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	Owner and	Year of Report per Section 130061(e)	
Facility Number:	11414		
Facility Name:	Kindred	Hospital - Los Angeles	
Address:	5525 W.	Slauson Ave.	
City:	Los Ang	eles	
Hospital Owner/Lice	ensee:	THC-Orange County, Inc	
Year of Rep	porting:	2014	
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Ad	dress::	[Confidential data left blank intentionally.]	
Name of Sub	omitter:	William Alexander	
Submission	n Date:	1/21/2015 11:05:20 AM	

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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- 00727	Original Building - Building I	5525 W. Slauson Ave.	Retrofit	SPC2	01/01/2016	12/15/2015
BLD- 03066	Storage / Maintenance - Building V	5525 W. Slauson Ave.	Retrofit	SPC2	01/01/2015	12/15/2014
BLD- 05829	Entrance Canopy	5525 W. Slauson Ave.	Retrofit	SPC2	01/01/2016	01/01/2016

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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: Original Building - Building I Retrofit/Replacement Yes-Planned BLD-00727 Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date 11414 P-2012-0 3/26/2012 7/5/2012 12/03/2012 09/15/2016 OPEN No 00643 12:00:00 12:00:00 AM AM 11414 P-2012-0 1/17/2012 5/3/2012 01/15/2013 04/15/2013 FIEL No 00879 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: E	BLD-03	3066		Storage / Maintenance - Building V		Retrofit/Rep Project:	lacement	Yes-Pla	nned	
Facility Number	Projec Numb		Sub Num	Sco	ope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
	H14265 -00	52-19	0			11/14/2014 12:00:00 AM	12/19/2014 12:00:00 AM	02/02/2015	07/03/2015	ACTI	No

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 130061	1(c)(1)(F)
Building Number: BL	D-00727	Building Name: Or	riginal Building - Building I	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	27 Inpatient 9640 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	5 Inpatient Days 1707	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	X Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 32	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery Central Plant
		Building		

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Provide the number	of inpatient be	eds and patient days per type of service pe	er building per Section 13000	31(c)(1)(F)	
Building Number:		Building Name: St	orage / Maintenance - Buildi	ng V	
			I	☐ Obstetrical	
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	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	
			Pharmaceutical	Rehabilitatio	on.
Obstetrical Ante/Postprtui	Inpatient m Beds	0 Inpatient Days 0	Dietetic	Therapy	л
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialys	sis
Skilled Nursin	g Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plar	nt

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Provide the number	of inpatient be	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)
Building Number: Type of Service Pro		Building Name: En	ntrance Canopy	
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 n 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	Outpatient Surgery
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Flovide the number	or impatient beus and pati	ent days per type or uni	t per building per Section 1	30001(C)(T)(F)	
Building Number:	BLD-00727 Bu	ilding Name: Orig	inal Building - Building I		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 27 Bed	Inpatient 9640 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 5 Bed	Inpatient 1707 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	32	32

Report Year: 2014 11414 Kindred Hospital - Los Angeles Los Angeles Page:8 of 31 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03066 Storage / Maintenance - Building V **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 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 Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 11414 Kindred Hospital - Los Angeles Los Angeles Page:9 of 31 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05829 **Building Number: Building Name: Entrance Canopy** 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 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 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 0 Inpatient Inpatient ol 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-00727	Original Building - Building I	Retrofit
BLD-00728	Southeast Addition - Building III	Remain
BLD-00729	Power Service Station - Building IV	Remain
BLD-03027	Addition - Building II	Remain
BLD-03066	Storage / Maintenance - Building V	Retrofit
BLD-05829	Entrance Canopy	Retrofit

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No proposed ne	ew buildings	to be const	tructed at this or another site.		

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Report Year: Kindred Hospital - Los Angeles Los Angeles 2014 11414 Page:13 of 31 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for wheth	er the gener	al acute care services and beds will be relo numbers for buildings with a Building Resol	cated to a	new, existing or retrofitte	ed building and any
corresponding	bulluling sites	s or project i	idifibers for buildings with a building Resor	ulion of K	ebulid of Replace per-	Section 130061(c)(2)(E).

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lding Number:	BLD-00727 Buildi	ng Name: O	riginal Building - Build	ding I			
Type of Service	e Provided		Surgical		Obstetrical	X	Rehabilitation
	Nursing		Cargioai		Cesarean/Deliv		Therapy
X X	IntensiveCare		Anesthesia		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol		Clinical Lab		·		Outpatient
	escent		Radiological/ Imaging		Newborn/ WellBaby		Surgery
	Psychiatric Nursing	X	Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

lding Number:		ng Name: S	torage / Maintenance	- Buildin	g V		
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery Newborn/		Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging		WellBaby		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	∐ X	Central Plant Support
	Intermediate		Dietetic		Medicine		Services
	Care		Administration				
	Skilled Nursing	1					

ilding Number:	BLD-05829 Buildi	ng Name: E	ntrance Canopy				
Type of Service	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	Ш	Surgery	
	Nursing		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 bui requirements whether by retrofit or by per Section 130061(c)(5)	lldings on the hospital campus show replacement and the type of service	ring how each building will comply we that will be provided in each gener	vith the SPC-5/NPC-4 or 5 ral actue care hospital building
Building Number: BLD-00727	Building Name: Original Building	- Building I	
Configuration: Retrofit Non-Conf	forming building to SPC 2 and NPC	3 and remove from service by 2030	
Type of Service Provided			
X Nursing	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X IntensiveCare	Anesthesia	Obstetrical Recovery	X Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic	Enlergency	Central Flant
Care Skilled Nursing	X Administration	Nuclear Medicine	X Support Services
	1		

: BLD-00728	Building Name:	Southeast Addition	ı - Buildi	ng III		
Retrofit Conformi	ng building to NPC	4 or NPC 5				
ice Provided						
Nursing	Surg	ical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
IntensiveCare	Anes	sthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent	Clin	ical Lab		Recovery		
Psychiatric Nursing				Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Pha	rmaceutical		Emorgonov		Central Plant
Intermediate	Diet	etic		Lineigency		Central Flant
Care Skilled Nursing	Adm	ninistration		Nuclear Medicine	X	Support Services
	rether by retrofit or by 061(c)(5) The BLD-00728 Retrofit Conforming are provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	rether by retrofit or by replacement and the D61(c)(5) The BLD-00728 Building Name: Retrofit Conforming building to NPC Retrofit Conforming building to NPC	BLD-00728 Building Name: Southeast Addition Retrofit Conforming building to NPC 4 or NPC 5 ICE Provided Nursing Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Administration	BLD-00728 Building Name: Southeast Addition - Building Nursing Surgical Sur	rether by retrofit or by replacement and the type of service that will be provided in each gen 161(c)(5) BLD-00728	BLD-00728 Building Name: Southeast Addition - Building III Retrofit Conforming building to NPC 4 or NPC 5 ICE Provided Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol Sescent Radiological/ Newborn/ WellBaby Psychiatric Nursing Pharmaceutical Ante/Postprtum Dietetic Radiological/ Emergency Intermediate Care Nuclear Medicine X Administration

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Report the final co requirements whet per Section 13006	ther by retrofit or by	dings on the l replacement a	nospital campus showin and the type of service t	g how e hat will t	ach building will comply voe provided in each gene	vith the SPC- ral actue care	-5/NPC-4 or 5 e hospital building					
Building Number:	Building Number: BLD-00729 Building Name: Power Service Station - Building IV											
Configuration:	nfiguration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	e Provided											
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
In	tensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis					
	ediatric/Adol scent		Clinical Lab		recovery							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X (Central Plant					
	termediate are		Dietetic		Nuclear Medicine	X	Support					
SI	killed Nursing		Administration				Services					

equirements whether Section 130061(er by retrofit or by repl (c)(5)	acement			ach building will comply wind per provided in each generated in each generated in the provided in each generated in the provided in the provid		
ا	BLD-03027 Bu	The No.					
Configuration:		ilding Nar	ne: Addition - Building	II			
	Retrofit Non-Conform	ing buildir	ig to SPC 5 and NPC 4	or NPC	5		
Type of Service	Provided						
X Nur	sing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Inte	ensiveCare	X	Anesthesia		Obstetrical Recovery	Х	Renal Dialysis
Ped esc	diatric/Adol ent	X	Clinical Lab		Recovery		
	rchiatric sing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		Emergency	X	Central Plant
Inte	rmediate	X	Dietetic	_	Emergency	_	Gentiai Fiant
Car		X	Administration		Nuclear Medicine	X	Support Services
SKII	led Nursing						

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Report the final co requirements whet per Section 13006	ther by retrofit or by	dings on the l replacement a	nospital campus showin and the type of service t	g how e hat will t	ach building will comply woe provided in each genera	ith the SPC al actue car	c-5/NPC-4 or 5 re hospital building					
Building Number:	BLD-03066	Building Nan	ne: Storage / Maintena	ance - B	uilding V							
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030											
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		Recovery							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant					
	termediate are		Dietetic		Nuclear Medicine	X	Support					
SI	killed Nursing		Administration				Services					

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	ther by retrofit or by i				ach building will comply voe provided in each gene						
Building Number: BLD-05829 Building Name: Entrance Canopy											
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5											
Type of Servic	e Provided										
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
In	ntensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis				
	ediatric/Adol scent		Clinical Lab		Recovery						
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient ourgery				
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant				
	ntermediate care		Dietetic		Nuclear Medicine		Support				
	killed Nursing		Administration		Nuclear Medicine		Services				

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Includ 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)									
Building Number: BLD-00728 Building Name: Southeast Addition - Building III										
Туре	e of Service Prov	<u>rided</u>								
X	Nursing	Inpatient Beds	6		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		Administration					
	Total Beds this Building		6							

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Include information of and SPC-5 per Section		inpatient beds by	y type of Service provided by I	ouildings that are classified	as SPC-2, SPC-3, SPC-4,
Building Number: B	LD-00729	Building Na	me: Power Service Station	- Building IV	
Type of Service Pro	ovided				
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/Postprtun	Inpatient n 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			

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	formation on t 5 per Section		npatient beds by ty	pe of S	Service provided by build	ding	s that are classified as	SPC-2	2, SPC-3, SPC-4,
Building N	Number: BLD	-03027	Building Name:	Ad	dition - Building II				
Type of	Service Provi	ided							
X Nu	rsing	Inpatient Beds	43	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Inte	ensiveCare	Inpatient Beds	0	X	Anesthesia				
	diatric/Adol cent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
	ychiatric rsing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
Inte	ermediate re	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services
Skil	illed Nursing	Inpatient Beds	0	X	Administration				
	tal Beds this ilding		43						

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Include information on t SPC-5 per Section 1300		eds by type of unit pr	ovided by buildings that a	re classified as SPC-2, SPC-3, SPC-4, an	nd
Building Number:	LD-00728 Build	ing Name: Sou	theast Addition - Building	III	
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 6 Bed	Inpatient 2142 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days]
Perinatal (Exclude Nev	wborn / 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 Ne 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 Depend	ency	Total Beds this Total Beds this Building Per Building Per	S
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 6]

Los Angeles Report Year: 2014 11414 Kindred Hospital - Los Angeles Page:30 of 31 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-00729 Power Service Station - Building IV **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 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

Los Angeles Report Year: 2014 11414 Kindred Hospital - Los Angeles Page:31 of 31 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-03027 Addition - Building II **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 15352 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days 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 43 43