print Date: 1/8/2013 6:25 AM

Report Year:	2012 12551	Verdugo Hills Hospital	Glendale	Page:9 of 20

Report Year:	2012	12551	Verdugo	Hills Hospital		G	lendale		Page:10 of 20
-									
		l acute care l 130061(c)(4)		npatient servi	ce that is provided	l in any g	enaral acute care l	hospital b	uilding that is rated
Building N	lumber:	BLD-01025	Buildin	g Name: M	ain Building - North	Tower			
Туре с	of Service	Provided		X	Surgical		Obstetrical		Rehabilitation
		Nursing		X	Anesthesia		Cesarean/Deliv		Therapy Renal Dialysis
		IntensiveCa Pediatric/Ad		X	Clinical Lab	X	Obstetrical Recovery		Outpatient
		escent	-	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Surgery
		Nursing			Pharmaceutical		Emergency	X	Central Plant

 Intermediate
 X
 Administration

 Skilled Nursing
 Skilled Nursing

Х

Dietetic

Report Status: Data Last Update: 10/23/2012

Obstetrical Ante/Postprtum

Submission Date: 01/07/2013

Х

Support Services

Nuclear Medicine

X

Report Year:	2012 1255	51	Verdugo Hills Hospital		Glendale	Page:11 of 20
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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-01026 B	uilding Name:	M	ain Building - South	Tower		
Type of Servic	e Provided	[Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing			Anesthesia			Renal Dialysis
	IntensiveCare		_			Obstetrical Recovery	Reliai Dialysis
	Pediatric/Adol escent			Clinical Lab Radiological/		Newborn/ WellBaby	Outpatient Surgery
X	Psychiatric Nursing			Imaging Pharmaceutical		Emergency	Central Plant
X	Obstetrical Ante/Postprtum			Dietetic		Nuclear Medicine	Support Services
	Intermediate Care			Administration			
X	Skilled Nursing						

Report Year:	2012	12551	Verdugo Hills Hospital		Glendale	Page:12 of 20
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Building Numbe	er: BLD-01025	Building Na	me: Main Building - No	orth Towe	er		
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Serv	vice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	x	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	Х	Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency	Х	Central Plant
	Intermediate	X	Dietetic				
	Care			X	Nuclear Medicine	Х	Support Services
	Skilled Nursing	X	Administration				

Report Status: Data Last Update: 10/23/2012

Report Year:	2012	12551	Verdugo Hills Hospital		Glendale	Page:13 of 20
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Building Number:	BLD-01026	Building Nar	me: Main Building - So	uth Tow	er		
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						
XN	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lr Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency		Central Plant
	ntermediate		Dietetic			_	
Ĺ	Care				Nuclear Medicine		Support Services
X s	Skilled Nursing		Administration				

Report Status: Data Last Update: 10/23/2012

Report Year:	2012	12551	Verdugo Hills Hospital		Glendale	Page:14 of 20
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Building Numbe	r: BLD-01027	Building Na	me: West Addition				
Configuration:	N/A						
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
	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: 10/23/2012

Report Year:	2012 12551	Verdugo Hills Hospital	Glendale	Page:15 of 20
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Building Numbe	er: BLD-01028	Building Na	me: East Addition				
Configuration	: N/A						
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical	X	Pharmaceutical				
	Ante/Postprtum			X	Emergency		Central Plant
	Intermediate		Dietetic				
	Care				Nuclear Medicine	Х	Support Services
	Skilled Nursing		Administration				2011000

Report Status: Data Last Update: 10/23/2012

Report Year:	2012	12551	Verdugo Hills Hospital	Glendale	Page:16 of 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)

Buildi	ng Number: BLI	D-01027	Building I	Name: We	est Addition				
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		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		0						

Report Status: Data Last Update: 10/23/2012

Report Year:	2012	12551		Verdugo Hills Hospital		Glendale	Page:17 of 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 Numbe	er: BLD-01028	Building Na	ame: <mark>Ea</mark>	st Addition		
Type of Servie	ce Provided					
X Nursing	Inpatient Beds	6		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitatio Therapy
X Intensive	Care Inpatient Beds	6		Anesthesia		
Pediatric, escent	/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialy
Psychiatr	ric Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetric Ante/Pos		0	X	Pharmaceutical	X Emergency	Central Pla
Intermed Care	iate Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
Skilled N	ursing Inpatient Beds	0		Administration		
Total Beo Building	ds this	12				

Report Year: 2012 12551 Ve	erdugo Hills Hospital	Glendale		Page:18 of 20						
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-01027	Building Name: West	Addition								
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric							
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed		Inpatient 0 Inpa Bed Day	tient 0 s						
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing							
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Bed		Inpatient 0 Inpa Bed Day	s 0						
Pediatric	intensive Care New Nursery	/born	Intermediate Card							
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Bed		Inpatient 0 Inpa Bed Day	tient 0 s						
Intensive Care	Rehabilitation Center		Int. Care / development Disabled							
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Bed		Inpatient 0 Inpa Bed Day	tient 0 s						
Coronary Care	Chemical Dependency			otal Beds this suilding Per						

Report Status: Data Last Update: 10/23/2012

0

Inpatient Days

Inpatient Bed

-

Submission Date: 01/07/2013

0

Inpatient

. Days

Inpatient

Bed

0

0

Service

0

Unit

R	eport Year: 2012	12551 Verdugo H	ills Hospital	Glendale)	Page:19 of 20				
	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-01028 Build	ing Name: East Add	lition						
	Medical / Surgical (Inc	lude GYN)	Acute Respiratory Car	e	Acute Psychiatric					
	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp Bed Da	oatient 0 ays	Inpatient 0 Inpa Bed Day	atient 0 s				
	Perinatal (excluse New	wborn / GYN)	Burn		Skilled Nursing					
	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp Bed Da	oatient 0 ays	Inpatient 0 Inpa Bed Day	atient 0 S				
	Pediatric		intensive Care Newbor Nursery	rn	Intermediate Card					
	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp Bed Da	ays	Inpatient 0 Inpa Bed Day	atient 0 s				
	Intensive Care		Rehabilitation Center		Int. Care / development Disabled					
	Inpatient 6 Bed	Inpatient 1678 Days	Inpatient 0 Inp Bed Da	ays 0	Inpatient 0 Inpa Bed Day	atient 0 s				
	Coronary Care		Chemical Dependency		Building Per E	otal Beds this Building Per Service				
	Inpatient 6	Inpatient 2256	Inpatient 0 Inp	patient 0	12	12				

Days

Bed

Days

Bed

Report Year:	2012 12551	Verdugo Hills Hospital	Glendale	Page:20 of 20
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