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

Facility Number:	13078
Facility Name:	Kaiser Foundation Hospital - Anaheim
Address:	441 Lakeview Ave.
City:	Anaheim
Hospital Owner/Lice	censee: Kaiser Foundation Hospitals/06000009
Year of Rep	porting: 2012
Contact 1 e-mail Ac	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	ldress::
Name of Sub	omitter: Mark McCoy
Submission	n Date: 10/31/2012 2:49:06 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- 00160	Hospital Tower	441 Lakeview Ave.	Retrofit	SPC2	01/01/2016	01/01/2016

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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-00160	Hospital Tower	Retroi Projec	•	es-Planned
Facility Project Sub Number Number Num	Scope	Date Plan Approved in Date	Proj. Start Proj. Completed Date Date	Status CEQA Review
18178 IL080372-0 0		2/27/2008 12:00:00 AM	09/01/2002 07/11/2012	ACTI 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-00	160	Building Na	me:	Hosp	oital Tower	
Type of Service Provided						_
X Nursing Inpa	tient 117	Inpatient Days	26038		X Surgical	X Obstetrical Recovery
X IntensiveCare Inpa	tient 36	Inpatient Days	10756		X Anesthesia	X Newborn/ WellBaby
X Pediatric/Adol Inpa escent Bed	tient 11	Inpatient Days	2164		Clinical Lab	X Emergency
Psychiatric Inpa Nursing Bed	tient 0] Inpatient Days	. 0		Radiological/ Imaging	Nuclear Medicine
X Obstetrical Inpa Ante/Postprtum Bed	tient 36	Inpatient Days	5592		X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Inpa Care Bed	tient 0	Inpatient Days	0		X Administration	X Renal Dialysis
Skilled Nursing Inpa	tient 0	Inpatient Days	0		X Support Services X Obstetrical	X Outpatient Surgery
	Total E Buildir	Beds this	200		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-00160	Building Name: Hos	pital Tower		
Medical / Surgical ((Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 117 Bed	Inpatient 2603 Days 8	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 36 Bed	Inpatient 5592 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 11 Bed	Inpatient 2164 Days	Inpatient 14 Bed	Inpatient 3508 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 12 Bed	Inpatient 3940 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 3308 Days	Inpatient 0 Bed	Inpatient 0 Days	200	200

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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-00160	Hospital Tower	Retrofit
BLD-00161	Ancillary Building 1	Remain
BLD-00164	Ancillary Bldg 2 - Material Mgmt	Remain
BLD-00165	Ancillary Building 3 - PTOT Wing	Remain

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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-00160 Building	g Name: Ho	ospital Tower					
Type of Service Provided								
		X	Surgical	X	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy	
X	Nursing	X	Anesthesia					
X	IntensiveCare		Ariestriesia	X	Obstetrical Recovery	X	Renal Dialysis	
	Pediatric/Adol		Clinical Lab			X	Outpatient	
X	escent		Radiological/ Imaging	X	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing	X	Pharmaceutical	Х	Emergency	Х	Central Plant	
X	Obstetrical Ante/Postprtum				Nuclear	<u> </u>	Support	
	Ante/Postpitum	X	Dietetic		Medicine		Services	
	Intermediate Care	X	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-00160	Building Na	me: Hospital Towe	er				
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030								
Type of Service	ce Provided						_	
X N	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X I	ntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery	
1/ \ 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	Х	Central Plant	
	ntermediate Care	X	Dietetic		Nuclear Medicine		Cupport	
	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	: BLD-00161	Building Na	me: Ancillary Build	ding 1				
Configuration:	Configuration: Remove from GAC service by 1/1/2030							
Type of Servi	ce Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant	
	Intermediate Care		Dietetic					
	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	Building Number: BLD-00164 Building Name: Ancillary Bldg 2 - Material Mgmt							
Configuration:	Configuration: Remove from GAC service by 1/1/2030							
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		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		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-00165 Building Name: Ancillary Building 3 - PTOT Wing							
Configuration:	Configuration: Remove from GAC service by 1/1/2030							
Type of Servi	ce Provided							
	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	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate		Dietetic				2	
	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	Building Number: BLD-00161 Building Name: Ancillary Building 1							
Type of Service Prov	<u>vided</u>							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	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	X 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: BLD-00164 Building Name: Ancillary Bldg 2 - Material Mgmt								
Type of Service Provided								
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/Postprtur	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	g Inpatient Beds	0	Administration					
Total Beds this Building	s	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: BLD-00165 Building Name: Ancillary Building 3 - PTOT Wing								
Type of Service Provided								
	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	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:** 10/31/2012 **Submission Date:** 10/31/2012 **Print Date:** 11/5/2012 1:25 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-00161	Building Name	: Ancillar	ry Building 1		
Medical / Surgical (I	Acute R	espiratory Ca	are	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensiv Nursery	re Care Newb	orn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabil Center	itation		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient		npatient 0	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		npatient 0	0	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-00164 Bui	Iding Name: Anci	Ancillary Bldg 2 - Material Mgmt			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 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 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 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	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-00165	Building Nam	e: Ancil	Ancillary Building 3 - PTOT Wing				
Medical / Surgical (Include GYN)			Acute Respiratory Care			Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)			Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Pediatric		intens Nurse	ive Care Nev 'y	wborn		Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehab Center	ilitation			Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemi Depen				Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient Days	0	0	0	

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