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

Facility Number:	11621	
Facility Name:	Encino Hospital Medical Center	
Address:	16237 Ventura Blvd.	
City:	Encino	
Hospital Owner/Lice	ensee: Prime Healthcare Services Encino, LLC	
Year of Rep	porting: 2013	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Add	dress::	
Name of Sub	pmitter: Puchlik Design Associates	
Submission	n Date: 12/11/2013 12:20:24 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- 00677	Main Tower / Basement / Mech Bldg	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2016	01/01/2015

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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-00677	7	Main Tower / Basement / Mech Bldg		Retrofit Project	:/Replacemer :	Yes	-Submitte	d
Facility <u>Number</u>	Project Sub Number Num		Scope	Date Plan in	Approved Date	Proj. Start P Date	roj. Completed Date	Status	CEQA Review
11621	HL091434-0	0	SPC-2 UPGRADES TO BUILDING #3	7/7/2009 12:00:00 AM		02/01/2014	10/01/2014	ACTI	No
11621	SL091334-0	0	MATERIALS TESTING PROGRAM - MAIN HOSPITAL TOWER (BLDG 3)	6/30/2009 12:00:00 AM	2/18/201 12:00:0 A	-		CLOS	No

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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-00677	Building Name:	Main Tower / Basement / Mech Bldg	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	62 Inpatient 4871 Days	X Surgical Obstetric	
X IntensiveCare	Inpatient Beds	10 Inpatient Days 345	X Anesthesia Newborr WellBab	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab Emerger	ncy
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ X Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic Rehabili Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Renal D	-
X Skilled Nursing	Inpatient Beds	28 Inpatient Days 10084	X Support X Outpatie Services Surgery Obstetrical	TIL
		Total Beds this Building		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-00677	Building Name:	Main Tower / Basement / M	lech Bldg	
Medical / Surgical (Inpatient 62	(Include GYN) Inpatient 4767	Acute Respirate		Acute Psychiatric	Inpatient 0
Perinatal (excluse l	Days	Bed Burn	Days ———	Bed Skilled Nursing	Days ——
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 28 Bed	Inpatient 9737 Days
Pediatric		intensive Care I 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 / develop	ment
Inpatient 10 Bed	Inpatient 331 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	100	100

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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-00675	North Wing	Remain
BLD-00676	West Wing	Remain
BLD-00677	Main Tower / Basement / Mech Bldg	Retrofit

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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-00677 Buildin	Name: Main Tower / Basement / Mech Bldg	
Type of Servic	e Provided		
		X Surgical Obstetrical Rehab Cesarean/Deliv Therap	ilitation Dy
X	Nursing	X Anesthesia	
X	IntensiveCare	Obstetrical X Renal Recovery	Dialysis
	Pediatric/Adol escent	Clinical Lab Newborn/ Newborn/ X Outpat Surger	ient v
	Davahiatria	X Radiological/ WellBaby Imaging	,
	Psychiatric Nursing	X Pharmaceutical Emergency X Centra	l Plant
	Obstetrical Ante/Postprtum	X Nuclear X Suppo	
	,	X Dietetic Medicine Service	3 S
	Intermediate Care	X Administration	
[\sigma]	Skilled Nursing		
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 Number:	BLD-00675	Building Nar	me: North Wing				
Configuration:	N/A						
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	rediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1 -	Obstetrical .nte/Postprtum		Pharmaceutical		F		Octobel Plant
,	into, i ocipitani		Distalla	Ш	Emergency	Ш	Central Plant
	ntermediate Care		Dietetic		Nuclear Medicine	X	Support
s	killed Nursing		Administration			_ _	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	er: BLD-00676	Building Na	me: West Wing				
Configuration:	N/A						
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Page von		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	$\overline{\mathbf{x}}$	Central Plant
	Intermediate		Dietetic		Lineigency		Contrain lant
	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	er: BLD-00677	Building Na	me: Main Tower /	Basement / N	Mech Bldg		
Configuration	: N/A						
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		_		
	, and, a doubteam		Di col		Emergency	X	Central Plant
	Intermediate Care	×	Dietetic	X	Nuclear Medicine	X	Support
X	Skilled Nursing	X	Administration	ر ت		لت	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)

Buildi	ng Number: BLI	D-00675	Building N	Name: No	rth Wing				
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	12		Anesthesia				
П	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
X	Psychiatric Nursing	Inpatient Beds	13		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		25						

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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-00676 Building Name: West Wing								
Type of Service Provided								
X Nursing	Inpatient Beds	25	Surgical	Obstetrical Cesarean/Deliv	X 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/Postprtun	Inpatient n Beds	0	Pharmaceutical	X Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building	i	25						

Report Status: **Data Last Update:** 12/11/2013 **Submission Date:** 12/11/2013 **Print Date:** 12/12/2013 1:50 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-00675 Bu	ilding Name:	North Wing				
Medical / Surgical (In	clude GYN)	Acute Respir	atory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 13	Inpatient 4126 Days		
Perinatal (Exclude Ne	ewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		Intensive Car Nursery	re Newborn	Intermediate Care			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitatio Center	n	Int. Care / Developn Disabled	nentally		
Inpatient 12 Bed	Inpatient 397 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical De	pendency	Total Beds this Building Per	Total Beds this Building Per		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit 25	Service 25		

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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-00676	Buildi	ng Name: West	t Wing			
Medical / Surgical (nclude GYN)		Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude I	Newborn / GYN)		Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	
Pediatric			Intensive Care New Nursery	vborn	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care			Rehabilitation Center		Int. Care / Develop Disabled	mentally	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care			Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	Unit 0	Service 25	