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

Facility Number:	12874
Facility Name:	Century City Hospital
Address:	2070 Century Park East
City:	Los Angeles
Hospital Owner/Lice	ensee: Century City Medical Plaza, A Ltd. Partnership
Year of Rep	porting: 2013
Contact 1 e-mail Ad	Idress:
Contact 2 e-mail Ac	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Kenneth Orgel, CCM
Submission	n Date: 10/15/2013 1:50:15 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- 00940	Main Hospital	2070 Century Park East	Retrofit	SPC2	01/01/2015	12/15/2014
BLD- 03908	Central Plant Expansion 3	2070 Century Park East	Retrofit	SPC2	01/01/2015	12/15/2014

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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-00940	Main Hospital	Reti Proj	rofit/Replacen ect:	nent Ha	azus-Submi	tted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approve in Date	d Proj. Start Date	Proj. Completed Date	d Status	CEQA Review
12874 IL101930-0 0		8/12/2010 12:00:00 AM			ACTI	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:	LD-00940	Building Name:	Main Hospital	
Type of Service Pro	<u>vided</u>			
X Nursing	Inpatient Beds	124 Inpatient 0 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	18 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
X Psychiatric Nursing	Inpatient Beds	34 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X AdministrationX Support	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	X Outpatient Surgery
		Total Beds this Building	-1	Central Plant

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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: BLD-03908	Building Name:	Central Plant Expansion 3	
Type of Service Provided			_
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
	Total Beds this Building	Cesarean/Deliv	X Central Plant

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

Building Number:	BLD-00940	Building Name: Mair	n Hospital		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 124 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 34 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / 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 10 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 8 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	176	176

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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-03908	Building Name:	Central Plant Expansion 3		
Perinatal (excluse Newborn / GYN) Burn Skilled Nursing	Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Inpatient Inpa						
Bed Days Bed Days Pediatric Inpatient Inpatien	Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 0 0 0 0 0 0 0 0						
Days Bed Days Bed Days Bed Days Day	Pediatric			e Newborn	Intermediate Card	
Center Disabled						
Bed Days Bed Days Bed Days Coronary Care Chemical Dependency Chemical Dependency Inpatient 0 Inpatient Inp	Intensive Care			1		ment
Dependency Building Per Unit Building Per Service Inpatient 0 Inpatient 0 Inpatient 0 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-00940	Main Hospital	Retrofit
BLD-03876	Trigen Central Plant	Remain
BLD-03908	Central Plant Expansion 3	Retrofit

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	BLD-00940 Buildir	ng Name: Main Hospital		
Type of Service	e Provided	_		_
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	Nursing	Anesthesia		
X	IntensiveCare		Obstetrical Recovery	Renal Dialysis
_	Pediatric/Adol	X Clinical Lab	· 	Outpatient
	escent	X Radiological/	Newborn/ WellBaby	X Surgery
X	Psychiatric Nursing	Imaging	_	_
	· · · · · · · · · · · · · · · · · · ·	Pharmaceutic	al X Emergency	Central Plant
	Obstetrical Ante/Postprtum	Dietetic	X Nuclear Medicine	X Support Services
	Intermediate Care	X Administration	1	
	Skilled Nursing			

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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-03908	Building Name:	Central Plant Expans	ion 3					
Type of Service Provided									
		L	Surgical	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy			
	Nursing		Anesthesia			5 15:1:			
	IntensiveCare		¬	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Ado escent		Clinical Lab	Newborn/		Outpatient Surgery			
	Psychiatric		Radiological/ Imaging	WellBaby		- 1			
Ш	Nursing		Pharmaceutical	Emergency	X	Central Plant			
	Obstetrical Ante/Postprtu	ım _	_	Nuclear	П	Support			
	·	L	Dietetic	Medicine		Services			
	Intermediate Care		Administration						
	Skilled Nursin								
	Skilled Nursin	ng							

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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-00940 Building Name: Main Hospital								
Configuration:	Retrofit Non-Confo	rming building to SPC 5 and NPC 4 or NPC 5							
Type of Servi	ce Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
I I	Obstetrical Ante/Postprtum		Pharmaceutical						
•	Ante/i Ostpitum			X	Emergency		Central Plant		
	Intermediate Care		Dietetic	X	Nuclear Medicine	X	Support		
	Skilled Nursing	X	Administration		radical Medicine	<u>^</u>	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-03876	Building Nar	me: Trigen Central Pl	ant				
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5								
Type of Service Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	ntermediate		Dietetic					
	care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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

Building Number:	BLD-03908 Building Name: Central Plant Expansion 3								
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5									
Type of Service Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ntermediate		Dietetic						
	are killed Nursing		Administration		Nuclear Medicine		Support Services		

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-03876	Building I	Name: Trigen Central Plant					
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	I Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursin	g Inpatient Beds	0	Administration					
Total Beds thi Building	s	0						

Report Status: **Data Last Update:** 10/15/2013 **Submission Date:** 10/15/2013 **Print Date:** 10/17/2013 1:50 PM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-03876 Build	ling Name: Trige	en Central Plant			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Perinatal (Exclude Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Pediatric		Intensive Care Nev Nursery	wborn	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developm Disabled	nentally	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0		Inpatient 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 Bed	Inpatient 0 Days	Unit 0	Service 0	

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