Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital	al Owner and Year of Report per Section 130061(e)					
Facility Number:	11164					
Facility Name:	Los Robles Regional Medical Center					
Address:	215 West Janss Road					
City:	Thousand Oaks					
Hospital Owner/Lic	icensee: Los Robles Hospital & Medical Center					
Year of Re						
Contact 1 e-mail A	Address:					
Contact 2 e-mail A	Address:					
Contact 3 e-mail Ac	ddress::					
Name of Sul	ubmitter: Patrick Smith					
Submission	on Date: 12/19/2014 2:02:37 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- 00601	North Wing / Central Core	215 West Janss Road	Retrofit	SPC2	01/01/2016	01/01/2016
BLD- 00602	South Wing	215 West Janss Road	Retrofit	SPC2	01/01/2018	01/01/2018

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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: North Wing / Central Core Retrofit/Replacement Yes-Submitted BLD-00601 Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date 11164 HS100033-0 0 VSI: BLD-00601, Bldg 01 & BLD-00602, Bldg 1/7/2010 5/2/2013 PEND No 12:00:00 12:00:00 AM AM

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-00602

South Wing

Ballaling	No. BED-0	0002	Journ Wing		Project:	nacement	163-00	Diffitted	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11164	HS100033-0	0	VSI: BLD-00601, Bldg 01 & BLD-00602, Bldg 02	1/7/2010 12:00:00 AM	5/2/2013 12:00:00 AM			PEND	No

Ves-Submitted

Retrofit/Replacement

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Provide the num	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number	Building Number: BLD-00601 Building Name: North Wing / Central Core							
Type of Service	Provided							
X Nursing	Inpatient Beds	16 Inpatient 5769 Days	Surgical	Obstetrical Recovery				
X IntensiveCa	are Inpatient Beds	12 Inpatient Days 2034	Anesthesia	Newborn/ WellBaby				
X Pediatric/A escent	dol Inpatient Beds	9 Inpatient Days 732	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postp		0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitati Therapy	on			
Intermediat	te Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	rsis			
Skilled Nur	sing Inpatient Beds	0 Inpatient Days 0 Total Beds this 37	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery X Central Pla	nt			
		Building	•	<u>/ </u>				

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Provide the number	of inpatient be	ds and patient days per type of service pe	er building per Section 13006	I(c)(1)(F)	
Building Number:		Building Name: So	outh Wing		_
Type of Service Pr	<u>ovided</u>		1		
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	X Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtur	Inpatient m Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
Skilled Nursin	g Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Bods	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

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Fiovide the number	r or inpatient beds and p	batterit days per type of urit	. per building per Section	130001(C)(1)(F)	
Building Number:	BLD-00601	Building Name: North	h Wing / Central Core		
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 16 Bed	Inpatient 5769 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 9 Bed	Inpatient 732 Days	Inpatient 12 Bed	Inpatient 2034 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	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	37	37

Report Year: 2014 11164 Los Robles Regional Medical Center Thousand Oaks Page:7 of 33 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00602 South Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 254 Inpatient 4795 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 254 0 Inpatient Inpatient Days Days Bed Bed

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

Report Year: Los Robles Regional Medical Center Thousand Oaks 2014 11164 Page:9 of 33 No proposed new buildings to be constructed at this or another site.

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Report Year: Los Robles Regional Medical Center Thousand Oaks 2014 11164 Page:11 of 33 No data reported for Section 130061(c)(2)(D).

Report Year: Los Robles Regional Medical Center Thousand Oaks 2014 11164 Page:12 of 33 No data reported for Section 130061(c)(2)(D.

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No data reported for wheth	ner the gener	al acute care services	and beds will be reloca	ited to a	new, existing or retrofitted ebuild" or "Replace" per Se	building a	nd any 061(c)(2)(E).
		g.					

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ding Number:	BLD-00601 Buildi	ng Name: N	orth Wing / Central C	ore			
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia				Renal Dialysis
X	IntensiveCare		0		Obstetrical Recovery		Reliai Dialysis
X	Pediatric/Adol escent		Clinical Lab		Newborn/ WellBaby		Outpatient Surgery
	Psychiatric		Radiological/ Imaging		Wellbaby		
_	Nursing		Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

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Report any general per Section 130061	acute care hospital inpa	tient service th	at is provided in any	genaral a	cute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-00602 Buildin	g Name: Sc	outh Wing					
Type of Service	Provided							
		X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	Nursing		Anesthesia				Ranal Dialysis	
	IntensiveCare		Climical Lab		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric Nursing	X	Radiological/ Imaging		WellBaby			
	-		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report the final configuration of all burequirements whether by retrofit or by per Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of servic	ving how each building will comply will comply will be provided in each gene	vith the SPC-5/NPC-4 or 5 ral actue care hospital building				
Building Number: BLD-00601	Building Name: North Wing / Ce	entral Core					
Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.							
Type of Service Provided							
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis				
X Pediatric/Adol escent	Clinical Lab	Recovery					
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	X Central Plant				
Intermediate Care	X Dietetic	Nuclear Medicine	X Support				
Skilled Nursing	X Administration		Services				

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		e hospital campus showin t and the type of service t				
Building Number: BLD-	00602 Building Na	ame: South Wing				
Configuration: Retro	ofit Conforming building to	NPC 4 or NPC 5				
Type of Service Provi	ded					
X Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intensive	Care	Anesthesia	X	Obstetrical Recovery		Renal Dialysis
Pediatric/ escent	/Adol	Clinical Lab		Recovery		
Psychiatr Nursing	ric	Radiological/ Imaging	Х	Newborn/ WellBaby		Outpatient Surgery
Obstetric Ante/Pos		Pharmaceutical		Emergency		Central Plant
Intermedi	iate	Dietetic		Linergency	<u></u>	Oondan i iant
Care		Administration		Nuclear Medicine		Support Services
Skilled N	ursiriy					

eport Year:	2014 11164	Los Robles Regional Medical Cen	ter Thousand Oak	Page:19 of 33							
equirements			wing how each building will complyce that will be provided in each ger								
Building Num	ber: BLD-00603	Building Name: West Wing									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Se	ervice Provided										
	Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
	IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis							
	Pediatric/Adol escent	Clinical Lab	Recovery								
	Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
	Obstetrical Ante/Postprtum	Pharmaceutical	X Emergency	Central Plant							
	Intermediate	Dietetic	[A] Emergency	Cential Flant							
	Care Skilled Nursing	Administration	Nuclear Medicine	X Support Services							
	Skilled INdISING										

Los Robles Regional Medical Center Thousand Oaks Page:20 of 33	Los Robles Re	2014	eport Year:
n of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 rofit or by replacement and the type of service that will be provided in each general actue care hospital building	n of all buildings on the h trofit or by replacement a	whether	Report the final equirements were Section 13
Building Name: New South Wing	0604 Building Nam	ber: Bl	uilding Numb
		n: N	Configuration
d	≱d	ervice Pr	Type of Ser
Surgical Obstetrical Rehabilitation Cesarean/Deliv Therapy		Nursir	
Anesthesia Obstetrical Recovery Renal Dialysis	are	Intens	X
dol X Clinical Lab	dol	Pedia escen	
Radiological/ Newborn/ Outpatient Surgery		Psych Nursir	
Pharmaceutical Tum Tum Tum Tum Tum Tum Tum Tu		Obste Ante/F	
Dietetic	Ιп	Interm	
Nuclear Medicine X Support Services Administration	sing	Care	
Services	sing	Care Skilled	

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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-00605 Building Name: Emergency Generator Shed											
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service Provided											
N	ursing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy			
In	itensiveCare		Anesthesia		Obstet Recov		F	Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		110001	oly					
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Gurgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emerg	encv	X c	Central Plant			
	ntermediate		Dietetic		-						
	are killed Nursing		Administration		Nuclea	ar 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:	Building Number: BLD-02950 Building Name: Emergency Department Addition											
Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Service Provided												
Nu	rsing		Surgical		Obstetrical Cesarean/I			abilitation rapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Ren	al Dialysis				
	diatric/Adol cent		Clinical Lab		Recovery							
	ychiatric rsing		Radiological/ maging		Newborn/ WellBaby		Out _l Surç	patient gery				
	stetrical te/Postprtum	F	Pharmaceutical	[V]	<u></u>		J 0	tool Diout				
	ermediate		Dietetic	X	Emergency	/ L	Cen	tral Plant				
Ca					Nuclear Me	edicine		oport vices				
Ski	illed Nursing	L /	Administration									

Report Year: 20	11164 L	os Robles R	egional Medical Center			Thousand Oaks		Page:23 of 33				
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:	Building Number: BLD-03108 Building Name: ICU/CCU											
Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Service Provided												
Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		ehabilitation herapy				
X Int	tensiveCare		Anesthesia		Obste Recov		R	enal Dialysis				
	ediatric/Adol cent		Clinical Lab		110001	o.,						
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			utpatient urgery				
	ostetrical nte/Postprtum		Pharmaceutical		Emerç	nencv		entral Plant				
	termediate		Dietetic		Linery	geney						
Ca	are killed Nursing		Administration		Nuclea	ar Medicine		Support Services				

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Include and S	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	Building Number: BLD-00603 Building Name: West Wing										
Type of Service Provided											
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/I		abilitation rapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Ren	al Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outp	patient gery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	/ Cen	tral Plant			
	Intermediate Care	Inpatient Beds	0	Ц	Dietetic	Nuclear Medicine	X Sup Serv	port vices			
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								

								Page:25 of 33		
Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building Num	nber: BLD-0	00604	Building N	lame: Ne	w South Wing					
Type of Service Provided										
Nursin		npatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation rapy		
X Intens		npatient Beds	20		Anesthesia					
Pediat escent		Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Rena	al Dialysis		
Psych Nursin		npatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	patient gery		
Obstei Ante/F		npatient Beds	0		Pharmaceutical	Emergency	X Cent	tral Plant		
Interm Care		Inpatient Beds	0	Ц	Dietetic	Nuclear Medicine	X Supp Serv	oort rices		
Skilled		npatient Beds	0		Administration					
Total E Buildir	Beds this ng		20							

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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: BLI	D-00605	Building N	Name: Emergency Generator S	ihed						
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	X Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Inpatient Beds	0	Administration							
Total Beds this Building		0								

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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:	Building Number: BLD-02950 Building Name: Emergency Department Addition										
Type of Service Provided											
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy			
IntensiveCare	Inpatient Beds	0		Anesthesia							
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rer	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		patient gery			
Obstetrical Ante/Postprtu	Inpatient m Beds	0		Pharmaceutical	×	Emergency	Cer	ntral Plant			
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		oport vices			
Skilled Nursin	g Inpatient Beds	0		Administration							
Total Beds thi Building	s	0									

Report	Year: 2014	11164 L	os Robles Regior	nal Med	dical Center		Thousand Oaks		Page:28 of 33	
	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: BLE	0-03108	Building Name	e: IC	U/CCU					
Туре	e of Service Prov	ided								
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	10		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		10							

Report Year: 2014 11164 Los Robles Regional Medical Center Thousand Oaks Page:29 of 33 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) BLD-00603 West Wing **Building Name: Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient

0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient 0 Inpatient 0 Davs Days Bed Bed 0 0

Report Year: 2014 11164 Los Robles Regional Medical Center Thousand Oaks Page:30 of 33 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) BLD-00604 **New South Wing Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient 20 Inpatient 6235 Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 20 20

Report Year: 2014 11164 Los Robles Regional Medical Center Thousand Oaks Page:31 of 33 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) BLD-00605 **Emergency Generator Shed Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11164 Los Robles Regional Medical Center Thousand Oaks Page:32 of 33 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) BLD-02950 **Emergency Department Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11164 Los Robles Regional Medical Center Thousand Oaks Page:33 of 33 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) BLD-03108 ICU/CCU **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service 10 Inpatient Inpatient Inpatient Inpatient 2876 0 0 Bed Days Bed Days 10 10