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

Facility Number:	11768	
Facility Name:	Kindred H	ospital - La Mirada
Address:	14900 E.	Imperial Highway
City:	La Mirada	
Hospital Owner/Lice	ensee:	Southern California Specialty Care, Inc
Year of Reporting:		2013
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ac	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Bill Alexander
Submission	Date:	12/5/2013 1:30:12 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- 03470	Building III	14900 E. Imperial Highway	Retrofit	SPC2	01/01/2015	04/15/2014

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-03470	Building III		Retrofit/R Project:	teplacemer	Yes	Planned	
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Appin D	proved Pr ate	oj. Start P Date	roj. Completed Date	Status	CEQA Review
11768 S131152-19 0 -00		5/21/2013 12:00:00 AM	8/13/2013 12:00:00 AM	01/15/2014	04/15/2014	OPEN	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-03470	Building Name:	Building III	
Type of Service Prov	<u>rided</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	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	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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

Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric Inpatient	Building Number:	BLD-03470	Building Name:	Building III		
Perinatal (excluse Newborn / GYN) Burn Skilled Nursing	Medical / Surgical (Include GYN)	Acute Respirat	tory Care	Acute Psychiatric	
Inpatient 0 Inpatient In						
Bed Days Bed Days Pediatric intensive Care Newborn Intermediate Card Inpatient 0 Days Coronary Care Chemical Dependency Total Beds this Building Per Unit Total Beds this Building Per Service Inpatient 0 Inpatient 0 0 0 0	Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 0 0 0 0 0 0 0 0			• •		·	
Intensive Care Rehabilitation Center Inpatient O Inpatient O Days Days Bed Days Days Days Int. Care / development O Inpatient O Inpatient O Inpatient O Days O Days O Days O O O O O O O O O	Pediatric			Newborn	Intermediate Card	
Center Disabled	· · · · · · · · · · · · · · · · · · ·					
Bed Days Bed Days Bed Days Chemical Dependency Chemical Dependency Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 0 0 0	Intensive Care					ment
Dependency Building Per Unit Building Per Service Inpatient 0 Inpatient 0 Inpatient 0 0 0						
	Coronary Care				Building Per	Building Per
					0	0

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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-01710	Building I	Remain	
BLD-03469	Building II	Remain	
BLD-03470	Building III	Retrofit	

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SPC-1 per So	ection	130061(c)(4)				in any	genaral acute care h	ospital bu	ilding that is rated
Building Num	nber:	BLD-03470	Building	g Name: Bu	uilding III				
Type of S	Service	Provided							
					Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
		Nursing			Anesthesia				
		IntensiveCare	e				Obstetrical Recovery		Renal Dialysis
	П	Pediatric/Add	ol		Clinical Lab	_	1		Outpatient
		Psychiatric			Radiological/ Imaging		Newborn/ WellBaby		Surgery
	Ш	Nursing			Pharmaceutical		Emergency		Central Plant
		Obstetrical Ante/Postprtu	um		Dietetic		Nuclear Medicine	X	Support Services
		Intermediate Care			Administration				
		Skilled Nursii	na						

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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	r: BLD-01710	Building Na	me: Building I					
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Serv	rice Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical	X	Pharmaceutical					
	Ante/Postprtum				Emergency	X	Central Plant	
X	Intermediate	X	Dietetic					
	Care			X	Nuclear Medicine	X	Support Services	
	Skilled Nursing	X	Administration					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: BLD-03469 Building Name: Building II									
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Servi	ice Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	Intermediate Care		Dietetic				Support		
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: BLD-03470 Building Name: Building III									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030				
Type of Serv	ice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine	 X	Support		
	Skilled Nursing		Administration		Nucleal Medicine		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	uilding Number: BLD-01710 Building Name: Building I									
Тур	e of Service Prov	<u>ided</u>								
X	Nursing	Inpatient Beds	79	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy			
X	IntensiveCare	Inpatient Beds	6	X	Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	X Central Plant			
X	Intermediate Care	Inpatient Beds	24	X	Dietetic	X Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0	X	Administration					
	Total Beds this Building		109							

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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-03469 Building Name: Building II								
Type of Service Provided								
X	Nursing	Inpatient Beds	9	X	Surgical	Obstetrio Cesarea		bilitation apy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetric Recover		l Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborr WellBab		atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emerger	ncy Centr	al Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supposervio	ort
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		9					

Report Status: **Data Last Update:** 10/09/2013 **Submission Date:** 12/05/2013 **Print Date:** 12/6/2013 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:	LD-01710 Buildi	ng Name: Build	ding I			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 79 Bed	Inpatient 19199 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	
Perinatal (Exclude Nev	vborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	
Pediatric		Intensive Care New Nursery	wborn	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
Inpatient 6 Bed	Inpatient 1443 Days	Inpatient 24 Bed	Inpatient 0		npatient 0 Days	
Coronary Care		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Unit 109	Service 109	

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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-03469	Building I	Name: Build	ling II			
Medical / Surgical (nclude GYN)	Ac	ute Respiratory	Care	Acute Psychiatric		
Inpatient 9 Bed	Inpatient Days	2187 Inp Be	atient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude I	Newborn / GYN)	Bu	rn		Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inp	atient 0	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric			ensive Care Nev rsery	vborn	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inp	atient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		_	habilitation nter		Int. Care / Developmentally Disabled		
Inpatient 0 Bed	Inpatient Days	0 Inp	atient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Ch	emical Depende	ency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0 Inp	atient 0	Inpatient 0 Days	Unit 9	Service 9	