Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:1 of 31

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

Facility Number:	11164
Facility Name:	Los Robles Regional Medical Center
Address:	215 West Janss Road
City:	Thousand Oaks
Hospital Owner/Lice	ensee: Los Robles Hospital & Medical Center
Year of Rep	orting: 2013
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	lress::
Name of Sub	mitter: Patrick Smith
Submission	Date: 12/17/2013 12:23:57 PM

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:2 of 31

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- 00601	North Wing / Central Core	215 West Janss Road	Retrofit	SPC2	01/01/2016	01/01/2016
BLD- 00602	South Wing	215 West Janss Road	Retrofit	SPC2	01/01/2018	01/01/2018

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:3 of 31

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-00601 North Wing / Central Core	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
11164 HS100033-0 0 VSI - BUILDING 1 & BUILDING 2	1/7/2010 5/2/2013 PEND No 12:00:00 12:00:00 AM AM
Building No: BLD-00602 South Wing	Retrofit/Replacement Yes-Submitted Project:
Building No: BLD-00602 South Wing Facility Project Sub Scope Number Number Num	· · · · · · · · · · · · · · · · · · ·

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:4 of 31

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

Building Number: BI	_D-00601	Building Name:	North Wing / Central Core	
Type of Service Prov	<u>vided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	12 Inpatient Days 4392	Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	9 Inpatient Days 3294	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery
		Total Beds this Building 21	- 1	X Central Plant

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:5 of 31

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

Building Number: BL	.D-00602	Building Name:	South Wing	
Type of Service Prov	<u>ided</u>			
X Nursing	Inpatient 1 Beds	76 Inpatient 65514 Days	X Surgical	X Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X 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
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		al Beds this 176	1 1	Central Plant

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:6 of 31

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

Building Number:	BLD-00601	Building Name:	North Wing / Central Core		
Medical / Surgical (I	nclude GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 9 Bed	Inpatient 3294 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	Inpatient 4392 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 Days	Inpatient 0 Bed	Inpatient 0 Days	21	21

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:7 of 31

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

Building Number:	BLD-00602	Building Name:	outh Wing		
Medical / Surgical (Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 176 Bed	Inpatient 6551 Days 4	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	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 N Nursery	Newborn	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 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	176	176

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:8 of 31

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-00601	North Wing / Central Core	Retrofit
BLD-00602	South Wing	Retrofit
BLD-00603	West Wing	Remain
BLD-00604	New South Wing	Remain
BLD-00605	Emergency Generator Shed	Remain
BLD-02950	Emergency Department Addition	Remain
BLD-03108	ICU/CCU	Remain

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:9 of 31

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:10 of 31

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:11 of 31

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:12 of 31

ort Year: 20°	13 11164 Los	s Robles Regiona	al Medical Center	Thousand Oaks		Page:13 of 3
Report any gene SPC-1 per Section		ital inpatient se	rvice that is provided	in any genaral acute care h	ospital l	ouilding that is rat
Building Number:	BLD-00601 B	uilding Name:	North Wing / Central C	Core		
Type of Servi	ice Provided	[Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
X	- Padiatric/Adal		Clinical Lab Radiological/	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing	X	Imaging Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		7			

Report Status: **Data Last Update:** 12/17/2013 **Submission Date:** 12/17/2013 **Print Date:** 12/18/2013 1:50 PM

Skilled Nursing

Administration

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:14 of 31

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-00602 Buildir	ng Name: South Wing							
Type of Service Provided									
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy					
X	Nursing	Anesthesia		Dental Dialogia					
	IntensiveCare		X Obstetrical Recovery	Renal Dialysis					
	Pediatric/Adol escent	Clinical Lab	X Newborn/	Outpatient Surgery					
П	Psychiatric	X Radiological/ Imaging	WellBaby						
	Nursing	Pharmaceutical	Emergency	Central Plant					
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services					
	Intermediate Care	Administration							
	Skilled Nursing								

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:15 of 31

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-00601	Building Na	me: North Wing /	Central Core			
Configuration:	N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate	X	Dietetic		Emergency		Central Flant
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:16 of 31

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-00602	Building Na	me: South Wing				
Configuration	: N/A						
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:17 of 31

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-00603	Building Na	me: West Wing				
Configuration:	N/A						
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	ntermediate are		Dietetic		Nuclear Medicine		Support
	killed Nursing		Administration		nuclear Medicine	X	Support Services

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:18 of 31

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-00604	Building Na	me: New South W	ing			
Configuration:	N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic		Emergency		Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:19 of 31

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-00605	Building Na	me: Emergency Ge	enerator She	ed		
Configuration:	N/A						
Type of Serv	ice 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 Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic		Lineigency		Contract
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:20 of 31

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-02950	Building Na	me: Emergency D	epartment Ad	ddition		
Configuration:	N/A						
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic	<u> </u>	51951.07	_	Contract faire
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:21 of 31

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-03108	Building Na	me: ICU/CCU			
Configuration:	N/A					
Type of Service	e Provided					
N	ursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X In	tensiveCare		Anesthesia	Obstetrical	Renal Dialysis	
	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical	Emergency	Central Plant	
	termediate		Dietetic			
	are killed Nursing		Administration	Nuclear Medicine	Support Services	

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:22 of 31

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 Num	nber: BLD	D-00603	Building N	ame: We	st Wing				
Type of Ser	rvice Provi	<u>ided</u>							
Nursin	ıg	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intens	iveCare	Inpatient Beds	0		Anesthesia				
Pediat escen	ric/Adol t	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psych Nursin		Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obste Ante/F	trical Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		Central Plant
Interm Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled	l Nursing	Inpatient Beds	0		Administration				
Total E Buildir	Beds this		0						

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:23 of 31

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	mber: BLD	0-00604	Building N	Name: Ne	w South Wing			
Type of Se	ervice Provi	<u>ided</u>						
Nurs	ing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inten	siveCare	Inpatient Beds	20		Anesthesia			
Pedia esce	atric/Adol nt	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery		Renal Dialysis
Psyc	hiatric ing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X	Central Plant
Interr Care	mediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X	Support Services
Skille	ed Nursing	Inpatient Beds	0		Administration			
Total Build	Beds this ing		20					

Report Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:24 of 31

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-00605	Building N	Name: Emergency Generator	Shed	
Type of Service Pro	<u>vided</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 Year: 2013 11164 Los Robles Regional Medical Center Thousand Oaks Page:25 of 31

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-02950	Building N	Name: Emergency Departm	ent Addition	
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	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	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year:	2013	11164		Los Robles Regional Medical Center		Thousand Oaks	Page:26 of 31
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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-03108	Building N	Name: IC	U/CCU					
Тур	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X	IntensiveCare	Inpatient Beds	10		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		10							

Report Status: **Data Last Update:** 12/17/2013 **Submission Date:** 12/17/2013 **Print Date:** 12/18/2013 1:50 PM

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:27 of 31

Building Number:	BLD-00603 Bu	uilding Name:	Vest Wing			
Medical / Surgical (In	clude GYN)	Acute Respirat	ory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (Exclude Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		Intensive Care Nursery	Newborn	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Depe	ndency	Total Beds this Building Per Building Per		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service 0		

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:28 of 31

Building Number:	BLD-00604	Building Name:	New South Win	g			
Medical / Surgical (Include GYN)		Acute Res	Acute Respiratory Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		npatient 0	Inpatient 0 Days	
Perinatal (Exclude N	lewborn / GYN)	Burn		5	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	ı • ı	npatient 0	Inpatient 0 Days	
Pediatric		Intensive (Nursery	Care Newborn	ı	ntermediate Care		
Inpatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	1 71	npatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitat Center	tion		nt. Care / Developn Disabled	nentally	
Inpatient 20 Bed	Inpatient 7 Days	7320 Inpatient Bed	0 Inpatient Days		npatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical I	Dependency		Total Beds this Total Beds this Building Per Building Per		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		Unit 20	Service 20	

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:29 of 31

Building Number:	BLD-00605 Build	ling Name: Eme	ergency Generator Shed			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		Intensive Care Newborn Nursery		Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Total Beds this Building Per		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0		

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:30 of 31

Building Number:	BLD-02950 Build	ding Name: Eme	Emergency Department Addition			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		Intensive Care Newborn Nursery		Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Total Beds this Building Per		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0		

2013

11164

Los Robles Regional Medical Center

Thousand Oaks

Page:31 of 31

Building Number:	BLD-03108	Building Name:	ICU/CCU				
Medical / Surgical (Include GYN)		Acute Res	Acute Respiratory Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		npatient 0 ed	Inpatient 0 Days	
Perinatal (Exclude I	Newborn / GYN)	Burn		s	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	1 1	npatient 0	Inpatient 0	
Pediatric		Intensive C Nursery	Intensive Care Newborn Nursery		Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	1 -	npatient 0 ed	Inpatient 0 Days	
Intensive Care		Rehabilitat Center	ion		nt. Care / Developr isabled	nentally	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		npatient 0 ed	Inpatient 0 Days	
Coronary Care		Chemical I			Total Beds this Building Per		
Inpatient 10 Bed	Inpatient 3 Days	Inpatient Bed	0 Inpatient Days		Init 10	Service 10	