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	I Owner and Year of Report per Section 130061(e)	
Facility Number:	11177	
Facility Name:	Simi Valley Hospital and Health Care Services - Sycamore	
Address:	2975 North Sycamore Drive	
City:	Simi Valley	
Hospital Owner/Lic	censee: Simi Valley Hospital and Health Care Services	
Year of Re	eporting: 2014	
Contact 1 e-mail A	Address:	
Contact 2 e-mail A	Address:	
Contact 3 e-mail Ad	ddress::	
Name of Sub	bmitter: Simi Valley Hospital	
Submission	on Date: 10/15/2014 2:34:35 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- 01252	Telecom Room	2975 North Sycamore Drive	Remove	N/A	01/01/2015	09/30/2015

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No data reporte	d for Section	n 130061(c)				

Report Year: 2014	11177	Simi Valley Hospital and Health Care S Sycamore	Services - Simi Valley	Page:4 of 33			
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-01252	Building Name:	elecom Room				
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	0 Inpatient Days 0	X Support Services	Outpatient Surgery			
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant			

Report Year: 2014 11177 Simi Valley Hospital and Health Care Services -Simi Valley Page:5 of 33 Svcamore Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01252 Telecom Room **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days 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-01246	Original Building	Remain
BLD-01249	Main Hospital Building	Remain
BLD-01252	Telecom Room	Remove
BLD-01253	New Bridge/Elevator & Med. Gas Enclosure	Remain
BLD-03335	North and South Patient Care Tower	Remain
BLD-05217	Patient Care Tower Entrance	Remain

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List ALL prop	posed new buildings to be constructed at this	or another site.	
Building Number	Building Name	New Site	
N_1	New North Building Patient Tower		

Report Y	ear: 2014 11	Sycamore Simi Valley Hospital and Health	Care Se	ervices - Simi Valley		Page:8 of 33		
The project replaced The plan replaced	For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)							
Building l	Number: BLD-0125	52 Telecom Room		Removal Date:	09/30/2015			
Planned	Uses for the building	to be removed from acute care service:						
Planned	use for building:							
Inpatient	Services currently de Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing	Surgical Anesthesia Clinical Lab Radiological/Imaging Pharmaceutical Dietetic Administration		Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine	Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant X Support Services			

Report Year: 2014 11177 Simi Valley Hospital and Health Care Services -Simi Valley Page:9 of 33 Sycamore Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) BLD-01252 **Building Name:** Telecom Room 2011 Year of Information: Building Nbr: Information Current As Of: Unit Type Medical/Surgical (include GYN) **Acute Respiratory Care Acute Psychiatric** Patient Patient 0 Inpatient 0 0 Inpatient Inpatient Patient Beds Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient Inpatient Patient Patient Inpatient 0 Inpatient 0 Beds Days Beds Days Beds Days **Intensive Care Newborn Nursery Pediatric Intermediate Care** Patient 0 ol **Patient** 0 0 0 Inpatient 0 Patient Inpatient Inpatient Beds **Beds** Days Beds Days Days **Intensive Care Rehabilitation Center** Int. Care/Developmentally Disabled Patient Patient 0 Patient 0 0 0 ol Inpatient Inpatient Inpatient 0 Beds Days Beds Days Beds Days **Chemical Dependency Coronary Care Total Beds this** 0 Inpatient 0 Patient 0 Patient 0 Inpatient **Building per Unit** Beds Days Beds Days **Total Beds this** 0 **Building per Service**

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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building Nbr: BLD-01252 Building Name:	Telecom Room	Year of Information: 2012					
Unit Type		Information Current As Of:					
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0				
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled				
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0				
Coronary Care	Chemical Dependency	Total Beds this					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0				
20,0	2000	Total Beds this Building per Service	0				

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Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011	and 2012 for buildings to be remove	d from acute
Building Nbr: BLD-01252 Building Name:	Telecom Room	Year of Information: 2013	
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Intensive Care Inpatient 0 Patient 0 Beds Days		Int. Care/Developmentally Disconnection Inpatient 0 Patient Days	abled 0
Inpatient 0 Patient 0	Inpatient 0 Patient (Inpatient 0 Patient Days	0
Inpatient 0 Patient 0 Beds Days Coronary Care Inpatient 0 Patient 0	Inpatient 0 Patient Days Chemical Dependency Inpatient 0 Patient 0	Inpatient 0 Patient	
Inpatient 0 Patient 0 Days Coronary Care	Inpatient 0 Patient Days Chemical Dependency	Inpatient 0 Patient Days Total Beds this	0
Inpatient 0 Patient 0 Beds Days Coronary Care Inpatient 0 Patient 0	Inpatient 0 Patient Days Chemical Dependency Inpatient 0 Patient 0	Inpatient 0 Patient Days Total Beds this Building per Unit Total Beds this	0
Inpatient 0 Patient 0 Beds Days Coronary Care Inpatient 0 Patient 0	Inpatient 0 Patient Days Chemical Dependency Inpatient 0 Patient 0	Inpatient 0 Patient Days Total Beds this Building per Unit Total Beds this	0
Inpatient 0 Patient 0 Beds Days Coronary Care Inpatient 0 Patient 0	Inpatient 0 Patient Days Chemical Dependency Inpatient 0 Patient 0	Inpatient 0 Patient Days Total Beds this Building per Unit Total Beds this	0
Inpatient 0 Patient 0 Beds Days Coronary Care Inpatient 0 Patient 0	Inpatient 0 Patient Days Chemical Dependency Inpatient 0 Patient 0	Inpatient 0 Patient Days Total Beds this Building per Unit Total Beds this	0
Inpatient 0 Patient 0 Beds Days Coronary Care Inpatient 0 Patient 0	Inpatient 0 Patient Days Chemical Dependency Inpatient 0 Patient 0	Inpatient 0 Patient Days Total Beds this Building per Unit Total Beds this	0
Inpatient 0 Patient 0 Beds Days Coronary Care Inpatient 0 Patient 0	Inpatient 0 Patient Days Chemical Dependency Inpatient 0 Patient 0	Inpatient 0 Patient Days Total Beds this Building per Unit Total Beds this	0

Report Year: 201	11177 Simi Va	lley Hospital and Health Core	are Services - Sir	ni Valley	Page:12 of 33	
Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building Nbr: BLD-	01252 Building Name:	Telecom Room		Year of Information:	2011	
Type of Services Provided	Name.			nformation Current As Of:		
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis	
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	_	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant	
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration			
Total Beds this B	Building per service	0				

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building Nbr: BLD-0	D1252 Building Name:	Telecom Room		Year of Information:	2012	
Type of Services Provided				nformation Current As Of:		
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis	
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery		
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	X Central Plant	
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services	
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration			
Total Beds this B	uilding per service	0				

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building Nbr: BLD-0	D1252 Building Name:	Telecom Room		Year of Information:	2013	
Type of Services Provided				nformation Current As Of:		
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis	
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Ronal Blanyold	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	X Central Plant	
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services	
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		GS 111.222	
Total Beds this B	uilding per service	0				

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No data reporte	ed for wheth building site	er the gener	ral acute care ser	vices and beds wil lings with a Buildin	I be relocated to a	new, exis	ting or retrofitted "Replace" per Se	building a	nd any 061(c)(2)(E).
	3 - 1	, ,		9 -	9		.,		

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Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net number of inpatient beds by type of unit and service per Section 130061(c)(3)	change in the
Building Number: BLD-01252 Building Name: Telecom Room	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
Support Services N/A	
Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net number of inpatient beds by type of unit and service per Section 130061(c)(3)	change in the
Building Number: BLD-01252 Building Name: Telecom Room	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
CentralPlant N/A	

ding Number:	BLD-01252 Buildi	ng Name: To	elecom Room			
Type of Service	e Provided	I 🗆	Surgical	Obstetrical		Rehabilitation
	Nursing		Anesthesia	 Cesarean/Deliv		Therapy
	IntensiveCare		Ariestriesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		3 7
	Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

Report Year: 2014		Valley Ho more	spital and Health Care S	Services	Simi Valley		Page:18 of 33
Report the final config requirements whether per Section 130061(c)	by retrofit or by repla	s on the hacement a	ospital campus showing nd the type of service th	how ea at will b	ach building will comply with e provided in each general a	the SPC-sactue care	5/NPC-4 or 5 hospital building
Building Number: B	LD-01246 Bui	lding Nam	e: Original Building				
Configuration: N	/A						
Type of Service Pr	rovided						
Nursi	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation herapy
Intens	siveCare		Anesthesia		Obstetrical Recovery	R	Renal Dialysis
Pedia escer	atric/Adol nt		Clinical Lab		Recovery		
Psych Nursi	niatric ng		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Ourgery
Obste Ante/	etrical Postprtum	X	Pharmaceutical		Emergency	X C	entral Plant
Intern	nediate	X	Dietetic		Emergency		entrair iant
Care	d Nursing	X	Administration		Nuclear Medicine	X §	Support Services

uirements whe Section 13006		eplacement	and the type of service	that will I	pe provided in each gene	eral actue c	are hospital building
ilding Number:	BLD-01249	Building Na	me: Main Hospital Bu	uilding			
Configuration:	N/A						
Type of Service	e Provided						
N	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Receivery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
По	bstetrical		Pharmaceutical				
Ш А	nte/Postprtum			X	Emergency	X	Central Plant
	itermediate are		Dietetic		Nuclear Medicine	X	Support
S	killed Nursing	X	Administration				Services

	her by retrofit or by repla				ach building will comply wo be provided in each gener		
ilding Number:	BLD-01252 Bui	ilding Na	me: Telecom Room				
Configuration:	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Resorvery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical		Pharmaceutical				
☐ Ar	nte/Postprtum				Emergency	X	Central Plant
	termediate are		Dietetic		Nuclear Medicine	х	Support
Sk	killed Nursing		Administration]			Services

Section 13006		iacement	and the type of service	tnat Will I	pe provided in each gene	rai actue c	are nospital building
ilding Number:	BLD-01253 Bu	uilding Na	me: New Bridge/Eleva	ator & Me	d. Gas Enclosure		
Configuration:	N/A						
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical		Pharmaceutical				
— Ar	nte/Postprtum				Emergency	X	Central Plant
	termediate are		Dietetic		Nuclear Medicine	X	Support
SI	killed Nursing		Administration				Services

ding Numbe	r: BLD-03335	Building Na	me: North and South	h Patient C	are Tower		
onfiguration:	N/A						
Type of Serv	ice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		,		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
1, , 1	Obstetrical Ante/Postprtum		Pharmaceutical				Control Plant
	Intermediate		Dietetic		Emergency	X.	Central Plant
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services

alia a Niverala -	DID 05047	Inline or N.I.	Detient Cons To			
ilding Number:		lding Na	me: Patient Care Towe	er Entrar	ice	
Configuration:	N/A					
Type of Servic	e Provided					
N	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		reservery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
По) Dbstetrical		Pharmaceutical			
	nte/Postprtum				Emergency	Central Plant
	ntermediate care		Dietetic		Nuclear Medicine	Support
	killed Nursing	X	Administration		Nucleal Medicine	Services

Report	Year: 2014		Simi Valley Hosp Sycamore	oital and F	Health Care Services -	Simi Valley		Page:24 of 33
	de information on SPC-5 per Section		npatient beds by	type of S	Service provided by buil	dings that are classified as	SPC-2, SPC	C-3, SPC-4,
Buildi	ng Number: BLI	D-01246	Building Nar	me: Ori	ginal Building			
Туре	e of Service Prov	<u>rided</u>						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	ıl Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpo	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	X Cent	ral Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Supp Servi	ort ces
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		0					

Report Year: 2014	11177	Sycamore	·	Health Care Services -	Simi Valley		Page:25 of 33
Include information on and SPC-5 per Section		inpatient beds b	y type of	Service provided by bu	ildings that are classified a	s SPC-2, SP0	C-3, SPC-4,
Building Number: BL	D-01249	Building Na	me: Ma	ain Hospital Building			
Type of Service Pro	vided						
Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
IntensiveCare	Inpatient Beds	0	X	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Rena	l Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outp	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	X Cent	ral Plant
Intermediate Care	Inpatient Beds	0	Ш	Dietetic	Nuclear Medicine	X Supp Servi	
Skilled Nursing	Inpatient Beds	0	X	Administration			
Total Beds this Building		0					

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Include information on and SPC-5 per Section		inpatient beds b	y type of Service provided	d by buildings that are classified	as SPC-2, SPC-3, SPC-4,
Building Number: BL	D-01253	Building Na	me: New Bridge/Eleva	tor & Med. Gas Enclosure	
Type of Service Prov	vided				
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	Pharmaceutica	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			

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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-03335	Building N	ame: No	orth and South Patie	nt Care Tower		
Type of Service Prov	vided						
X Nursing	Inpatient Beds	85	X	Surgical	X Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
X IntensiveCare	Inpatient Beds	32	X	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Rena	l Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpa Surge	atient ery
Obstetrical X Ante/Postprtum	Inpatient Beds	27		Pharmaceutical	Emergency	X Centi	ral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Supp Servi	
Skilled Nursing	Inpatient Beds	0	X	Administration			
Total Beds this Building		144					

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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-05217	Building Na	ame: Patient Care Tower E	intrance			
Type of Service Prov	vided						
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	X Administration				
Total Beds this Building		0					

Report Year: 2014 11177 Simi Valley Hospital and Health Care Services -Simi Valley Page:29 of 33 Sycamore 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-01246 **Building Name: Original Building 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 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 Days Bed Bed Days 0 0

Report Year: 2014 11177 Simi Valley Hospital and Health Care Services -Simi Valley Page:30 of 33 Sycamore 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-01249 Main Hospital Building **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 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient 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 11177 Simi Valley Hospital and Health Care Services -Simi Valley Page:31 of 33 Sycamore 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-01253 New Bridge/Elevator & Med. Gas Enclosure **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 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient 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 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

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SPC-5 per Section 130061(e)	beas by type of unit provided by buildings that a	are classified as SPC-2, SPC-3, SPC-4, and	
Building Number: BLD-03335 Buil	Iding Name: North and South Patient Car	re Tower	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 85 Inpatient 18386 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 27 Inpatient 4024 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Days	Inpatient 8 Inpatient 580 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 24 Inpatient 2606 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 144	

Report Year: 2014 11177 Simi Valley Hospital and Health Care Services -Simi Valley Page:33 of 33 Sycamore 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-05217 Patient Care Tower Entrance **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 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient 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 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