## 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	Provide the Hospital Owner and Year of Report per Section 130061(e)							
Facility Number:	11858							
Facility Name:	Methodist Hospital of Southern California							
Address:	300 W. Huntington Dr.							
City:	Arcadia							
Hospital Owner/Lic	ensee: METHODIST HOSPITAL OF SOUTHERN CALIFORNIA / 930000103							
Year of Rep	porting: 2014							
Contact 1 e-mail Ac	ddress:							
Contact 2 e-mail Ac	ddress:							
Contact 3 e-mail Ad	ldress::							
Name of Sub	omitter: JOE LABRIE							
Submission	n Date: 12/23/2014 9:52:04 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- 00358	Main Hospital	300 W. Huntington Dr.	Retrofit	SPC2	01/01/2018	12/31/2016
BLD- 00359	East Wing	300 W. Huntington Dr.	Remove	N/A	01/01/2015	12/31/2014
BLD- 00362	West Wing	300 W. Huntington Dr.	Remove	N/A	01/01/2015	12/31/2014
BLD- 00364	Pavilion East & West	300 W. Huntington Dr.	Replace	SPC5	01/01/2020	01/01/2019

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00358 Main Hospital Retrofit/Replacement Yes-Submitted Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date 11858 H142121-19 0 VSI for 11858: Main Building (Bld-00358) 9/19/2014 12/11/2014 04/01/2015 01/01/2015 OPEN No -00 SPC-2 Reclassification Project 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).

Pavilion Fast & West

Building No: BLD-00364

Dallaling	No. BLD 0	0004	T AVIIIOTI EAST & WOST		Project:	piacement	TC3 Out		
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11858	S142816-19 -00	0	Methodist Hospital 36 Bed Acute to 30 Bed Rehab Conversion	12/4/2014 12:00:00 AM		06/01/2015	12/31/2015	ACTI	No

Ves-Submitted

Retrofit/Replacement

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Provide the number o	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-00358	Building Name: Ma	ain Hospital						
Type of Service Prov	<u>vided</u>								
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery					
X IntensiveCare	Inpatient Beds	9 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	X Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant					

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Provide the number of i	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
	D-00359	Building Name:	ast Wing					
Type of Service Provide	<u>ded</u>		1					
	Inpatient Beds	76 Inpatient 0 Days	Surgical	Obstetrical Recovery				
	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	on			
	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	sis			
	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
		Total Beds this Building 76	Obstetrical Cesarean/Deliv	Central Pla	nt			

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Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: B		Building Name: We	est Wing						
Type of Service Pro	<u>viaea</u>		1 —	<u> </u>					
X Nursing	Inpatient Beds	105 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	Rehabilitatio Therapy	n				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration  X Support	Renal Dialys  Outpatient	sis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery					
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plan	t				

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Provide the number of inp	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-0		Building Nam	ne: Pavi	lion East & V	Vest				
<u> </u>		lon attant		Surgio	201	☐ Obstetrica	I		
		Inpatient Days	6304		Jai	Recovery	•		
	npatient 0 eds	Inpatient Days	0	Anest	hesia	Newborn/ WellBaby			
	npatient 0 eds	Inpatient Days	0	Clinica	al Lab	Emergenc	у		
	npatient 0 eds	Inpatient Days	0	Radio Imagir	logical/ ng	Nuclear Medicine			
Nursing Di	eus			Pharm	naceutical				
	npatient 0 eds	Inpatient Days	0	Dietet	ic	X Rehabilita	ion		
	npatient 0 eds	Inpatient Days	0		istration	Renal Dial			
	npatient 26	Inpatient Days	8565	X Suppo Service	es es	Outpatient Surgery			
В	eds Total Be Building		46	Obste Cesar	trical ean/Deliv	Central Pla	ant		

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:8 of 70 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00358 Main Hospital **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 Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 9 9 Bed Days Days Bed

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:9 of 70 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00359 **Building Number: Building Name: East Wing** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 76 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 Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 76 Inpatient 76 Inpatient Inpatient Inpatient Days Days Bed Bed

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:10 of 70 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00362 West Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 105 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 Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 105 Inpatient Inpatient Inpatient 105 Days Days Bed Bed

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:11 of 70 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00364 **Building Number: Building Name:** Pavilion East & West 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 26 Inpatient 8565 Bed Days Days Bed Days 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 20 Inpatient 6304 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 46 Inpatient Inpatient Inpatient 46 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-00358	Main Hospital	Retrofit
BLD-00359	East Wing	Remove
BLD-00360	Utility Building / Central Plant	Remain
BLD-00362	West Wing	Remove
BLD-00364	Pavilion East & West	Replace
BLD-00365	Hoefflin Wing	Remain
BLD-00366	Surgical Wing	Remain
BLD-00367	Patient Tower	Remain
BLD-03711	Electrical Equipment Building	Remain
BLD-05461	North Tower	Remain
BLD-05514	Tower Lobby	Remain
BLD-05634	Generator Building	Remain
BLD-05635	Switchgear Building	Remain
BLD-05636	Switchgear Shed	Remain

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

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The project replaced The plans 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 I	Building Number: BLD-00359 East Wing Removal Date:									
Planned	Uses for the build	ding to be re	moved from acute care service	e:						
Planned	use for building:									
Inpatient  X  — — — — — — — — — — — —	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing		n the building:  Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration		Obstetrical Cesarean/Deliv  Obstetrical Recovery  Newborn/ WellBaby  Emergency  Nuclear Medicine	Rehabilitation Therapy  Renal Dialys  Outpatient Surgery  Central Plant  X Support Services	is			

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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 N	Building Number: BLD-00362 West Wing Removal Date:								
Planned l	Jses for the buildi	ng to be rem	noved from acute care se	ervice:					
Planned	use for building:								
Inpatient	services currently	delivered in	the building:						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy		
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Г	Central Plant		
	Intermediate Care		Dietetic	·	Emergency				
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

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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 N	Building Number: BLD-00364 Pavilion East & West Removal Date:								
Planned l	Jses for the building	ng to be remo	ved from acute care service	:					
Planned	use for building:								
<u>Inpatient</u>	services currently	<u>delivered in t</u>	ne building:			_	_		
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	l	
	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery	[	Renal Dialysi	S	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	[	Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	[	Central Plant		
	Intermediate Care		Dietetic						
X	Skilled Nursing		Administration		Nuclear Medicine		X Support Services		

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:17 of 70 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-00359 **Building Name:** East Wing 2011 Year of Information: Building Nbr: Information Current As Of: Unit Type Medical/Surgical (include GYN) **Acute Respiratory Care Acute Psychiatric** Patient Patient Inpatient Inpatient 0 0 Inpatient 76 12940 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** 15 Patient ol Patient 0 0 0 Inpatient 482 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** 91 Inpatient 0 Patient 0 Patient 0 Inpatient **Building per Unit** Beds Days Beds Days **Total Beds this** 91 **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-00359 Building Name:	East Wing	Year of Information: 2012			
Unit Type		Information Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 76 Patient 8742 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 Beds Days	Inpatient 0 Patient Beds Days	0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 15 Patient 407 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0		
Coronary Care Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	91		
Beds Days	Beds Days	Total Beds this Building per Service	91		

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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-00359 Building Name:	East Wing	Year of Information: 2013			
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 76 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 Beds Days	Inpatient 0 Patient Beds Days	0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0		
Coronary Care	Chemical Dependency	Total Beds this	76		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	76		
,	•	Total Beds this Building per Service	76		

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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-00362 Building Name:	West Wing	Year of Information: 2011			
Unit Type	I	nformation Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 105 Patient 17877 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 Dis	abled		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0		
Coronary Care	Chemical Dependency	Total Beds this	105		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	103		
·	·	Total Beds this Building per Service	105		

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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-00362 Building Name:	West Wing	Year of Information: 2012	!		
Unit Type	I	nformation Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 105 Patient 12162 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 Dis	abled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0		
Coronary Care	Chemical Dependency	Total Beds this	105		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	103		
·	,	Total Beds this Building per Service	105		

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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-00362 Building Name:	West Wing	Year of Information: 2013	3		
Unit Type	I	nformation Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 105 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 Beds Days	Inpatient 0 Patient Beds Days	0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0		
Coronary Care	Chemical Dependency	Total Beds this	105		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	103		
·	·	Total Beds this Building per Service	105		

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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-00	0359 Building Name:	East Wing		Year of Information:	2011
Type of Services Provided				Information Current As Cf:	
X Nursing	Inpatient 76 Beds	Patient 12940 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
X Pediatric/Adol escent	Inpatient 15 Beds	Patient 482 Days	Clinical Lab	Recovery	_ Ronar Blanyolo
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	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 Bu	uilding per service	91			

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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-00359 Building Name: East Wing Year of Information: 2012					2012
Type of Services Provided	rane.			Information Current As Of:	
X Nursing	Inpatient 76 Beds	Patient 8742 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
X Pediatric/Adol escent	Inpatient 15 Beds	Patient 407 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	Pharmaceutica	I 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	suilding per service	91			

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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-00359 Building Name: East Wing				Year of Information:	2013
Type of Services Provided	rane.			Information Current As Of:	
X Nursing	Inpatient 76 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	Pharmaceutica	l Emergency	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	Building per service	76			

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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-00362 Buildin Name			Year of Information:	2011	
Type of Services Provided		1	Information Current As Of:		
X Nursing Inpatient Beds	105 Patient 17877 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare Inpatient Beds	0 Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis	
Pediatric/Adol Inpatient escent Beds	0 Patient 0 Days	Clinical Lab	Recovery		
Psychiatric Inpatient Nursing Beds	0 Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Inpatient Ante/Postprtum Beds	0 Patient 0 Days	Pharmaceutic	cal Emergency	Central Plant	
Intermediate Inpatient Care Beds	0 Patient 0 Days	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing Inpatient Beds	0 Patient 0 Days	Administration	า		
Total Beds this Building per serv	vice 105				

Report Year: 2014 11858 Me	thodist Hospital of Southern C	Arcadia	Page:27 of 70		
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-00362 Building Name:	West Wing	Year of Information: 20	012		
Type of Services Provided		Information Current As Of:			
X Nursing Inpatient 1 Beds	Patient 12162 Days	Surgical Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare Inpatient Beds	0 Patient 0 Days	Anesthesia Obstetrical	Renal Dialysis		
Pediatric/Adol Inpatient escent Beds	0 Patient 0 Days	Clinical Lab Recovery	·		
Psychiatric Inpatient Nursing Beds	0 Patient 0 Days	Radiological/ Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Inpatient Ante/Postprtum Beds	0 Patient 0 Days	Pharmaceutical Emergency	Central Plant		
Intermediate Inpatient Care Beds	0 Patient 0 Days	Dietetic Nuclear Medicine	Support Services		
Skilled Nursing Inpatient Beds	0 Patient 0 Days	Administration			
Total Beds this Building per service	105				

Report Year: 2014	4 11858 Method	dist Hospital of Southern Ca	Alifornia	cadia	Page:28 of 70
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-00362 Building Name: West Wing Year of Information: 2013					2013
Type of Services Provided	rame.			Information Current As Of:	
X Nursing	Inpatient 105 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	Tronal Dialyois
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	X Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	105			

Report Year: 2014 11858 Methodist Hospital of Southern California	Arcadia	Page:29 of 70
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		responding
Building Number:  BLD-00364 Building Name: Pavilion East & West		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Nursing N/A		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution of "Rebuild" or "Resolution of "Rebuild" or "Resolution of "Resoluti		responding
Building Number:  BLD-00364 Building Name: Pavilion East & West		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Skilled Nursing N/A		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebui		responding
Building Number:  BLD-00364 Building Name: Pavilion East & West		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Support Services N/A		

Report Year: 2014 11858 Method	ist Hospital of Southern California	Arcadia	Page:30 of 70
Report whether the general acute care service building sites or project numbers for buildings			
Building Number:  BLD-00364 Building Namber:  Will general acute care services and beds will		d building?	
Rehabilitation Therapy N/A			
Report whether the general acute care service building sites or project numbers for buildings	es and beds will be relocated to a new, exis with a Building Resolution of "Rebuild" or "	ting or retrofitted building ar Replace" per Section 13006	nd any corresponding i1(c)(2)(E)
Building Namber:  BLD-00364 Building Namber:  Will general acute care services and beds will		d building?	
Rehabilitation Center N/A			
Report whether the general acute care service building sites or project numbers for buildings			
Building Number:  BLD-00364 Building Namber:		d building?	
Will general acute care services and beds will  Skilled Nursing  N/A	be relocated to a new, Existing or retrollite	a building?	

Report Year: 2014 11858 Methodist Hospital of Southern	California	cadia	Page:31 of 70
Each hospital owner shall also report for each facility for which any but number of inpatient beds by type of unit and service per Section 1300		om active care service, any net	change in the
Building Number:  BLD-00359 Building Name: East Wing			
Will general acute care services and beds will be relocated to a new,	Existing or retrofitted build	ding?	
Nursing N/A			
Each hospital owner shall also report for each facility for which any bunumber of inpatient beds by type of unit and service per Section 1300		om active care service, any net	change in the
Building Number: BLD-00359 Building Name: East Wing			
Will general acute care services and beds will be relocated to a new,	Existing or retrofitted build	ding?	
Support Services N/A			
Each hospital owner shall also report for each facility for which any bunumber of inpatient beds by type of unit and service per Section 1300		om active care service, any net	change in the
Building Number: BLD-00359 Building Name: East Wing			
Will general acute care services and beds will be relocated to a new,	Existing or retrofitted build	ding?	
Medical/Surgical (Include GYN)			

Report Year: 2014 11858 Methodist Hospital of Southern California	Arcadia	Page:32 of 70
Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: BLD-00362 Building Name: West Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Nursing N/A		
Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: BLD-00362 Building Name: West Wing		
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 remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: BLD-00362 Building Name: West Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Medical/Surgical (Include GYN)		

port Year: 201 Report any general er Section 130061	acute care hospital inpa	·	f Southern California nat is provided in any	Arcadia acute care hospital	building t	Page:33 of 70 hat is rated SPC-1
Building Number:	BLD-00358 Buildin	ng Name: M	ain Hospital			
Type of Service	e Provided		Surgical	Obstetrical		Rehabilitation
	Nursing		Surgical	Cesarean/Deliv	Ш	Therapy
X	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration			
	Skilled Nursing					

Report any general per Section 130061	acute care hospita	Methodist Hospital of all inpatient service the	Southern California at is provided in any	genaral a	Arcadia acute care hospital	building t	Page:34 of 7	70
Building Number:		Building Name: Ea	st Wing					
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia					
	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol		Clinical Lab		·		Outpatient	
	escent		Radiological/		Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Imaging		_			
	-		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
			Diototio					
	Intermediate Care		Administration					
	Skilled Nursing							
	Ü	·						

port Year: 20°			Southern California		Arcadia	م منامان م	Page:35 of	70
er Section 130061		i inpatient service tr	at is provided in any	genarai	acute care nospitai	building t	nat is rated SPC-1	
Building Number:	BLD-00362 B	uilding Name: W	est Wing					
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia				Renal Dialysis	
	IntensiveCare		Oliminal I ale		Obstetrical Recovery		Reliai Diaiysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
П	Psychiatric		Radiological/ Imaging		WellBaby			
_	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

Report Year: 20	14 11858 N	Methodist Hospital o	f Southern California		Arcadia		Page:36 of 70	
Report any general per Section 13006		ll inpatient service th	nat is provided in any (	genaral	acute care hospital	building t	hat is rated SPC-1	_
Building Number:	BLD-00364 B	uilding Name: Pa	avilion East & West					
Type of Servic	e Provided							
			Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing		Anesthesia				Daniel Diebaie	
	IntensiveCare		Oliminal Lab		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging		WellBaby			
	-		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
X	Skilled Nursing							

Report Year: 2014 11858	Methodist Hospital of Southern Calif	fornia	Page:37 of 70						
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-00358	Building Name: Main Hospital								
Configuration: Retrofit Non-Con	Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030								
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
X IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab	Recovery							
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant						
Intermediate Care	Dietetic	Musican Madiaina							
Skilled Nursing	X Administration	Nuclear Medicine	X Support Services						

Report Year: 20	114 11858 N	lethodist Ho	spital of Southern Califo	ornia	Arcadia		Page:38 of 70			
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	Building Number: BLD-00359 Building Name: East Wing									
Configuration:	Remove from GAC	service by	1/1/2015							
Type of Service	Provided									
X Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Reservery					
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	estetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte	ermediate re		Dietetic		Nuclear Medicine	X	Support			
Ski	illed Nursing		Administration				Services			

Report Year: 2014 1185	Methodist Hospital of Southern Ca	alifornia Arcadia	Page:39 of 70							
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number: BLD-00360	Building Name: Utility Building	/ Central Plant								
Configuration: N/A	Configuration: N/A									
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis							
Pediatric/Adol escent	Clinical Lab	Necovery								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central Plant							
Intermediate	Dietetic									
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services							
<del></del>	1									

Report Year: 20	014 11858 N	Methodist Ho	spital of Southern Califo	rnia	Arcadia		Page:40 of 70		
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-00362 Building Name: West Wing									
Configuration:	Remove from GAC	Service by	1/1/2015						
Type of Service	e Provided								
X Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		receivery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	termediate are		Dietetic		Nuclear Medicine	X	Support		
Sk	xilled Nursing		Administration		Nacional Medicinio		Services		

Report Year: 20°	14 11858	Methodist Ho	spital of Southern Califo	rnia	Arcadia		Page:41 of 70
Report the final confrequirements wheth per Section 130061	er by retrofit or by	dings on the replacement	hospital campus showir and the type of service t	ig how e that will b	ach building will comply w be provided in each gener	ith the SPC al actue ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-00364	Building Nar	me: Pavilion East & W	est			
Configuration:	N/A						
Type of Service	Provided						
X Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine	X	Support
X Skil	lled Nursing		Administration	_			Services

port Year:	2014 11858	Methodist Ho	spital of Southern Cal	ifornia	Arcadia	Page:42 of 70
	ether by retrofit or by				ach building will comply be provided in each gen	
uilding Number	r: BLD-00365	Building Na	me: Hoefflin Wing			
Configuration:	N/A					
Type of Servi	ice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_	
	Anteri Ostpitam		Dietetic		Emergency	Central Plant
	Intermediate Care			X	Nuclear Medicine	Support Services
	Skilled Nursing	X	Administration			Services

	2014 11858 N	lethodist Ho	ospital of Southern Cali	fornia	Arcadia		Page:43 of 70
Report the final capuirements who er Section 1300	ether by retrofit or by re	dings on the eplacement	hospital campus show and the type of service	ring how e that will	each building will comply be provided in each gene	with the SF eral actue c	PC-5/NPC-4 or 5 eare hospital building
uilding Number:	: BLD-00366	Building Na	me: Surgical Wing				
Configuration:	N/A						
Type of Service	ce Provided						
N	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
I	ntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				Some France
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

	port the final configuration of all build uirements whether by retrofit or by re			
Type of Service Provided  X Nursing Surgical X Obstetrical Cesarean/Deliv Rehabilitation Therapy  X IntensiveCare Anesthesia X Obstetrical Recovery  Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging X Newborn/ WellBaby Outpatient Surgery  X Obstetrical Ante/Postprtum Pharmaceutical  Intermediate Care Dietetic  X Administration	Section 130061(c)(5)			
Type of Service Provided  X Nursing Surgical X Obstetrical Cesarean/Deliv Therapy  X IntensiveCare Anesthesia X Obstetrical Recovery  Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging X Newborn/ WellBaby Outpatient Surgery  Pharmaceutical Emergency Central Plant  Intermediate Care Nuclear Medicine X Support Services	lding Number: BLD-00367	Building Name: Patient Tower		
X   Nursing	onfiguration: N/A			
Nuclear Medicine   Cesarean/Deliv   Therapy	Type of Service Provided			
Pediatric/Adol escent  Clinical Lab  Radiological/ Imaging  X Newborn/ WellBaby  Distetrical Ante/Postprtum  Pharmaceutical Ante/Postprtum  Dietetic  Nursing  X Obstetrical X Newborn/ WellBaby  Central Plant  Dietetic  Nuclear Medicine  X Support Services	X Nursing	Surgical		
Pediatric/Adol escent	X IntensiveCare	Anesthesia		X Renal Dialysis
Psychiatric Nursing		Clinical Lab	recovery	
X Obstetrical Ante/Postprtum			X Newborn/ WellBaby	
Intermediate Care  Dietetic  Nuclear Medicine  X Support Services	/ `	Pharmaceutical		Control Blant
Care Nuclear Medicine X Support Services		Dietetic	Emergency	Central Plant
Skilled Nursing		Y Administration	Nuclear Medicine	X Support Services
	Skilled Nursing	Administration		

Report Year: 2014	11858 Meth	odist Hospital of Sout	hern California	Arcadia		Page:45 of 70			
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)									
Building Number: BL	.D-03711 Bui	ding Name: Electric	al Equipment Build	ing					
Configuration: N/	A								
Type of Service Pro	ovided								
Nursir	g	Surgical		Obstetrical Cesarean/Deliv		habilitation erapy			
Intens	iveCare	Anesthesia		Obstetrical Recovery	Rei	nal Dialysis			
Pediat escen	ric/Adol t	Clinical Lab	1	Recovery					
Psych Nursir		Radiologica Imaging	al/	Newborn/ WellBaby		tpatient gery			
Obste Ante/F	trical Postprtum	Pharmaceu	tical	F	V ou	otaal Diagra			
	ediate	Dietetic		Emergency	X Cer	ntral Plant			
Care		Administrat	ion	Nuclear Medicine		pport rvices			
Skilled	l Nursing								

Report Year:	2014 11858	Methodist H	ospital of Southern Ca	lifornia	Arcadia		Page:46 of 70
Report the fir requirements per Section 1	whether by retrofit or	buildings on the by replacemen	hospital campus sho and the type of service	wing how eace that will b	ach building will comply e provided in each gen	with the SPC-5/ peral actue care h	NPC-4 or 5 nospital building
Building Num	ber: BLD-05461	Building Na	ame: North Tower				
Configuration	on: N/A						
Type of Se	ervice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		Reservery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		tpatient rgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical				
	Ante/Postphum			X	Emergency	Ce	ntral Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine		upport
	Skilled Nursing		Administration			56	ervices

Report Year:	2014 11858	Methodist Hospital of Southern C	California	Arcadia		Page:47 of 70
Report the fin requirements per Section 1	whether by retrofit or b	ouildings on the hospital campus shoy replacement and the type of serv	owing how each bu rice that will be prov	ilding will comply with ided in each general a	the SPC-5/NP actue care hos	C-4 or 5 pital building
Building Num	ber: BLD-05514	Building Name: Tower Lobby				
Configuration	on: N/A					
Type of Se	ervice Provided					
	Nursing	Surgical		etrical rean/Deliv	Rehal Thera	pilitation py
	IntensiveCare	Anesthesia	Obste	etrical verv	Renal	Dialysis
	Pediatric/Adol escent	Clinical Lab	1.000	voly		
	Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outpa Surge	
	Obstetrical Ante/Postprtum	Pharmaceutical	☐ Emer	gency	Centra	al Plant
	Intermediate	Dietetic		geney		
	Care Skilled Nursing	Administration	Nucle	ear Medicine	X Supp Servi	
		ı				

Report Year: 20	11858	Methodist Hos	spital of Southern Califo	rnia	Arcadia		Page:48 of 70
Report the final con requirements wheth per Section 130061	ner by retrofit or by	dings on the l replacement a	nospital campus showir and the type of service t	ig how e that will t	ach building will comply woe provided in each gener	vith the SPC al actue ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-05634	Building Nan	ne: Generator Building	9			
Configuration:	N/A						
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	estetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant
Inte	ermediate re		Dietetic		Nuclear Medicine		Support
Ski	illed Nursing		Administration				Services

Report Year: 20	14 11858 N	Methodist Hos	spital of Southern Califo	rnia	Arcadia		Page:49 of 70			
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-05635	Building Nar	ne: Switchgear Buildin	g						
Configuration: N/A										
Type of Service	Provided									
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery			
	stetrical te/Postprtum		Pharmaceutical							
AIII	ie/Fostpitum		District		Emergency	x c	entral Plant			
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support Services			
Ski	lled Nursing		Administration				DELVICES			

Report Year: 20	11858	Methodist Hos	spital of Southern Califo	rnia	Arcadia		Page:50 of 70				
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)											
Building Number:	BLD-05636	Building Nar	ne: Switchgear Shed								
Configuration:	Configuration: N/A										
Type of Service	Provided										
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab		recovery						
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	estetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant				
Inte	ermediate re		Dietetic		Nuclear Medicine		Support				
Ski	illed Nursing		Administration	Ш			Services				

Report	Year: 2014	11858 N	Methodist Hosp	ital of Sout	thern California		Arcadia		Page:51 of 70		
Include and S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Buildi	Building Number: BLD-00360 Building Name: Utility Building / Central Plant										
Туре	e of Service Prov	<u>rided</u>									
	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	Г	Emergency	X	Central Plant		
	Intermediate Care	Inpatient Beds	0	Ш	Dietetic		Nuclear Medicine		Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								

Report Year: 2014	11858	Methodist Hos	pital of Southern Californi	a Arcadia	Page:52 of 70
Include information on and SPC-5 per Section	the number on 130061(e)	f inpatient beds	by type of Service provide	ed by buildings that are classified	as SPC-2, SPC-3, SPC-4,
Building Number: BL	D-00365	Building N	ame: Hoefflin Wing		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	20	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological Imaging	/ Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceuti	ical Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	X Administration	on	
Total Beds this Building		20			

Report	Year: 2014	11858	Methodist Hos	oital of Southern Cal	lifornia	Arcadia		Page:53 of 70
Includ and S	e information on t PC-5 per Section	the number of 130061(e)	f inpatient beds	by type of Service p	rovided by build	dings that are classified a	as SPC-2, SPC	C-3, SPC-4,
Buildir	ng Number: BLD	<b>D-00366</b>	Building N	ame: Surgical Wil	ng			
<u> Type</u>	of Service Prov	ided						
	Nursing	Inpatient Beds	0	X Surgica	al	Obstetrical Cesarean/Deliv	Reha	bilitation apy
	IntensiveCare	Inpatient Beds	0	X Anesthe	esia			
	Pediatric/Adol escent	Inpatient Beds	0	Clinical	Lab	Obstetrical Recovery	Rena	l Dialysis
	Psychiatric Nursing	Inpatient Beds	0	Radiolo Imaging		Newborn/ WellBaby	X Outpa Surge	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharma	aceutical	Emergency	Centr	ral Plant
	Intermediate Care	Inpatient Beds	0	Dietetic		Nuclear Medicine	X Supp Servi	ort ces
	Skilled Nursing	Inpatient Beds	0	Adminis	stration			
	Total Beds this Building		0					

Report Year: 2014	11858	Methodist Hos	pital of Southern California	Arcadia	Page:54 of 70
Include information on and SPC-5 per Section		of inpatient beds	by type of Service provided by t	ouildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BL	D-00367	Building N	lame: Patient Tower		
Type of Service Prov	<u>vided</u>				
X Nursing	Inpatient Beds	144	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	17	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical  X Ante/Postprtum	Inpatient Beds	24	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	X Administration		
Total Beds this Building		185			

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Include information on and SPC-5 per Section	the number of 130061(e)	f inpatient beds	by type of Service provided by b	uildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BLI	D-03711	Building N	lame: Electrical Equipment Bu	ilding	
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report	Year: 2014	11858	Methodist Hos	oital of Souther	rn California	Arcadia		Page:56 of 70
Includ and S	le information on t PC-5 per Section	the number of 130061(e)	of inpatient beds	by type of Serv	vice provided by	buildings that are classified a	as SPC-2, SP0	C-3, SPC-4,
Buildi	ng Number: BLE	D-05461	Building N	ame: North	Tower			
Туре	of Service Prov	ided						
	Nursing	Inpatient Beds	120	S	urgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy
	IntensiveCare	Inpatient Beds	20	Ar	nesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	CI	inical Lab	Obstetrical Recovery	Rena	ıl Dialysis
	Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	X Newborn/ WellBaby	Outpa Surge	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	_	narmaceutical	X Emergency	Centi	ral Plant
	Intermediate Care	Inpatient Beds	0	X Di	etetic	Nuclear Medicine	X Supp Servi	ort
	Skilled Nursing	Inpatient Beds	0	Ad	dministration			
	Total Beds this Building		140					

Report	Year: 2014	11858	Methodist Hos	pital of Southern Californi	Arcadia	Page:57 of 70
Includ and S	e information on t PC-5 per Section	the number o 130061(e)	f inpatient beds	by type of Service provide	ed by buildings that are classified	as SPC-2, SPC-3, SPC-4,
Buildir	ng Number: BLE	D-05514	Building N	ame: Tower Lobby		
<u>Type</u>	of Service Prov	ided				
	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	Pharmaceuti	ical Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	Administration	on	
	Total Beds this Building		0			

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Include information on and SPC-5 per Section	the number o n 130061(e)	f inpatient beds	by type of Service provided by b	uildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BL	D-05634	Building N	dame: Generator Building		
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	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number:	BLD-05635	Building Na	ame: Switchgear Building					
Type of Service Pr	rovided							
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 Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursin	g Inpatient Beds	0	Administration					
Total Beds thi Building	s	0						

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Include information on and SPC-5 per Section	the number of 130061(e)	f inpatient beds	by type of Service provided by b	uildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BLI	D-05636	Building N	lame: Switchgear Shed		
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	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:61 of 70 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-00360 **Building Name:** Utility Building / Central Plant **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 Davs Bed Bed Days 0 0

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:62 of 70 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-00365 Hoefflin Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 10 Inpatient Inpatient Inpatient 1090 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 10 Inpatient 1890 Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 20 20

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:63 of 70 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-00366 Surgical Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:64 of 70 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-00367 **Patient Tower Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 15661 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient 24 Inpatient 5191 Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient 17 Inpatient 876 Inpatient 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 185 185

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:65 of 70 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-03711 Electrical Equipment 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 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 11858 Methodist Hospital of Southern California Arcadia Page:66 of 70 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-05461 North Tower **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 120 Inpatient Inpatient Inpatient Inpatient 0 13051 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 10 Inpatient 1890 Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service 10 2258 Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 140 140

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:67 of 70 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-05514 **Tower Lobby Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11858 Methodist Hospital of Southern California Arcadia Page:68 of 70 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-05634 Generator 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 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 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 11858 Methodist Hospital of Southern California Arcadia Page:69 of 70 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-05635 Switchgear 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 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient 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 11858 Methodist Hospital of Southern California Arcadia Page:70 of 70 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-05636 Switchgear Shed **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient 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