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

Facility Number:	12874	
Facility Name:	Century	City Hospital
Address:	2070 Ce	entury Park East
City:	Los Ang	jeles
Hospital Owner/Lice	20500.	Century City Medical Plaza, A Ltd. Partnership
riospital Owner/Lice	511566.	Century City Medical Flaza, A Ltd. Faithership
Year of Rep	orting:	2012
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Ado	dress::	
Name of Sub	mitter:	Kenneth Orgel, CCM
Submission	Date:	10/29/2012 5:22:15 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- 00940	Main Hospital	2070 Century Park East	Retrofit	SPC2	01/01/2015	12/15/2014
BLD- 03908	Central Plant Expansion 3	2070 Century Park East	Retrofit	SPC2	01/01/2015	12/15/2014

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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-00940 Main Hospital	Retrofit/Replacement Hazu Project:	s-Submitted
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
12874 IL101930-0 0	8/12/2010 12:00:00 AM	ACTI No

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number:	LD-00940		Building Name:	Mai	n Hospital		
Type of Service Prov	vided						
X Nursing	Inpatient Beds	124 Inpa Day	atient	0	X Surgical		Obstetrical Recovery
X IntensiveCare	Inpatient Beds	18 Inpa	tient Days	0	Anesthesia		Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inp	atient Days	0	X Clinical Lab	X	Emergency
X Psychiatric Nursing	Inpatient Beds	34 Inp	atient Days	0	X Radiological/ Imaging	X	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inp	atient Days	0	Pharmaceutical     Dietetic	X	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inp	atient Days	0	X Administration		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inp	atient Days	0	Support Services	X	Outpatient Surgery
		Total Beds t Building	his	176	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: BI	Building Number: BLD-03908 Building Name: Central Plant Expansion 3					
Type of Service Prov	vided					
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		Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
		Total Beds this <b>0</b> Building	Cesarean/Deliv	X Central Plant		

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

Building Number:	BLD-00940	Building Name: Mair	n Hospital		
Medical / Surgical (	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 124 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 34 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 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 / develop Disabled	ment
Inpatient 10 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 8 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	176	176

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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-03908	Building Name: Central Plant Expansion	3				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 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	0 0				

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

Building	Building	Building to be
Number	Name	Removed / Replaced / Rebuilt
BLD-00940	Main Hospital	Retrofit

BEB 00010		
BLD-03876	Trigen Central Plant	Remain
BLD-03908	Central Plant Expansion 3	Retrofit

 Report Status:
 Data Last Update:
 10/29/2012
 Submission Date:
 10/29/2012
 Print Date:
 11/5/2012 1:25 PM

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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-00940 Buildin	ng Name: M	ain Hospital				
Type of Servic	e Provided						
		X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia				
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab	_		X	Outpatient
	escent	X	Radiological/		Newborn/ WellBaby	<u>~</u>	Surgery
X	Psychiatric Nursing		Imaging Pharmaceutical	X	Emergency		Central Plant
	Obstetrical		Filamaceutica		Linergeney		Central Flam
	Ante/Postprtum		Dietetic	X	Nuclear Medicine		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-03908	Building Name:	Ce	entral Plant Expansi	on 3			
Type of Servic	e Provided	[		Surgical		Obstetrical		Rehabilitation Therapy
	Nursing			Anesthesia		Cesarean/Deliv		Renal Dialysis
	IntensiveCare					Obstetrical Recovery		Renai Dialysis
	Pediatric/Adol escent			Clinical Lab Radiological/		Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing			Imaging Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum			Dietetic		Nuclear Medicine		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)

<b>.</b>		<b>.</b>					
Building Numbe	er: BLD-00940	Building Na	me: Main Hospital				
Configuration:	Retrofit Non-Confc	orming buildi	ng to SPC 5 and NPC 4	or NPC	5		
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	x	Clinical Lab		Recovery		
X	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum			X	Emergency		Central Plant
	Intermediate		Dietetic				
	Care			X	Nuclear Medicine		Support Services
	Skilled Nursing	X	Administration				

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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)

		<b>_</b>					
Building Numbe	er: BLD-03876	Building Na	me: Trigen Central Pla	nt			
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 5 and NPC 4	or NPC	5		
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency	Х	Central Plant
	Intermediate		Dietetic			_	
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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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	er: BLD-03908	Building Nar	me: Central Plant Expa	ansion 3			
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 5 and NPC 4	or NPC	5		
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency	Х	Central Plant
	Intermediate		Dietetic	_		_	
	Care	_			Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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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 Nu		D-03876	Building N	lame: Tri	gen Central Plant		
Type of S	ervice Prov	<u>vided</u>					
Nurs	ing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inter	siveCare	Inpatient Beds	0		Anesthesia		
Pedi esce	atric/Adol nt	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialy
Psyc	hiatric ing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Pla
Inter	mediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skille	ed Nursing	Inpatient Beds	0		Administration		
Tota Builc	l Beds this ling		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-03876	Building Nan	ne: Trige	en Central Plant		
Medical / Surgical (	Include GYN)	Acute	Respiratory	Care	Acute Psyc	chiatric
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	ent 0	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn			Skilled Nur	sing
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	ent 0	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days
Pediatric		intens Nurse	sive Care Nev ry	wborn	Intermedia	te Card
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	ent 0	Inpatient C Days	] Inpatient [ Bed	0 Inpatient 0 Days
Intensive Care		Rehat Cente	oilitation r		Int. Care / o Disabled	development
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	ent 0	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days
Coronary Care		Chem Deper	ical ndency		Total Beds Building P Unit	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	ent 0	Inpatient C		0 0

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