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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:	11510				
Facility Name:	Centinela Hospital Medical Center				
Address:	555 E. Hardy St.				
City:	Inglewood				
Hospital Owner/Licensee: Prime Healthcare Centinela, LLC					
Year of Reporting: 2014					
Contact 1 e-mail Address:					
Contact 2 e-mail Address:					
Contact 3 e-mail Address::					
Name of Subr	nitter: Puchlik Design Associates				
Submission	Date: 10/27/2014 11:34:13 AM				

Report	Year: 2014	11510	Centinela Hospital Medical Ce	enter	Inglewood		Page:2 of 45
rebuild, 130061	retrofit or replace th .5, for rebuild, retrofi	ne building it or replac	planned for rebuild, retrofit or re to SPC2, SPC3, SPC4 or SPC5 ement of the building that the ho or Section 130061(c)(1)(B)	5 per 130061(c)(1	(A). The deadline, a	as described in S	Section 130060 or
Bldg. No.	Building Name	ŀ	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00637	West Tower	5	55 E. Hardy St.	Retrofit	SPC2	01/01/2017	12/29/2014
BLD- 00641	Nursery Addition	5	55 E. Hardy St.	Retrofit	SPC2	01/01/2017	01/29/2015
BLD- 00642	Laundry Building	ı [5	55 E. Hardy St.	Replace	SPC2	01/01/2015	12/22/2014

Building	No: BLD-0	0637	West Tower		Retrofit/Re Project:	placement	Yes-Sub	omitted]
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11510	IL101404-0	0	SB 499: VSI - BUILDING 5/WEST TOWER BUILDING	6/23/2010 12:00:00 AM		06/23/2010	01/01/2015	ACTI	No
11510	IL101404-0- GEO	0	SB 499: VSI - BUILDING 5/WEST TOWER BUILDING	6/23/2010 12:00:00 AM	3/14/2012 12:00:00 AM	06/23/2010	03/14/2012	APPR	No
11510	IL101404-1	0	SB 499: VSI - BUILDING 5, MATERIAL TESTING PROGRAM	6/25/2010 12:00:00 AM	12/7/2011 12:00:00 AM	02/02/2012	11/01/2012	CLOS	No
11510	IL101404-2	0	SB 499: VSI - BUILDING 5, VOLUNTARY SEISMIC UPGRADE	6/25/2010 12:00:00 AM	7/3/2012 12:00:00 AM	07/13/2012	10/01/2014	FIEL	No
11510	IL101404-3	0	SB 499: VSI - BUILDING 5, TESTING OF TUBEX PILES	6/30/2010 12:00:00 AM	3/4/2011 12:00:00 AM	06/06/2011	11/01/2012	FIEL	No
11510	IL101404-4	0	SB 499: VSI - BUILDING 5, LOBBY / ADMIN REMODEL	6/30/2010 12:00:00 AM	10/10/2013 12:00:00 AM	06/01/2013	01/01/2015	FIEL	No
11510	IL101404-5	0	Make Ready Demolition and Temporary Canopy	6/30/2010 12:00:00 AM	2/21/2012 12:00:00 AM	02/29/2012	10/01/2013	FIEL	No

constructior	o start d per Sec 0641 Sub	anned for rebuild, retrofit or replacement, late or dates and projected Completion da ction 130061(c)(1)(E).	provide the pro ate or dates per	r Section 1300	61(c)(1)(D) and	0061(c)(1)(C) d the most rec). The cent projec	t	
Project	Sub	Nursery Addition] Retrofit/Rei					
				Retrofit/Replacement Project:		Yes-Submitted]	
	Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review	
_101406-0	0	SB 499: VSI - BUILDING 9/NURSERY ADDITION	6/23/2010 12:00:00 AM		06/23/2010	01/01/2015	ACTI	No	
_101406-0- GEO	0	SB 499: VSI - BUILDING 9/NURSERY ADDITION	6/23/2010 12:00:00 AM	3/14/2012 12:00:00 AM	06/23/2010	03/14/2012	APPR	No	
_101406-1	0	SB 499: VSI - BUILDING 9, MATERIAL TESTING PROGRAM	6/25/2010 12:00:00 AM	12/7/2011 12:00:00 AM	02/02/2012	11/01/2012	CLOS	No	
-101406-2	0	SB 499: VSI - BUILDING 9, VOLUNTARY SEISMIC UPGRADE	6/25/2010 12:00:00 AM	7/12/2012 12:00:00 AM	07/24/2012	10/01/2014	FIEL	No	
	.101406-0- EO .101406-1	.101406-0- 0 EO .101406-1 0	ADDITION 101406-0- EO 101406-1 0 SB 499: VSI - BUILDING 9/NURSERY ADDITION 101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL TESTING PROGRAM 101406-2 0 SB 499: VSI - BUILDING 9, VOLUNTARY	ADDITION 12:00:00 AM .101406-0- EO 0 SB 499: VSI - BUILDING 9/NURSERY ADDITION 6/23/2010 12:00:00 AM .101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL TESTING PROGRAM 6/25/2010 12:00:00 AM .101406-2 0 SB 499: VSI - BUILDING 9, VOLUNTARY SEISMIC UPGRADE 6/25/2010 12:00:00	101406-0 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 101406-0- 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 101406-0- 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 3/14/2012 EO 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 3/14/2012 12:00:00 ADDITION 12:00:00 12:00:00 ADDITION 0 SB 499: VSI - BUILDING 9, MATERIAL 6/25/2010 12/7/2011 101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL 6/25/2010 12/7/2011 12:00:00 AM AM AM .101406-2 0 SB 499: VSI - BUILDING 9, VOLUNTARY 6/25/2010 7/12/2012 .101406-2 0 SB 499: VSI - BUILDING 9, VOLUNTARY 6/25/2010 7/12/2012	101406-0 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 06/23/2010 .101406-0- 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 3/14/2012 06/23/2010 .101406-0- 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 3/14/2012 06/23/2010 .101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL 6/25/2010 12/7/2011 02/02/2012 .101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL 6/25/2010 12/7/2011 02/02/2012 .101406-2 0 SB 499: VSI - BUILDING 9, VOLUNTARY 6/25/2010 7/12/2012 07/24/2012 .101406-2 0 SB 499: VSI - BUILDING 9, VOLUNTARY 6/25/2010 7/12/2012 07/24/2012	101406-0 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 06/23/2010 01/01/2015 101406-0- 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 3/14/2012 06/23/2010 03/14/2012 101406-0- 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 3/14/2012 06/23/2010 03/14/2012 101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL 6/25/2010 12/7/2011 02/02/2012 11/01/2012 101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL 6/25/2010 12/7/2011 02/02/2012 11/01/2012 101406-2 0 SB 499: VSI - BUILDING 9, VOLUNTARY 6/25/2010 7/12/2012 07/24/2012 10/01/2014	101406-0 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 06/23/2010 01/01/2015 ACTI .101406-0- 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 3/14/2012 06/23/2010 03/14/2012 APPR .101406-0- 0 SB 499: VSI - BUILDING 9/NURSERY 6/23/2010 3/14/2012 06/23/2010 03/14/2012 APPR .101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL 6/25/2010 12/7/2011 02/02/2012 11/01/2012 CLOS .101406-1 0 SB 499: VSI - BUILDING 9, MATERIAL 6/25/2010 12/7/2011 02/02/2012 11/01/2012 CLOS .101406-2 0 SB 499: VSI - BUILDING 9, VOLUNTARY 6/25/2010 7/12/2012 07/24/2012 10/01/2014 FIEL	

Building No: BLD-00642 Laundry Building		Retrofit/Replacement Project:		No]			
	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11510	IL111696-0	0		6/27/2011 12:00:00 AM		06/27/2011		ACTI	No
11510	IL111696-0- GEO	0		6/27/2011 12:00:00 AM	3/29/2012 12:00:00 AM	06/27/2011		APPR	No
11510	IL111696-1	0		6/27/2011 12:00:00 AM	3/30/2012 12:00:00 AM	03/30/2012		CLOS	No
11510	IL111696-2	0		7/8/2011 12:00:00 AM	7/11/2012 12:00:00 AM	07/24/2012		FIEL	No

Report Year: 2014 11	510 Centinela Hospital Medical Center	Inglewood	Page:6 of 45
Provide the number of inpat	tient beds and patient days per type of service pe	er building per Section 130061(c)(1)(F)	
Building Number: BLD-006	637 Building Name: We	est Tower	
Type of Service Provided		_	
X Nursing Inpa Bed	atient 140 Inpatient 25670 Is Days	X Surgical X Obstetri Recove	
IntensiveCare Inpa Bed	atient 0 Inpatient Days 0	X Anesthesia Newbor WellBat	
Pediatric/Adol Inpa escent Bed	atient 0 Inpatient Days 0	X Clinical Lab	ncy
Psychiatric Inpa Nursing Bed	atient 0 Inpatient Days 0	Radiological/ Nuclear Imaging	
Obstetrical Inpa Ante/Postprtum Bed	atient 0 Inpatient Days 0	Pharmaceutical Dietetic Dietetic	
Intermediate Inpa Care Bed	atient 0 Inpatient Days 0 Is	X Administration Renal D X Support X	
X Skilled Nursing Inpa Bed	atient 24 Inpatient Days 0	Services Surgery	
	Total Beds this 164 Building	X Obstetrical Cesarean/Deliv Central	Plant
OSHPD FDD SB499 Report	Data Last Update: 10/27/2014 Su	ubmission Date: 10/27/2014 Printed: 10/	29/2014 6:25 AM

Report Year: 2014 1	11510 Centinela I	Hospital Medical Center	Inglewood	Page:7 of 45
Provide the number of inpa	patient beds and patie	nt days per type of service p	er building per Section 130061(c)(1)(F)
Building Number: BLD-0		Building Name:	ursery Addition	
Type of Service Provided	<u>ed</u>		I —	
		patient 0 ays	Surgical	Obstetrical Recovery
	patient 9 In eds	patient Days 1765	Anesthesia	X Newborn/ WellBaby
	patient 0 I eds	npatient Days 0	X Clinical Lab	Emergency
	patient 0 I eds	npatient Days 0	Radiological/ Imaging	Nuclear Medicine
	patient 0 I eds	npatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
	patient 0 I eds	npatient Days 0	Administration	Renal Dialysis Outpatient
	patient 0 I eds	npatient Days 0	Services	Surgery
	Total Bed Building	s this 9	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Report	Data Last Upo	date: 10/27/2014 S	Submission Date: 10/27/2014	Printed: 10/29/2014 6:25 AM

Report Year: 2014 11510	Centinela Hospital Medical Center	Inglewood	Page:8 of 45
Provide the number of inpatient t	peds and patient days per type of service pe	er building per Section 130061(c)(1)(F)	
Building Number: BLD-00642 Type of Service Provided	Building Name:	aundry Building	
Nursing Inpatient Beds	0 Inpatient 0 Days		Destetrical Recovery
IntensiveCare Inpatient Beds	0 Inpatient Days 0		lewborn/ /ellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	mergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0		luclear 1edicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0		ehabilitation herapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0		enal Dialysis utpatient
Skilled Nursing Inpatient Beds	0 Inpatient Days 0		urgery
	Total Beds this 0 Building	Cesarean/Deliv —	Central Plant
OSHPD FDD SB499 Report	Data Last Update: 10/27/2014 S	Submission Date: 10/27/2014 Printe	ed: 10/29/2014 6:25 AM

Report Year: 2014 11510 Centine	ela Hospital Medical Center	glewood Page:9 of 45						
Provide the number of Inpatient beds and pati	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-00637 Building Name: West Tower								
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 108 Inpatient 2567 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 24 Inpatient 0 Bed Days						
Pediatric	intensive Care Newborn Nursery	Intermediate Card						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 32 Inpatient 3717 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	164 164						
OSHPD FDD SB499 Report Data Last	Update: 10/27/2014 Submission Date:	10/27/2014 Printed: 10/29/2014 6:25 AM						

Report Year: 20	014 11510 Centinela	Hospital Medical Cer	nter	Inglewood	Page:10 of 45			
Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-00641 Building Name: Nursery Addition								
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 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 9 Bed	Inpatient 1765 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent			
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	9	9			

Report Year: 20	014 11510 Centinela	Hospital Medical Cer	nter	Inglewood	Page:11 of 45			
Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-00642 Building Name: Laundry Building								
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 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 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	0	0			

Report Year:	
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2014

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

		Building to be Removed / Replaced / Rebuilt		
BLD-00633	West Wing/ER Addition	Remain		
BLD-00634	North Wing/Day Surgery	Remain		
BLD-00635	Dietary Storage	Remain		
BLD-00636	East Tower	Remain		
BLD-00637	West Tower	Retrofit		
BLD-00638	Engineering	Remain		
BLD-00639	East Wing	Remain		
BLD-00640	Central Plant Addition	Remain		
BLD-00641	Nursery Addition	Retrofit		
BLD-00642	Laundry Building	Replace		

Report Year: 2014	11510	Centinela Hospital Medical Center	Inglewood	Page:13 of 45
No proposed new buildin	gs to be cons	tructed at this or another site.		

Report Year: 2014 1151	Centinela Hospital Medical Ce	enter	Inglewood	Page:14 of 45			
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 Number: BLD-00642	Laundry Building		Removal 12/22/2	2014			
Planned Uses for the building to be removed from acute care service: Planned use for building:							
Inpatient services currently deliv	vered in the building:	Obstetrical Cesarean/D		bilitation py			
IntensiveCare Pediatric/Adol escent	Anesthesia Clinical Lab	Obstetrical Recovery	Rena	Dialysis			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant			
Intermediate Care Skilled Nursing	Dietetic Administration	Nuclear Medicine	X Suppo Service				
OSHPD FDD SB499 Report	Data Last Update: 10/27/2014	Submission Dat	e: 10/27/2014 Printed	: 10/29/2014 6:25 AM			

Report Year:	2014	11510	Centinela Hospital Medical Center	Inglewood	Page:15 of 45			
lo data reporte	o data reported for Section 130061(c)(2)(D).							

Report Year:	2014	11510	Centinela Hospital Medical Center	Inglewood	Page:16 of 45
lo data reporte	d for Section	n 130061(c	c)(2)(D.		

Report Year: 2014 11510	Centinela Hospit	al Medical Center		Inglewood		Page:17 of 45
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)						
Building Number: Will general acute care services ar Support Services N/A		undry Building ated to a new, Existi	ing or retrofitted	building?		
OSHPD FDD SB499 Report	Data Last Update:	10/27/2014	Submission Date	e: 10/27/2014	Printed: 10/29/2	2014 6:25 AM

Report Year:	2014	11510	Centinela Hospital Medical Center	Inglewood	Page:18 of 45			
lo data reported	o data reported for Section 130061(c)(3).							

Report Year: 201	14 11510 Centin	ela Hospital Medical Center		Inglewood		Page:19 of 45		
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-00637 Buildin	g Name: West Tower						
Type of Service	Type of Service Provided							
		X Surgical		Dbstetrical Cesarean/Deliv	Х	Rehabilitation Therapy		
X	Nursing	X Anesthesia				Renal Dialysis		
	IntensiveCare	X Clinical Lab		Dbstetrical Recovery		Kenai Dialysis		
	Pediatric/Adol escent	Radiological/		lewborn/ VellBaby	X	Outpatient Surgery		
	Psychiatric Nursing	Imaging Pharmaceutical		mergency		Central Plant		
	Obstetrical Ante/Postprtum			luclear ledicine	X	Support Services		
	Intermediate	Dietetic	K	leaichte		Services		
	Care	X Administration						
X	Skilled Nursing							
OSHPD FDD SB499 Re	eport Data Las	t Update: 10/27/2014 Submi	ission Dat	e: 10/27/2014	Printe	ed: 10/29/2014 6:25 AM		

Report Year: 201	14 11510 Centin	ela Hospital Medical Center	Inglewood		Page:20 of 45		
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-00641 Building	g Name: Nursery Addition					
Type of Service Provided							
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap			
	Nursing	Anesthesia	_		Die kusie		
X	IntensiveCare		Obstetrical Recovery	Renal [Jiaiysis		
	Pediatric/Adol escent	X Clinical Lab	X Newborn/ WellBaby	Outpati Surgery			
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central	Plant		
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
OSHPD FDD SB499 R	eport Data Las	t Update: 10/27/2014 Sub	mission Date: 10/27/2014	Printed: 10/29/	/2014 6:25 AM		

Report Year: 201	14 11510 Centin	ela Hospital Medical Center	Inglewood		Page:21 of 45		
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-00642 Building	g Name: Laundry Building					
Type of Service Provided							
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap			
	Nursing	Anesthesia	_		X, I		
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis		
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery	ent /		
	Psychiatric	Radiological/ Imaging	WellBaby				
	Nursing	Pharmaceutical	Emergency	Central	Plant		
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
OSHPD FDD SB499 Re	eport Data Las	t Update: 10/27/2014 Subr	nission Date: 10/27/2014	Printed: 10/29/	2014 6:25 AM		

Report Year: 2014 1151	0 Centinela Hospital Medical Center	Inglewood		Page:22 of 45
Report the final configuration of requirements whether by retroft per Section 130061(c)(5)	f all buildings on the hospital campus show it or by replacement and the type of service	ing how each building will com that will be provided in each g	ply with the SPC-5/NF general actue care hos	PC-4 or 5 spital building
Building Number: BLD-00633 Configuration: N/A	Building Name: West Wing/ER A	ddition		
Type of Service Provided				
Nursing	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
IntensiveCare	Anesthesia	Obstetrical	Rena	l Dialysis
Pediatric/Adol escent	Clinical Lab			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	
Obstetrical Ante/Postprtun	n Pharmaceutical	X Emergency	Centr	al Plant
Intermediate Care	Dietetic	Nuclear Medicine	X Supp	oort
Skilled Nursing	Administration		Serv	
OSHPD FDD SB499 Report	Data Last Update: 10/27/2014	Submission Date: 10/27/2014	Printed: 10/29/	2014 6:25 AM
	Data Lasi Opuale. $10/21/2014$		Finted. 10/29/	

Report Year: 20	014 11510	Centinela Ho	spital Medical Center		Inglewood	Ł	Page:23 of 4	5
Report the final cor requirements wheth per Section 130061	her by retrofit or b	uildings on the y replacement	hospital campus showi and the type of service	ing how e that will b	ach building will c be provided in eac	omply with the SP h general actue ca	C-5/NPC-4 or 5 are hospital building	
Building Number:	BLD-00634	Building Na	me: North Wing/Day S	Surgery				
Configuration:	N/A							
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		,			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate		Dietetic		.			
	illed Nursing		Administration		Nuclear Medicin	e X	Support Services	
OSHPD FDD SB499 F	Report	Data Last Updat	e: 10/27/2014	Submiss	ion Date: 10/27/20	014 Printed:	10/29/2014 6:25 AM	

Report Year: 20	014 11510	Centinela Ho	ospital Medical Center			Inglewood		Page:24 of 45	
Report the final con requirements whet per Section 13006	ther by retrofit or b	uildings on the y replacement	hospital campus showi and the type of service	ng how e that will l	ach build be provid	ding will comply w led in each gener	vith the SP al actue c	C-5/NPC-4 or 5 are hospital building	
Building Number:	BLD-00635	Building Na	me: Dietary Storage						
Configuration:	N/A								
Type of Service	e Provided								
	ursing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy	
	tensiveCare		Anesthesia		Obstet Recov			Renal Dialysis	
	ediatric/Adol scent		Clinical Lab			. ,			
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emerg	ency		Central Plant	
	termediate are	X	Dietetic						
	killed Nursing		Administration		NUCIES	r Medicine	X	Support Services	
OSHPD FDD SB499 I	Report	Data Last Updat	te: 10/27/2014	Submiss	sion Date:	10/27/2014	Printed:	10/29/2014 6:25 AM	

Report Year: 20	014 11510	Centinela Ho	spital Medical Center		Ing	glewood		Page:25 of 45
	her by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-00636	Building Na	me: East Tower					
Configuration:	N/A							
Type of Service	e Provided							
X Nu	ursing	X	Surgical		Obstetric Cesarear		X	Rehabilitation Therapy
X Int	tensiveCare	X	Anesthesia		Obstetric Recovery		X	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		ricevery			
	sychiatric ursing		Radiological/ Imaging		Newborn WellBaby		X	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergen	су	X	Central Plant
	termediate are		Dietetic			.		
	killed Nursing		Administration		Nuclear M	<i>l</i> iedicine	X	Support Services
OSHPD FDD SB499 F	Report D	ata Last Updat	e: 10/27/2014	Submiss	ion Date:	10/27/2014	Printed:	10/29/2014 6:25 AM

Report Year: 20	014 11510	Centinela Ho	spital Medical Center		Inglewood		Page:26 of 45
	her by retrofit or by		hospital campus showin and the type of service t				
Building Number:	BLD-00637	Building Na	me: West Tower				
Configuration:	N/A						
Type of Service	e Provided						
X Nu	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Int	tensiveCare	X	Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic				
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services
OSHPD FDD SB499 F	Report [Data Last Updat	e: 10/27/2014	Submiss	ion Date: 10/27/2014	Printed:	10/29/2014 6:25 AM

Report Year: 20	11510	Centinela Ho	spital Medical Center		Inglewood		Page:27 of 45
	her by retrofit or by		hospital campus showin and the type of service t				
Building Number:	BLD-00638	Building Na	me: Engineering				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant
Inte Ca	ermediate		Dietetic				
	illed Nursing		Administration		Nuclear Medicine	x	Support Services
OSHPD FDD SB499 R	Report D	ata Last Updat	e: 10/27/2014	Submiss	ion Date: 10/27/2014	Printed:	10/29/2014 6:25 AM

Report Year: 20	11510	Centinela Ho	spital Medical Center		Inglewood		Page:28 of 45
	her by retrofit or by		hospital campus showin and the type of service t				
Building Number:	BLD-00639	Building Na	me: East Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Receivery		
	ychiatric Irsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum	X	Pharmaceutical		Emergency		Central Plant
Inte Ca	ermediate	X	Dietetic		Nu da en Madicia e		Quartert
	illed Nursing		Administration		Nuclear Medicine	X	Support Services
OSHPD FDD SB499 F	Report D	Pata Last Updat	e: 10/27/2014	Submiss	ion Date: 10/27/2014	Printed:	10/29/2014 6:25 AM

Report Year: 20)14 11510	Centinela Ho	spital Medical Center		h	nglewood		Page:29	of 45
Report the final cor requirements wheth per Section 130061	her by retrofit or by	uildings on the / replacement	hospital campus showi and the type of service	ng how e that will b	ach build be provide	ing will comply w ed in each genera	ith the SP al actue ca	C-5/NPC-4 or 5 are hospital buildir	ng
Building Number:	BLD-00640	Building Na	me: Central Plant Add	dition]
Configuration:	N/A]
Type of Service	Provided								
Nu Nu	ırsing		Surgical		Obstetr Cesarea	ical an/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetr Recove			Renal Dialysis	
	ediatric/Adol cent		Clinical Lab			. ,			
	ychiatric Irsing		Radiological/ Imaging		Newbor WellBat	n/ ɔy		Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emerge	ncy	X	Central Plant	
Int Ca	ermediate		Dietetic						
	illed Nursing		Administration		Nuclear	Medicine	X	Support Services	
OSHPD FDD SB499 F	Report [Data Last Updat	e: 10/27/2014	Submiss	ion Date:	10/27/2014	Printed:	10/29/2014 6:25 A	M

Report Year: 2014	11510	Centinela Hos	spital Medical Center		I	nglewood		Page:30 of 45
	by retrofit or by		hospital campus showin and the type of service th					
Building Number: B	LD-00641	Building Nar	me: Nursery Addition					
Configuration: N	I/A							
Type of Service Pr	rovided							
Nursi	ng		Surgical		Obstetr Cesare	ical an/Deliv		Rehabilitation Therapy
X Intens	siveCare		Anesthesia		Obstetr Recove			Renal Dialysis
Pedia escer	atric/Adol nt	X	Clinical Lab			.,		
Psych Nursi	hiatric ng		Radiological/ Imaging	Х	Newbor WellBal			Outpatient Surgery
	etrical ⁄Postprtum		Pharmaceutical		Emerge	ency		Central Plant
Intern Care	nediate		Dietetic					
	ed Nursing		Administration		Nuclear	r Medicine	X	Support Services
OSHPD FDD SB499 Rep	oort D	ata Last Update	e: 10/27/2014	Submiss	ion Date:	10/27/2014	Printed:	10/29/2014 6:25 AM

Report Year: 2014 11510	Centinela Hospital Medical Center		Inglewood		Page:31 of 45
Report the final configuration of requirements whether by retrofit per Section 130061(c)(5)	Il buildings on the hospital campus show or by replacement and the type of service	ing how each bu e that will be prov	ilding will comply with ided in each general a	the SPC-5/ actue care I	NPC-4 or 5 nospital building
Building Number: BLD-00642	Building Name: Laundry Building]			
Configuration: N/A					
Type of Service Provided					
Nursing	Surgical	Obste Cesa	etrical rean/Deliv		habilitation erapy
IntensiveCare	Anesthesia	Obste Reco		Re	nal Dialysis
Pediatric/Adol escent	Clinical Lab		,		
Psychiatric Nursing	Radiological/ Imaging	Newb WellE	oorn/ 3aby		tpatient rgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Ce	ntral Plant
Intermediate Care	Dietetic				
Skilled Nursing	Administration		ear Medicine		upport ervices
OSHPD FDD SB499 Report	Data Last Update: 10/27/2014	Submission Date	e: 10/27/2014	Printed: 10/	29/2014 6:25 AM

Report Yea	ar: 2014	11510	Centinela Hosp	ital Medica	I Center	Inglewood		Page:32 of 45
	formation on t 5 per <mark>Section</mark>		of inpatient beds b	by type of S	Service provided by bu	uildings that are classified	as SPC-2, SPC	C-3, SPC-4,
Building N	lumber: BLD	9-00633	Building Na	ame: We	est Wing/ER Addition			
Type of \$	Service Provi	ided						
Nur	rsing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
Inte	ensiveCare	Inpatient Beds	0		Anesthesia			
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena Rena	l Dialysis
	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	
	stetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Centr	al Plant
Inte	ermediate re	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	ort ces
Skil	lled Nursing	Inpatient Beds	0		Administration			
	al Beds this ilding		0					
OSHPD FDD	D SB499 Report	t	Data Last Update:	10/27/20	14 Submission	n Date: 10/27/2014	Printed: 10/29/2	2014 6:25 AM

Report	t Year: 2014	11510	Centinela Hos	pital Medica	al Center	Inglewood		Page:33 of 45
	de information on SPC-5 per Section		f inpatient beds	by type of S	Service provided by	buildings that are classified a	as SPC-2, SPC	C-3, SPC-4,
Build	ing Number: BLI	D-00634	Building N	lame: No	orth Wing/Day Surg	ery		
Тур	e of Service Prov	vided						
	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	Il Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surge	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Centr	ral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	ort ces
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					
OSHPE	D FDD SB499 Repo	rt I	Data Last Update	: 10/27/20	014 Submis	sion Date: 10/27/2014	Printed: 10/29/	2014 6:25 AM

Report Year: 2014	11510	Centinela Hosp	ital Medical Center	Inglewood	Page:34 of 45	
	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: BL	D-00635	Building Na	ame: Dietary Storage			
Type of Service Pro	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	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant	
Intermediate	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services	
Skilled Nursing	Inpatient Beds	0	Administration			
Total Beds this Building		0				
OSHPD FDD SB499 Rep	ort	Data Last Update:	10/27/2014 Subm	ssion Date: 10/27/2014	Printed: 10/29/2014 6:25 AM	

Report Year: 20	14 11510	Centinela Hos	pital Medica	al Center		Inglewood		Page:35 of 45
Include information and SPC-5 per Sec			by type of \$	Service provided by	building	gs that are classified a	as SPC-	2, SPC-3, SPC-4,
Building Number:	BLD-00636	Building N	lame: Ea	ast Tower				
Type of Service P	rovided							
X Nursing	Inpatient Beds	136	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X IntensiveCar	e Inpatient Beds	12	X	Anesthesia				
Pediatric/Add	ol Inpatient Beds	29		Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient um Beds	0		Pharmaceutical		Emergency	X	Central Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled Nursi	ng Inpatient Beds	0		Administration				
Total Beds th Building	is	177						
OSHPD FDD SB499 R	eport	Data Last Update	: 10/27/20	014 Submiss	sion Date	e: 10/27/2014	Printed:	10/29/2014 6:25 AM

Report Year: 2014	11510	Centinela Hos	pital Medica	al Center		Inglewood		Page:36 of 45
	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)						2, SPC-3, SPC-4,	
Building Number: BL	.D-00638	Building N	lame: En	gineering				
Type of Service Pro	vided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Ľ	Emergency	X	Central Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
OSHPD FDD SB499 Rep	ort	Data Last Update:	: 10/27/20	014 Submiss	ion Date	e: 10/27/2014	Printed:	10/29/2014 6:25 AM

Report `	Year: 2014	11510	Centinela Hos	pital Medica	al Center	Inglewood		Page:37 of 45
	e information on t PC-5 per <mark>Section</mark>		of inpatient beds	by type of \$	Service provided by	buildings that are clas	sified as SPC-2, SP	C-3, SPC-4,
Buildin	ng Number: BLE	D-00639	Building N	lame: Ea	st Wing			
Туре	of Service Prov	rided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/D		abilitation apy
×	IntensiveCare	Inpatient Beds	19		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	patient Jery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Cent	tral Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Supp Serv	oort rices
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		19					
OSHPD	FDD SB499 Repor	rt	Data Last Update	: 10/27/20)14 Submis	sion Date: 10/27/2014	Printed: 10/29	/2014 6:25 AM

Report Year:	2014 11510	Centinela Hosp	ital Medica	al Center		Inglewood		Page:38 of 45
	ation on the number o r Section 130061(e)	f inpatient beds b	by type of S	Service provided by b	uilding	gs that are classified a	as SPC-2,	SPC-3, SPC-4,
Building Numb	er: BLD-00640	Building Na	ame: Ce	entral Plant Addition				
<u>Type of Serv</u>	ice Provided							
Nursing	Inpatient Beds	0		Surgical	Γ	Obstetrical Cesarean/Deliv		ehabilitation herapy
Intensiv	eCare Inpatient Beds	0		Anesthesia				
Pediatrie escent	c/Adol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis
Psychia Nursing	tric Inpatient Beds	0		Radiological/ Imaging	Γ	Newborn/ WellBaby		Outpatient urgery
Obstetri Ante/Po		0		Pharmaceutical	Ľ	Emergency	x c	entral Plant
Intermed Care	diate Inpatient Beds	0		Dietetic	C	Nuclear Medicine	X s	upport ervices
Skilled M	Nursing Inpatient Beds	0		Administration				
Total Be Building		0						
OSHPD FDD SB4	199 Report	Data Last Update:	10/27/20)14 Submissio	on Date	e: 10/27/2014	Printed: 10)/29/2014 6:25 AM

Report Year: 2014	11510 Centinela	Hospital Medical Center	Inglewood	Page:39 of 45	
Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)					
Building Number:	LD-00633 Buile	ding Name: West Wing/ER Addition			
Medical / Surgical (Incl	lude GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatie Bed Days	nt 0	
Perinatal (Exclude Nev	vborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatie Bed Days	nt 0	
Pediatric		Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	0 Inpatient 0 Inpatie Bed Days	nt 0	
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled	,	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatie Bed Days	nt 0	
Coronary Care		Chemical Dependency		al Beds this ding Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	0 Unit Serv	0	
OSHPD FDD SB499 Repor	t Data Last U	pdate: 10/27/2014 Submission D	ate: 10/27/2014 Printed: 10/2	9/2014 6:25 AM	

Report Year: 2014 11510 Centine	ela Hospital Medical Center	Inglewood Page:40 of 45	5
Include information on the number of inpatien SPC-5 per Section 130061(e)	t beds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC-4, and	
Building Number: BLD-00634 Bu	ilding Name: North Wing/Day Surgery		_
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0	
OSHPD FDD SB499 Report Data Last	Update: 10/27/2014 Submission Date:	10/27/2014 Printed: 10/29/2014 6:25 AM	

Report Year: 2014 11510 Centine	la Hospital Medical Center	Inglewood Page:41 of 45
Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00635 Bu	ilding Name: Dietary Storage	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service
OSHPD FDD SB499 Report Data Last	Update: 10/27/2014 Submission Date:	10/27/2014 Printed: 10/29/2014 6:25 AM

Report Year: 2014 11510 Centinel	a Hospital Medical Center	nglewood Page:42 of 45
Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00636 Building Number:	ding Name: East Tower	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 136 Inpatient 32325 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 29 Inpatient 1765 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 12 Inpatient 3190 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 177 177
OSHPD FDD SB499 Report Data Last L	Jpdate: 10/27/2014 Submission Date:	10/27/2014 Printed: 10/29/2014 6:25 AM

Report Year: 2014 11510 Centine	la Hospital Medical Center	Inglewood Page:43 of 45
Include information on the number of inpatient SPC-5 per Section 130061(e)	t beds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00638 Bu	ilding Name: Engineering	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
OSHPD FDD SB499 Report Data Last	Update: 10/27/2014 Submission Date:	10/27/2014 Printed: 10/29/2014 6:25 AM

Report Year: 2014 11510 Centinela	a Hospital Medical Center	nglewood Page:44 of 45
Include information on the number of inpatient to SPC-5 per Section 130061(e)	peds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00639 Build	ding Name: East Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 19 Inpatient 5052 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 19 19
OSHPD FDD SB499 Report Data Last U	pdate: 10/27/2014 Submission Date:	10/27/2014 Printed: 10/29/2014 6:25 AM

Report Year: 2014 11510 Centine	la Hospital Medical Center	nglewood Page:45 of 45
Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00640 Bui	ilding Name: Central Plant Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0
OSHPD FDD SB499 Report Data Last I	Update: 10/27/2014 Submission Date:	10/27/2014 Printed: 10/29/2014 6:25 AM