| Report Year: | |
|--------------|--|
|--------------|--|

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

| Facility Number: | 11758 |
|--|--|
| Facility Name: | Kaiser Foundation Hospital - South Bay |
| Address: | 25825 S. Vermont Avenue |
| City: | Harbor City |
| Hospital Owner/Lice Year of Rep Contact 1 e-mail Ad Contact 2 e-mail Ad | rting: 2013 |
| Contact 3 e-mail Ado | ress:: |
| Name of Sub | nitter: Dominique L. Webster |
| Submission | Date: 12/11/2013 12:16:27 PM |

| Report Year: | 2013 |
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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- 02029 | 1953 Original Hospital | 25825 S. Vermont Avenue | Rebuild | SPC5 | 01/01/2016 | 01/01/2015 |
| BLD- 02030 | 1956 Addition | 25825 S. Vermont Avenue | Rebuild | SPC5 | 01/01/2016 | 01/01/2015 |
| BLD- 02031 | 1959 100 Wing Addition | 25825 S. Vermont Avenue | Rebuild | SPC5 | 01/01/2016 | 01/01/2015 |
| BLD- 02032 | 1962 Emergency West Wing Addition | 25825 S. Vermont Avenue | Rebuild | SPC5 | 01/01/2016 | 01/01/2015 |
| BLD- 02034 | 1968 Physical Therapy Addition | 25825 S. Vermont Avenue | Rebuild | SPC5 | 01/01/2016 | 01/01/2015 |
| BLD- 02035 | 1972 Two-Story Addition | 25825 S. Vermont Avenue | Rebuild | SPC5 | 01/01/2016 | 01/01/2015 |
| BLD- 03282 | 1953 Original Hospital - South | 25825 S. Vermont Avenue | Rebuild | SPC5 | 01/01/2019 | 01/01/2015 |

| Report Year: | 2013 |
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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-0202 | Iding No: BLD-02029 1953 Original Hospital Retro | | Submitted |
|--|---|---|-----------------------|
| Facility Project Sub <u>Number Number Num</u> | Scope | Date Plan Approved Proj. Start Proj. Completed in Date Date Date | Status CEQA Review |
| 11758 IL082108-0 | 0 PPR - CONSTRUCT A 92,000 SF ANNEX HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER | 10/9/2008 02/15/2010 11/11/2011 12:00:00 AM | CLOS No |
| 11758 IL082110-0 | 0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER | 10/9/2008 11/15/2011 05/15/2014 12:00:00 AM | ACTI No |

| Building No: BLD-02030 | 1956 Addition | Retrofit/Replacement Project: | Yes-Submitted |
|--|--|--|--------------------------------------|
| Facility Project Sub <u>Number Number Num</u> | Scope | Date Plan Approved Proj. Start Proj. in Date Date | Completed Status CEQA Date Review |
| 11758 IL082110-0 | 0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER | 10/9/2008 11/15/2011 0 12:00:00 AM | 05/15/2014 ACTI No |

| Building No: BLD-02031 1959 100 Wing Addition | Retrofit/Replacement Yes-Submitted |
|---|---|
| Facility Project Sub Scope Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11758 IL082110-0 0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER | 10/9/2008 11/15/2011 05/15/2014 ACTI No 12:00:00 AM |

| Report Year: 2013 11758 Kaiser Foundation Hospital - S | Bouth Bay Harbor City | Page:4 of 75 |
|---|---|-----------------------|
| Building No: BLD-02032 1962 Emergency West Wing Addition | Retrofit/Replacement Yes-St Project: | ubmitted |
| Facility Project Sub Scope <u>Number Number Num</u> | Date Plan Approved Proj. Start Proj. Completed in Date Date Date | Status CEQA Review |
| 11758 IL082110-0 0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER | 10/9/2008 11/15/2011 05/15/2014 12:00:00 AM | ACTI No |
| Building No: BLD-02034 1968 Physical Therapy Addition | Retrofit/Replacement Yes-Su Project: | ubmitted |
| Facility Project Sub Scope <u>Number Number Num</u> | Date Plan Approved Proj. Start Proj. Completed in Date Date Date | Status CEQA Review |
| 11758 IL082110-0 0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER | 10/9/2008 11/15/2011 05/15/2014 12:00:00 AM | ACTI No |
| Building No: BLD-02035 1972 Two-Story Addition | Retrofit/Replacement Yes-Su Project: | ubmitted |
| Facility Project Sub Scope <u>Number Number Num</u> | Date Plan Approved Proj. Start Proj. Completed in Date Date Date | Status CEQA Review |
| 11758 IL082110-0 0 PPR - REPLACEMENT HOSPITAL AT KAISER SOUTH BAY MEDICAL CENTER | 10/9/2008 11/15/2011 05/15/2014 12:00:00 AM | ACTI No |
| | | |

| 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-02029 | Building Name: 195 | 53 Original Hospital | |
| Type of Service Prov | <u>vided</u> | | | |
| 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 | X 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 | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | Renal Dialysis |
| Skilled Nursing | Inpatient | 0 Inpatient Days 0 | Support Services | Outpatient Surgery |
| | Beds | Total Beds this 0 Building | Obstetrical Cesarean/Deliv | Central Plant |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: **BLD-02030** 1956 Addition **Building Name: Type of Service Provided** Obstetrical Surgical Nursing Inpatient Inpatient 0 0 Recovery Beds Days Newborn/ IntensiveCare Inpatient Inpatient Days 0 0 Anesthesia WellBaby Beds **Clinical Lab** Emergency X Inpatient Inpatient Days 0 Pediatric/Adol 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days Psychiatric Inpatient 0 0 Nursing Beds X Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 X Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient Days Intermediate Inpatient 0 0 Care Beds Support Outpatient Services Surgery **Skilled Nursing** Inpatient Inpatient Days 0 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

Report Status: Data Last Update: 12/11/2013

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: BLD-02031 **Building Name:** 1959 100 Wing Addition **Type of Service Provided** Obstetrical Surgical Nursing Inpatient Inpatient 0 0 Recovery Beds Days Newborn/ IntensiveCare Inpatient Inpatient Days 0 0 Anesthesia WellBaby Beds **Clinical Lab** Emergency Inpatient Inpatient Days 0 Pediatric/Adol 0 escent Beds Nuclear Х Radiological/ Medicine Imaging Inpatient Days Psychiatric Inpatient 0 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient Days Intermediate Inpatient 0 0 Care Beds Support Outpatient Services Surgery **Skilled Nursing** Inpatient Inpatient Days 0 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

Report Status: Data Last Update: 12/11/2013

Submission Date: 12/11/2013

Print Date: 12/12/2013 1:50 PM

| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | |
|--|-------------------|--------------------------------------|-------------------------------|---------------------------|
| Building Number: BLD-02032 Building Name: 1962 Emergency West Wing Addition | | | | |
| Type of Service Prov | <u>vided</u> | | | |
| 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 | X 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 | Administration | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery |
| | Deus | Total Beds this 0 Building | Obstetrical Cesarean/Deliv | Central Plant |

Report Status: Data Last Update: 12/11/2013

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: **BLD-02034 Building Name: 1968 Physical Therapy Addition Type of Service Provided** Obstetrical Surgical Nursing Inpatient Inpatient 0 0 Recovery Beds Days Newborn/ IntensiveCare Inpatient Inpatient Days 0 0 Anesthesia WellBaby Beds **Clinical Lab** Emergency Inpatient Inpatient Days 0 Pediatric/Adol 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days Psychiatric Inpatient 0 0 Nursing Beds Pharmaceutical Rehabilitation X Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient Days Intermediate Inpatient 0 Care Beds Support Outpatient Services Surgery **Skilled Nursing** Inpatient Inpatient Days 0 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: **BLD-02035 Building Name: 1972 Two-Story Addition Type of Service Provided** Obstetrical Surgical Nursing Inpatient Inpatient 0 0 Recovery Beds Days Newborn/ IntensiveCare Inpatient Inpatient Days 0 0 Anesthesia WellBaby Beds **Clinical Lab** Emergency Inpatient Inpatient Days 0 Pediatric/Adol 0 escent Beds Nuclear Х Radiological/ Medicine Imaging Inpatient Days Psychiatric Inpatient 0 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 X Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration X Inpatient Days Intermediate Inpatient 0 Care Beds Support Outpatient Services Surgery **Skilled Nursing** Inpatient Inpatient Days 0 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

Report Status: Data Last Update: 12/11/2013

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: **BLD-03282 Building Name: 1953 Original Hospital - South Type of Service Provided** Obstetrical Surgical Nursing Inpatient Inpatient 0 0 Recovery Beds Days Newborn/ IntensiveCare Inpatient Inpatient Days 0 0 Anesthesia WellBaby Beds **Clinical Lab** Emergency Inpatient Inpatient Days 0 Pediatric/Adol 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days Psychiatric Inpatient 0 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient Days Intermediate Inpatient 0 Care Beds X Support Outpatient Services Surgery **Skilled Nursing** Inpatient Inpatient Days 0 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

Report Status: Data Last Update: 12/11/2013

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

| Building Number: | BLD-02029 E | Building Name: 1953 | Original Hospital | |] |
|--------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical | (Include 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 | 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 Nev Nursery | vborn | 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 | 0 | 0 |

Report Status: Data Last Update: 12/11/2013

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

| Building Number: | BLD-02030 | Building Name: 195 | 56 Addition | | |
|--------------------|---------------------|------------------------------|---------------------|---|--|
| 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 | ewborn | 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 | 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 | 0 | 0 |

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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-02031 | Building Name: 1959 | 9 100 Wing Addition | | |
|--------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical | (Include 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 | 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 Nev 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 / 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 | 0 | 0 |

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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-02032 E | Building Name: 1962 | Emergency West Wing A | ddition | |
|--------------------|---------------------|-------------------------------|-----------------------|---|--|
| Medical / Surgical | (Include 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 | 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 Nev Nursery | vborn | 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 | 0 | 0 |

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

| Building Number: | BLD-02034 | Building Name: 19 | 68 Physical Therapy Add | ition | |
|--------------------|---------------------|-----------------------------|-------------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respirato | ry 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 N Nursery | ewborn | 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 |

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

| Building Number: | BLD-02035 | Building Name: 1972 | 2 Two-Story Addition | | |
|--------------------|---------------------|-------------------------------|----------------------|---|--|
| Medical / Surgical | (Include 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 | 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 Nev Nursery | vborn | 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 | 0 | 0 |

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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-03282 | Building Name: 195 | 3 Original Hospital - Soutl | 1 | |
|--------------------|---------------------|------------------------------|-----------------------------|---|--|
| Medical / Surgical | (Include 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 | 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 Status: Data Last Update: 12/11/2013

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-02029 | 1953 Original Hospital | Rebuild |
| BLD-02030 | 1956 Addition | Rebuild |
| BLD-02031 | 1959 100 Wing Addition | Rebuild |
| BLD-02032 | 1962 Emergency West Wing Addition | Rebuild |
| BLD-02034 | 1968 Physical Therapy Addition | Rebuild |
| BLD-02035 | 1972 Two-Story Addition | Rebuild |
| BLD-02036 | 1976 Addition | Rebuild |
| BLD-02037 | South Hospital - Ancillary Wing | Remain |
| BLD-02038 | South Hospital - Patient Tower | Remain |
| BLD-02039 | South Hospital - Elevator Tower | Remain |
| BLD-02040 | South Hospital - Central Plant | Remain |
| BLD-02041 | 1985 Modular Building Addition | Rebuild |
| BLD-02042 | MRI Addition | Rebuild |
| BLD-03086 | Boiler House | Remain |
| BLD-03276 | Vermont Pavilion | Remain |
| BLD-03277 | Annex Connecting Corridor | Remain |
| BLD-03282 | 1953 Original Hospital - South | Rebuild |
| BLD-05247 | Annex Building | Remain |

| Report Year: | 2013 | 11758 | Kaiser Foundation Hospital - South Bay | Harbor City | Page:20 of 75 |
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| Report Year: 2013 11758 Kaiser Foundation Hospital - South Bay Ha | Harbor City | Page:21 of 75 |
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| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | Harbor City | Page:22 of 75 |
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| Report Year: 2013 11758 Kaiser Foundation Hospital - South Bay | Harbor City | Page:23 of 75 |
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| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | Harbor City | Page:24 of 75 |
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| Report Year: | |
|--------------|--|
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

| Building Number: BLD-02029 Building Name: 1953 Original Hospital Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Radiological/Imaging N/A N/A |
|---|
| Building Number: BLD-02029 Building Name: 1953 Original Hospital Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration N/A |
| Building BLD-02029 Building Name: 1953 Original Hospital Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency N/A |
| Building BLD-02030 Building Name: 1956 Addition Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pharmaceutical N/A |

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South I | Bay Harbor City | Page:26 of 75 |
|---|------------------------|--|--------------------------|---------------|
| Building Number: Will general acu Dietetic | | ing Name: 1956 Addition eds will be relocated to a new, Existing | or retrofitted building? |] |
| Building Number: Will general acu Emergency | | ing Name: 1956 Addition eds will be relocated to a new, Existing | or retrofitted building? |] |
| Building Number: Will general acu Radiological/Ima | te care services and b | ing Name: 1959 100 Wing Addition eds will be relocated to a new, Existing | or retrofitted building? |] |
| Building Number: Will general acu Emergency | | ing Name: 1962 Emergency West W eds will be relocated to a new, Existing | |] |

| Report Year: | 2013 11758 Kaiser F | oundation Hospital - South Bay | Harbor City | Page:27 of 75 |
|--|---|---|--------------|---------------|
| Building Number: Will general acu Rehabilitation Therapy | BLD-02034 Building Name: te care services and beds will be | 1968 Physical Therapy Addition relocated to a new, Existing or retrofitt | ed building? | |
| Building Number: Will general acu Radiological/Ima | | 1972 Two-Story Addition relocated to a new, Existing or retrofitte | ed building? | |
| Building Number: Will general acu Dietetic | BLD-02035 Building Name: te care services and beds will be | 1972 Two-Story Addition relocated to a new, Existing or retrofitte | ed building? | |
| Building Number: Will general acu Administration | BLD-02035 Building Name: te care services and beds will be | 1972 Two-Story Addition relocated to a new, Existing or retrofitte | ed building? | |

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | Harbor City | Page:28 of 75 |
|--|-------------------------|---|---------------------|---------------|
| Building Number: Will general acu Rehabilitation Therapy | | ing Name: 1976 Addition eds will be relocated to a new, Existing or ref | trofitted building? | |
| Building Number: Will general acu Radiological/Ima | te care services and be | ing Name: 1985 Modular Building Addition eds will be relocated to a new, Existing or rel | |] |
| Building Number: Will general acu Radiological/Ima | te care services and be | ing Name: MRI Addition eds will be relocated to a new, Existing or rel | trofitted building? | |
| Building Number: Will general acu Support Service | te care services and be | ing Name: 1953 Original Hospital - South eds will be relocated to a new, Existing or rel | trofitted building? | |

| Report Year: | 2013 |
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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-02029 Build | ing Name: 1953 Original Hospital | | |
|------------------|-------------------------------|----------------------------------|-------------------------------|---------------------------|
| Type of Servic | e Provided | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | Nursing IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis |
| | Pediatric/Adol escent | Clinical Lab | Newborn/ WellBaby | Outpatient Surgery |
| | Psychiatric Nursing | Imaging Pharmaceutical | X Emergency | Central Plant |
| | Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | Support Services |
| | Intermediate Care | X Administration | | |
| | Skilled Nursing | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 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-02030 Buildin | g Name: 1956 Addition | | | |
|------------------|-------------------------------|-----------------------|-------------------------------|---------------------------|---|
| Type of Servic | e Provided | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| | Nursing | Anesthesia | _ | | |
| | IntensiveCare | | Obstetrical Recovery | Renal Dialysis | i |
| | Pediatric/Adol escent | Clinical Lab | Newborn/ WellBaby | Outpatient Surgery | |
| | Psychiatric Nursing | Imaging | | _ | |
| _ | - | X Pharmaceutical | X Emergency | Central Plant | |
| | Obstetrical Ante/Postprtum | X Dietetic | Nuclear Medicine | Support Services | |
| | Intermediate Care | Administration | | | |
| | Skilled Nursing | | | | |

| Report Year: | 2013 |
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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-02031 | Building Name: | 19 | 59 100 Wing Addition | | |
|------------------|------------------------------|----------------|-------------|--|-------------------------------|---------------------------|
| Type of Service | e Provided | [| | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | Nursing IntensiveCare | , E | | Anesthesia | Obstetrical | Renal Dialysis |
| | Pediatric/Ado escent | , [| | Clinical Lab | Recovery Newborn/ | Outpatient Surgery |
| | Psychiatric Nursing | | <u><</u> | Radiological/ Imaging Pharmaceutical | WellBaby Emergency | Central Plant |
| | Obstetrical Ante/Postprtu | | | Dietetic | Nuclear Medicine | Support Services |
| | Intermediate Care | | | Administration | | |
| | Skilled Nursin | ng | | | | |

| Report Year: | 20 |
|--------------|----|
|--------------|----|

Harbor City

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-02032 | Building Name: | 19 | 62 Emergency West | Wing Ac | dition | |
|------------------|--------------------------------|----------------|----|--------------------------|---------|-------------------------------|---------------------------|
| Type of Servic | e Provided | - [| | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | Nursing | | | Anesthesia | | Obstetrical | Renal Dialysis |
| | IntensiveCare Pediatric/Ado | Г | | Clinical Lab | | Recovery | Outpatient |
| | escent Psychiatric | | | Radiological/ Imaging | | Newborn/ WellBaby | Surgery |
| | Nursing Obstetrical | | | Pharmaceutical | X | Emergency | Central Plant |
| | Ante/Postprtu | ^{im} | | Dietetic | | Nuclear Medicine | Support Services |
| | Intermediate Care | | | Administration | | | |
| | Skilled Nursin | ng | | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 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-02034 | Building Name: | 196 | 68 Physical Therap | y Addition | 1 | | |
|------------------|------------------------------|----------------|-----|--------------------------|------------|-------------------------------|---|---------------------------|
| Type of Servic | e Provided | | | Surgical | | Obstetrical Cesarean/Deliv | x | Rehabilitation Therapy |
| | Nursing | | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | IntensiveCare | | | Clinical Lab | | Recovery | | |
| | Pediatric/Adol escent | | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Psychiatric Nursing | | | Pharmaceutical | | Emergency | | Central Plant |
| | Obstetrical Ante/Postprtu | m [| | Dietetic | | Nuclear Medicine | | Support Services |
| | Intermediate Care | | | Administration | | | | |
| | Skilled Nursin | g | | | | | | |

| Report Year: | 2013 |
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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-02035 | Building Name: | 19 | 72 Two-Story Addition | | |
|------------------|------------------------------|----------------|----|-------------------------------|-------------------------------|---------------------------|
| Type of Service | e Provided | | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | Nursing IntensiveCare | , [| | Anesthesia | Obstetrical Recovery | Renal Dialysis |
| | Pediatric/Adol escent | | | Clinical Lab Radiological/ | Newborn/ WellBaby | Outpatient Surgery |
| | Psychiatric Nursing | | | Imaging Pharmaceutical | Emergency | Central Plant |
| | Obstetrical Ante/Postprtu | im 🛛 | (| Dietetic | Nuclear Medicine | Support Services |
| | Intermediate Care | × | | Administration | | |
| | Skilled Nursin | ng | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 |
|--------------|------|
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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-03282 | Building Name: | 19 | 53 Original Hospital | - South | | | |
|------------------|---------------------------------|----------------|----|--------------------------|---------|-------------------------------|---|---------------------------|
| Type of Servic | e Provided | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | Nursing | | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | IntensiveCare Pediatric/Adol | | | Clinical Lab | | Recovery | | Outpatient |
| | escent Psychiatric | | | Radiological/ Imaging | | Newborn/ WellBaby | | Surgery |
| | Nursing Obstetrical | | | Pharmaceutical | | Emergency | | Central Plant |
| | Ante/Postprtu | m [| | Dietetic | | Nuclear Medicine | X | Support Services |
| | Intermediate Care | | | Administration | | | | |
| | Skilled Nursin | ig | | | | | | |

| Report Year: | 2013 11758 | 8 | Kaiser Foundation Hospital - South Bay | | Harbor City | Page:36 of 75 |
|--------------|------------|---|--|--|-------------|---------------|
|--------------|------------|---|--|--|-------------|---------------|

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-02029 | Building Nar | me: 1953 Original Hos | oital | | | | | | |
|------------------|-------------------------------|--|--------------------------|-------|-------------------------------|--|---------------------------|--|--|--|
| Configuration: | Rebuild (Per SB90 | Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building. | | | | | | | | |
| Type of Servic | e Provided | | | | | | | | | |
| | lursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| lr Ir | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | | | |
| | Pediatric/Adol scent | | Clinical Lab | | Recovery | | | | | |
| | Psychiatric Iursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | Dbstetrical Inte/Postprtum | | Pharmaceutical | X | Emorgonav | | Central Plant | | | |
| lr | ntermediate | | Dietetic | | Emergency | | | | | |
| _ | Care Skilled Nursing | X | Administration | | Nuclear Medicine | | Support Services | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | Harbor City | Page:37 of 75 |
|--------------|------------|--|-------------|---------------|
|--------------|------------|--|-------------|---------------|

| Building Number: | BLD-02030 | Building Nar | ne: 1956 Addition | | | |
|--------------------------|------------------------|---------------|--------------------------|---------|-------------------------------|---------------------------|
| Configuration: | Rebuild (Per SB90 | Definition fo | r Rebuild) with new SPC | 5 and N | IPC4 or NPC5 building. | |
| Type of Service Provided | | | | | | |
| N | ursing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| In In | ntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | |
| | sychiatric lursing | | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | bstetrical | X | Pharmaceutical | | | |
| | nte/Postprtum | | | Х | Emergency | Central Plant |
| ln | itermediate | X | Dietetic | | | |
| c | are | | | | Nuclear Medicine | Support Services |
| s 🗌 | killed Nursing | | Administration | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | Н | Harbor City | Page:38 of 75 |
|--------------|------------|--|---|-------------|---------------|
|--------------|------------|--|---|-------------|---------------|

| IntensiveCare Anesthesia | Building Number: | : BLD-02031 | Building Na | me: 1959 100 Wing A | ddition | | | |
|---|--------------------------|-------------------|-----------------|-------------------------|----------|------------------------|---|---------------------------|
| Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Anesthesia Obstetrical Recovery Renal Dialysis Pediatric/Adol escent Clinical Lab Newborn/ WellBaby Outpatient Surgery Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Pharmaceutical Central Plant | Configuration: | Rebuild (Per SB90 |) Definition fo | or Rebuild) with new SP | C5 and N | IPC4 or NPC5 building. | | |
| IntensiveCare Anesthesia Obstetrical Recovery Renal Dialysis Pediatric/Adol escent Clinical Lab Newborn/ WellBaby Outpatient Surgery Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Obstetrical Ante/Postprtum Pharmaceutical Emergency Central Plant | Type of Service Provided | | | | | | | |
| Pediatric/Adol Pediatric/Adol escent Clinical Lab Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby Obstetrical Ante/Postprtum Pharmaceutical Emergency Central Plant | 1 | Nursing | | Surgical | | | | Rehabilitation Therapy |
| Pediatric/Adol Clinical Lab Psychiatric X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Pharmaceutical Emergency Central Plant | | ntensiveCare | | Anesthesia | | | | Renal Dialysis |
| Imaging WellBaby Surgery Nursing Pharmaceutical Obstetrical Pharmaceutical Ante/Postprtum Emergency | | | | Clinical Lab | | Recovery | | |
| Obstetrical Ante/Postprtum Emergency Central Plant | | | X | | | | | |
| | | | | Pharmaceutical | _ | | _ | |
| | ŀ | Ante/Postphum | | | | Emergency | | Central Plant |
| | | | | Dietetic | _ | | | |
| Care Nuclear Medicine Support Services Services | _ | | | Administration | | Nuclear Medicine | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 | 11758 | Kaiser Foundation Hospital - South Bay |] [| Harbor City | Page:39 of 75 |
|--------------|------|-------|--|-----|-------------|---------------|
|--------------|------|-------|--|-----|-------------|---------------|

| Building Numbe | r: BLD-02032 | Building Na | me: 1962 Emergency | v West Wir | ng Addition | | |
|----------------|--------------------------|-----------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration: | Rebuild (Per SB90 |) Definition fo | or Rebuild) with new SF | PC5 and N | IPC4 or NPC5 building. | | |
| 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 | | Pharmaceutical | | | | |
| | Ante/Postprtum | | | X | Emergency | | Central Plant |
| | Intermediate | | Dietetic | _ | | _ | |
| | Care | | | | Nuclear Medicine | | Support Services |
| | Skilled Nursing | | Administration | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 | 11758 | Kaiser Foundation Hospital - South Bay |] [| Harbor City | Page:40 of 75 |
|--------------|------|-------|--|-----|-------------|---------------|
|--------------|------|-------|--|-----|-------------|---------------|

| Building Number: | BLD-02034 | Building Na | me: 1968 Physical The | erapy Ad | dition | | |
|--------------------------|--------------------------|---------------|--------------------------|----------|-------------------------------|---|---------------------------|
| Configuration: | Rebuild (Per SB90 | Definition fo | or Rebuild) with new SPC | C5 and N | IPC4 or NPC5 building. | | |
| Type of Service Provided | | | | | | | |
| | lursing | | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| li li | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Iursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical | | Pharmaceutical | | | | |
| | nte/Postprtum | | | | Emergency | | Central Plant |
| n II | ntermediate | | Dietetic | | | | |
| C | Care | | | | Nuclear Medicine | | Support Services |
| s s | Skilled Nursing | | Administration | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | | Kaiser Foundation Hospital - South Bay | | Harbor City | Page:41 of 75 |
|--------------|------------|--|--|--|-------------|---------------|
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| Building Numbe | r: BLD-02035 | Building Na | me: 1972 Two-Story | Addition | | |
|--------------------------|-------------------------------|-----------------|--------------------------|-----------|-------------------------------|---------------------------|
| Configuration: | Rebuild (Per SB90 |) Definition fo | or Rebuild) with new SF | PC5 and N | IPC4 or NPC5 building. | |
| Type of Service Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergeney | Central Plant |
| | Intermediate | X | Dietetic | | Emergency | Central Plant |
| | Care Skilled Nursing | X | Administration | | Nuclear Medicine | Support Services |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 | 11758 | Kaiser Foundation Hospital - South Bay | | Harbor City | Page:42 of 75 |
|--------------|------|-------|--|--|-------------|---------------|
|--------------|------|-------|--|--|-------------|---------------|

| Building Number: | BLD-02036 | Building Na | me: 1976 Addition | | | | |
|--------------------------|--------------------------|---------------|--------------------------|----------|-------------------------------|---|---------------------------|
| Configuration: | Rebuild (Per SB90 | Definition fo | or Rebuild) with new SPC | C5 and N | IPC4 or NPC5 building. | | |
| Type of Service Provided | | | | | | | |
| | Vursing | | Surgical | | Obstetrical Cesarean/Deliv | Х | Rehabilitation Therapy |
| II | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical | | Pharmaceutical | | | | |
| | Ante/Postprtum | | | | Emergency | | Central Plant |
| | ntermediate | | Dietetic | | | | |
| | Care | | | | Nuclear Medicine | | Support Services |
| | Skilled Nursing | | Administration | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | | Harbor City | Page:43 of 75 |
|--------------|------------|--|--|-------------|---------------|
|--------------|------------|--|--|-------------|---------------|

| Building Numb | er: BLD-02037 | Building Na | me: South Hospital - | Ancillary \ | Ving | | |
|---------------|--------------------------|-------------|--------------------------|-------------|-------------------------------|---|---------------------------|
| Configuration | : N/A | | | | | | |
| Type of Ser | vice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical | | Pharmaceutical | | | | |
| | Ante/Postprtum | | | | Emergency | | Central Plant |
| | Intermediate | | Dietetic | | | _ | |
| | Care | | | | Nuclear Medicine | x | Support Services |
| | Skilled Nursing | X | Administration | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | | Kaiser Foundation Hospital - South Bay | | Harbor City | Page:44 of 75 |
|--------------|------------|--|--|--|-------------|---------------|
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| Building Numb | er: BLD-02038 | Building Na | me: South Hospital - F | Patient To | ower | |
|---------------|--------------------------|-------------|--------------------------|------------|-------------------------------|---------------------------|
| Configuration | : N/A | | | | | |
| Type of Ser | vice Provided | | | | | |
| X | 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 | | Pharmaceutical | | | |
| | Ante/Postprtum | | | | Emergency | Central Plant |
| | Intermediate | | Dietetic | | | |
| | Care | | | | Nuclear Medicine | Support Services |
| | Skilled Nursing | | Administration | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: 2013 11758 Kaiser Foundation Hospital - South Bay Harbor City | Page:45 of 75 |
|--|---------------|
|--|---------------|

| Building Numb | er: BLD-02039 | Building Na | me: South Hospital - | Elevator T | ower | | |
|---------------|--------------------------|-------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration | : N/A | | | | | | |
| Type of Ser | vice 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 | | Pharmaceutical | | | | |
| | Ante/Postprtum | | | | Emergency | | Central Plant |
| | Intermediate | | Dietetic | | | | |
| | Care | | | | Nuclear Medicine | Х | Support Services |
| | Skilled Nursing | x | Administration | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: 2 | 2013 11758 | Kaiser Foundation Hospital - South Bay | Н | Harbor City | Page:46 of 75 |
|----------------|------------|--|---|-------------|---------------|
|----------------|------------|--|---|-------------|---------------|

| Building Numbe | Building Number: BLD-02040 Building Name: South Hospital - Central Plant | | | | | | | |
|----------------|--|--|--------------------------|--|-------------------------------|---|---------------------------|--|
| Configuration | : N/A | | | | | | | |
| Type of Ser | vice 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 | | Pharmaceutical | | | | | |
| | Ante/Postprtum | | | | Emergency | Х | Central Plant | |
| | Intermediate | | Dietetic | | | | | |
| | Care | | | | Nuclear Medicine | | Support Services | |
| | Skilled Nursing | | Administration | | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 | 11758 | Kaiser Foundation Hospital - South Bay |][| Harbor City | Page:47 of 75 |
|--------------|------|-------|--|----|-------------|---------------|
|--------------|------|-------|--|----|-------------|---------------|

| Building Number | r: BLD-02041 | Building Na | me: 1985 Modular Bui | ilding Add | lition | | |
|-----------------|--------------------------|---------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration: | Rebuild (Per SB90 | Definition fo | or Rebuild) with new SP | C5 and N | PC4 or NPC5 building. | | |
| Type of Servi | ice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | 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: 12/11/2013

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | Harbor City | Page:48 of 75 |
|--------------|------------|--|-------------|---------------|
|--------------|------------|--|-------------|---------------|

| Building Number: | BLD-02042 | Building Nar | me: MRI Addition | | | | | | |
|------------------|-------------------------------|--|--------------------------|--|-------------------------------|--|---------------------------|--|--|
| Configuration: | Rebuild (Per SB90 | 0 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building. | | | | | | | |
| Type of Servic | e Provided | | | | | | | | |
| N | lursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| ln lr | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | | |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | | | |
| | Psychiatric Iursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | 0bstetrical .nte/Postprtum | | Pharmaceutical | | - | | | | |
| | ntermediate | | Dietetic | | Emergency | | Central Plant | | |
| _ | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay |] | Harbor City | Page:49 of 75 |
|--------------|------------|--|---|-------------|---------------|
|--------------|------------|--|---|-------------|---------------|

| Building Number: BLD-03086 | Building Na | me: Boiler House | | | |
|----------------------------|-------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration: N/A | | | | | |
| Type of Service 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 | X | Central Plant |
| Intermediate Care | | Dietetic | | | 0 |
| Valt | | Administration | Nuclear Medicine | X | Support Services |
| Skilled Nursing | | Administration | | | |

Report Status: Data Last Update: 12/11/2013

| of 75 |
|-------|
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| Building Number: | BLD-03276 E | Building Nar | me: Vermont Pavilion | | | |
|------------------|------------------------|--------------|--------------------------|---|-------------------------------|---------------------------|
| Configuration: | N/A | | | | | |
| Type of Service | Provided | | | | | |
| Nu | ursing | X | Surgical | X | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X Int | tensiveCare | X | Anesthesia | X | Obstetrical | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | |
| | sychiatric ursing | | Radiological/ Imaging | X | Newborn/ WellBaby | Outpatient Surgery |
| X OI | ostetrical | | Pharmaceutical | | | |
| Ar | nte/Postprtum | | | | Emergency | Central Plant |
| | termediate | | Dietetic | _ | | |
| Ca | are | — | | | Nuclear Medicine | Support Services |
| Sk | killed Nursing | | Administration | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | | Harbor City | Page:51 of 75 |
|--------------|------------|--|--|-------------|---------------|
|--------------|------------|--|--|-------------|---------------|

| Building Number: BLD-03277 Building Name: Annex Connecting Corridor | | | | | | | | | |
|---|--------------------------|--|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Configuration | :: N/A | | | | | | | | |
| Type of Ser | vice 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 | | Pharmaceutical | | | | | | |
| | Ante/Postprtum | | | | Emergency | | Central Plant | | |
| | Intermediate | | Dietetic | | | _ | | | |
| | Care | | | | Nuclear Medicine | | Support Services | | |
| | Skilled Nursing | | Administration | | | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | Harbor City | Page:52 of 75 |
|--------------|------------|--|-------------|---------------|
|--------------|------------|--|-------------|---------------|

| Building Number: | BLD-03282 | Building Na | me: 1953 Original Hos | pital - Sc | puth | | | | |
|------------------|-------------------------------|--|--------------------------|------------|-------------------------------|---|---------------------------|--|--|
| Configuration: | Rebuild (Per SB90 | Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building. | | | | | | | |
| Type of Servic | ce Provided | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| li | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| · · | Dbstetrical Ante/Postprtum | | Pharmaceutical | _ | | _ | | | |
| r | ante/Postprium | | | | Emergency | | Central Plant | | |
| | ntermediate Care | | Dietetic | | | | 0 | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2013 11758 | Kaiser Foundation Hospital - South Bay | | Harbor City | Page:53 of 75 |
|--------------|------------|--|--|-------------|---------------|
|--------------|------------|--|--|-------------|---------------|

| Building Number | :: BLD-05247 | Building Na | me: Annex Building | | |
|-----------------|--------------------------|-------------|--------------------------|-------------------------------|---------------------------|
| Configuration: | N/A | | | | |
| Type of Servi | ce Provided | | | | |
| X | 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 | | Pharmaceutical | | |
| | Ante/Postprtum | | | Emergency | Central Plant |
| | Intermediate | | Dietetic | | |
| | Care | | | Nuclear Medicine | Support Services |
| | Skilled Nursing | | Administration | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | |
|--------------|--|
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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-02036 | Building I | Name: 19 | 76 Addition | | |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|-----------------------------|
| Туре | e of Service Prov | ided | | | | | |
| | Nursing | Inpatient Beds | 0 | | 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/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: 12/11/2013

| Report Year: | 2 |
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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-02037 | Building I | Name: So | outh Hospital - Ancill | ary Wing | | | | |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Туре | Type of Service Provided | | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| Х | IntensiveCare | Inpatient Beds | 20 | | 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 | X Support Services | | | |
| | Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | | |
| | Total Beds this Building | | 20 | | | | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2 |
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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-02038 Building Name: South Hospital - Patient Tower | | | | | | | | | |
|--|-------------------------------|-------------------|----|--|--------------------------|-------------------------------|---------------------------|--|--|
| Туре | Type of Service Provided | | | | | | | | |
| X | Nursing | Inpatient Beds | 99 | | 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 | | 99 | | | | | | |

Report Status: Data Last Update: 12/11/2013

Submission Date: 12/11/2013

| Report Year: | 2 |
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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: BLC | D-02039 | Building I | Name: So | outh Hospital - Elevato | or Tower | | | |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|---------------------------|--|--|
| Туре | 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 | X Support Services | | |
| | Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | |
| | Total Beds this Building | | 0 | | | | | | |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2 |
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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: BI | _D-02040 | Building N | Name: | Sout | th Hospital - Central | Plant | |
|--------------------------|-------------------------------|-------------------|------------|-------|------|-------------------------|-------------------------------|---------------------------|
| 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/ maging | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | F | 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 Status: Data Last Update: 12/11/2013

| Report Year: | 2 |
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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: B | LD-02041 | Building N | lame: | 1985 Modular Buildir | ng Addition | | | |
|--------|-------------------------------|------------------------|------------|-------|--------------------------|-------------------------------|---------------------------|--|--|
| Туре | 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 | X | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtun | Inpatient n Beds | 0 | | Pharmaceutical | Emergency | Central Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | |
| | Skilled Nursing | I Inpatient Beds | 0 | | Administration | | | | |
| | Total Beds this Building | | 0 | | | | | | |

Report Status: Data Last Update: 12/11/2013

Submission Date: 12/11/2013

| Report Year: | |
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Harbor City

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-02042 | Building Name | e: MF | RI Addition | | | | |
|--------|-------------------------------|-------------------|---------------|-------|--------------------------|-------------------------------|---------------------------|--|--|
| Туре | 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 | 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: 12/11/2013

Submission Date: 12/11/2013

| Report Year: | |
|--------------|--|
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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-03086 | Building Nam | ne: Bo | iler House | | |
|-------------|-------------------------------|-------------------|--------------|--------|--------------------------|-------------------------------|---------------------------|
| <u>Type</u> | e of Service Prov | ided | | | | | |
| | 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 | X Support Services |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | |
| | Total Beds this Building | | 0 | | | | |

Report Status: Data Last Update: 12/11/2013

Submission Date: 12/11/2013

| Report Year: | |
|--------------|--|
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| Buildi | ng Number: BLI | D-03276 | Building I | Name: Ve | rmont Pavilion | | |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|---------------------------------|---------------------------|
| Туре | e of Service Prov | <u>ided</u> | | | | | |
| | Nursing | Inpatient Beds | 0 | X | Surgical | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X | IntensiveCare | Inpatient Beds | 10 | X | Anesthesia | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | X Obstetrical Recovery | Renal Dialysis |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | X Newborn/ WellBaby | Outpatient Surgery |
| X | Obstetrical Ante/Postprtum | Inpatient Beds | 34 | | Pharmaceutical | Emergency | Central Plant |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | |
| | Total Beds this Building | | 44 | | | | |

| Report Year: | 2 |
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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-03277 | Building I | Name: Ar | nnex Connecting Corr | idor | |
|--------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|---------------------------|
| Туре | e of Service Prov | ided | | | | | |
| | 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: 12/11/2013

Submission Date: 12/11/2013

| Report Year: | |
|--------------|--|
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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)

| Type of Service Pro | <u>vided</u> | | | | |
|-------------------------------|-------------------|----|--------------------------|-------------------------------|-----------------------|
| X Nursing | Inpatient Beds | 68 | Surgical | Obstetrical Cesarean/Deliv | Rehabilita Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dia |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatien Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Pl |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 68 | | | |

Report Status: Data Last Update: 12/11/2013

| Building Number: | BLD-02036 Build | ing Name: 1976 | S Addition | |
|------------------------|---------------------|-------------------------------|---------------------|---|
| Medical / Surgical (In | clude GYN) | Acute Respiratory | Care | Acute Psychiatric |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed |
| Perinatal (Exclude Ne | ewborn / GYN) | Burn | | Skilled Nursing |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days |
| Pediatric | | Intensive Care Nev Nursery | wborn | Intermediate Care |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed 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 Bed Days |
| Coronary Care | | Chemical Depende | ency | Total Beds this Total Beds this Building Per Building Per |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | During Fer During Fer Unit Service 0 0 |

| Report Year: | 2 |
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| Building Number: | BLD-02037 Build | ing Name: South | Hospital - Ancillary Wing |) | |
|------------------------|------------------------|-------------------------------|---------------------------|---|--------------------------|
| Medical / Surgical (In | clude GYN) | Acute Respiratory C | Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatie Bed Days | nt 0 |
| Perinatal (Exclude N | ewborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatie Bed Days | nt 0 |
| Pediatric | | Intensive Care New Nursery | born | Intermediate Care | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatie Bed Days | nt 0 |
| Intensive Care | | Rehabilitation Center | | Int. Care / Developmentally Disabled | / |
| Inpatient 10 Bed | Inpatient 2984 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatie Bed Days | nt 0 |
| Coronary Care | | Chemical Depender | ncy | | al Beds this ding Per |
| Inpatient 10 Bed | Inpatient 2458 Days | Inpatient 0 Bed | Inpatient 0 Days | Unit Serv | |

| Report Year: | 2 |
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| Building Number: | BLD-02038 Build | ing Name: South Hospital | - Patient Tower | | |
|------------------------|-------------------------|-----------------------------------|-----------------|-----------------------------------|---------------------------------|
| Medical / Surgical (Ir | nclude GYN) | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 99 Bed | Inpatient 26046 Days | Inpatient 0 Inpatient Bed Days | - | | npatient 0 Days |
| Perinatal (Exclude N | ewborn / GYN) | Burn | \$ | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | - | | npatient 0 Days |
| Pediatric | | Intensive Care Newborn Nursery | I | Intermediate Care | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | - | | npatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / Developme Disabled | entally |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | V V | | npatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per | Total Beds this Building Per |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | | Unit 99 | Service 99 |

| Report Year: | 2 |
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| Building Number: | BLD-02039 Build | ing Name: South Hospital - Elevator Tov | ver |
|-------------------------|---------------------|---|--|
| Medical / Surgical (Inc | lude GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Perinatal (Exclude Ne | wborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Pediatric | | Intensive Care Newborn Nursery | Intermediate Care |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Intensive Care | | Rehabilitation Center | Int. Care / Developmentally Disabled |
| Inpatient 0 Bed | Inpatient 0 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 |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service |

| Report Year: | 2 |
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| Building Number: | LD-02040 Buildi | ing Name: South Hospital - Central Pl | ant |
|-------------------------|---------------------|---------------------------------------|--|
| Medical / Surgical (Inc | lude GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Perinatal (Exclude Nev | wborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Pediatric | | Intensive Care Newborn Nursery | Intermediate Care |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Intensive Care | | Rehabilitation Center | Int. Care / Developmentally Disabled |
| Inpatient 0 Bed | Inpatient 0 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 |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 0 0 |

| Report Year: | 2 |
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Harbor City

| Building Number: | BLD-02041 Build | ing Name: 1985 Modular Build | ling Addition |
|-----------------------|---------------------|-----------------------------------|--|
| Medical / Surgical (I | nclude GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient 0 Bed Days |
| Perinatal (Exclude N | lewborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient 0 Bed Days |
| Pediatric | | Intensive Care Newborn Nursery | Intermediate Care |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient 0 Bed Days |
| Intensive Care | | Rehabilitation Center | Int. Care / Developmentally Disabled |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient 0 Bed Days |
| Coronary Care | | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Bed Days | O Unit Service 0 0 0 |

| Report Year: | |
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Harbor City

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-02042 | Buildi | ng Name: | RI Addition | | |
|------------------------|----------------|--------|-----------------------------|-----------------------|----------------------------------|---------------------------------|
| Medical / Surgical (Ir | nclude GYN) | | Acute Respirato | ry Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient (Bed | Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (Exclude N | ewborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient (Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | | Intensive Care N Nursery | ewborn | Intermediate Care | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient (Bed |) Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | | Rehabilitation Center | | Int. Care / Developn Disabled | nentally |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient (| Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | | Chemical Depen | dency | Total Beds this Building Per | Total Beds this Building Per |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient (|) Inpatient 0 Days | Unit 0 | Service 0 |

Report Status: Data Last Update: 12/11/2013

| Report Year: | |
|--------------|--|
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Harbor City

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-03086 | Buildir | ng Name: Boile | er House | | |
|------------------------|-------------------|---------|-------------------------------|---------------------|---------------------------------|---------------------------------|
| Medical / Surgical (In | clude 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 Ne | ewborn / GYN) | | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient Days | 0 | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | | Intensive Care New Nursery | wborn | 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 Days | 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 0 |

Report Status: Data Last Update: 12/11/2013

| Report Year: | |
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Harbor City

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-03276 | Building Name: | Vermont Pavili | on | | |
|-----------------------------------|---------------------|------------------------|-----------------------------------|--------------------------|---------------------------------|---------------------|
| Medical / Surgical (Include GYN) | | Acute Res | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpa Bed | | Inpatient 0 Days |
| Perinatal (Exclude Newborn / GYN) | | Burn | Burn | | Skilled Nursing | |
| Inpatient 34 Bed | Inpatient 6 Days | 5535 Inpatient Bed | 0 Inpatient Days | 0 Inpa Bed | | Inpatient 0 Days |
| Pediatric | | Intensive (Nursery | Intensive Care Newborn Nursery | | Intermediate Care | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 10 Inpatient Days | 1151 Inpa Bed | | Inpatient 0 Days |
| Intensive Care | | Rehabilita Center | tion | | Care / Developm bled | entally |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | 0 Inpa Bed | | Inpatient 0 Days |
| Coronary Care | Chemical | Chemical Dependency | | al Beds this ding Per | Total Beds this Building Per | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpatient Days | Unit | - | Service 44 |

Report Status: Data Last Update: 12/11/2013

| Report Year: | 2 |
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| Building Number: | BLD-03277 Build | ing Name: Annex Co | onnecting Corridor | | |
|----------------------------------|---------------------|----------------------------------|--------------------|----------------------------------|---------------------------------|
| Medical / Surgical (Include GYN) | | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | | patient 0 ays | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (Exclude N | ewborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | | patient 0 ays | | Inpatient 0 Days |
| Pediatric | | Intensive Care Newbor Nursery | rn | Intermediate Care | |
| Inpatient 0 Bed | Inpatient 0 Days | | patient 0 ays | | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / Developm Disabled | nentally |
| Inpatient 0 Bed | Inpatient 0 Days | | patient 0 ays | | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per | Total Beds this Building Per |
| Inpatient 0 Bed | Inpatient 0 Days | | patient 0 ays | Unit 0 | Service 0 |

| Report Year: | |
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Harbor City

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-05247 Bui | Iding Name: An | nex Building | | | |
|-----------------------------------|-------------------------|-----------------------------|------------------------|----------------------------------|---------------------------------|--|
| Medical / Surgical (Include GYN) | | Acute Respirator | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 68 Bed | Inpatient 14662 Days | Inpatient 0 Bed | Inpatient 0 Days | | npatient 0 Days | |
| Perinatal (Exclude Newborn / GYN) | | Burn | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | npatient 0 Days | |
| Pediatric | | Intensive Care N Nursery | ewborn | Intermediate Care | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | · · · | npatient 0 Days | |
| Intensive Care | | Rehabilitation Center | | Int. Care / Developm Disabled | entally | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | npatient 0 Days | |
| Coronary Care | | Chemical Depend | Chemical Dependency | | Total Beds this Building Per | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Building Per Unit 68 | Service 68 | |

Report Status: Data Last Update: 12/11/2013