Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

Provide the Hospital Owner and Year of Report per Section 130061(e)				
Facility Number:	13078			
Facility Name:	Kaiser Foundation Hospital - Anaheim			
Address:	441 Lakeview Ave.			
City:	Anaheim			
Hospital Owner/Lic	icensee: Kaiser Foundation Hospitals/06000009			
Year of Re	eporting: 2014			
Contact 1 e-mail A	Address:			
Contact 2 e-mail A	Address:			
Contact 3 e-mail Ac	Address::			
Name of Sul	ubmitter: Mark McCoy			
Submissio	on Date: 12/11/2014 3:53:56 PM			

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00160	Hospital Tower	441 Lakeview Ave.	Rebuild	SPC5	01/01/2015	01/01/2015

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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-0	00160	Hospital Tower		Retrofit/Re Project:	placement	No]
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
18178	IL080372-0	0		2/27/2008 12:00:00 AM		09/01/2002		CLOS	No
18178	IL080372-0	0		2/27/2008 12:00:00 AM		09/01/2002	07/11/2012	CLOS	No

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Provide the number	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number:	BLD-00160	Building Name: Ho	ospital Tower			
Type of Service Pr	<u>ovided</u>					
X Nursing	Inpatient Beds	117 Inpatient 0 Days	X Surgical	X Obstetrical Recovery		
X IntensiveCare	Inpatient Beds	36 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby		
X Pediatric/Adol escent	Inpatient Beds	11 Inpatient Days 0	Clinical Lab	X Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
X Obstetrical Ante/Postprtu	Inpatient m Beds	36 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis		
Skilled Nursin	g Inpatient Beds	0 Inpatient Days 0	X Support Services	X Outpatient Surgery		
	Deus	Total Beds this Building	X Obstetrical Cesarean/Deliv	X Central Plant		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

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Building Number:	BLD-00160	Building Name: Hosp	pital Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 117 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 36 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 11 Bed	Inpatient 0 Days	Inpatient 14 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 12 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 10 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	200	200

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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-00160	Hospital Tower	Rebuild
BLD-00161	Ancillary Building 1	Rebuild
BLD-00164	Ancillary Building 2 - Material Management	Rebuild
BLD-00165	Ancillary Building 3 - PTOT Wing	Rebuild

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List ALL propos	sed new buildings to	be constructed at this or another site.		
Building Number	Building Nam	ne	New Site	
N_1	anaheim med	dical center La Palma	Х	

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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	Number: BLD-0016	0	Hospital T	ower		Removal Date:	01/01/2015	
Planned	Uses for the building t	o be remov	red from acute care	e service:				
Planned	use for building: Der	molished		Jurisdiction:				
Inpatient	services currently deli	vered in th	e building:			_	.	
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	, <u>x</u>	Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis	
X	Pediatric/Adol escent		Clinical Lab		Recovery	<u> </u>	_ Renai Dialysis	5
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery	
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant	
	Intermediate Care	X	Dietetic		Lineigeney	_	_	
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

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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	ing or retrofitted building and any cor replace" per Section 130061(c)(2)(E)	responding
Building Name: Hospital Tower Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Nursing Relocated to new building		
New Building RetroFitted Building	Other SPC2-SPC5 Building	
N_1-anaheim medical center La Palma		
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 "R		
Building Number: BLD-00160 Building Name: Hospital Tower		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Intensive Care Relocated to new building		
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 "R		
Building Number: BLD-00160 Building Name: Hospital Tower		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Pediatric Adolescent Relocated to new building]	

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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: BLD-00160 Building Name: Hospital Tower						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Obstetrical Ante Postprtum Relocated to new building						
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding				
Building Number: BLD-00160 Building Name: Hospital Tower						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Surgical Relocated to new building						
New Building RetroFitted Building	Other SPC2-SPC5 Building	<u> </u>				
N_1-anaheim medical center La Palma						
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding				
Building Number: BLD-00160 Building Name: Hospital Tower						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Anesthesia Relocated to new building						

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Report whether the general acute care services a building sites or project numbers for buildings with	and beds will be relocated to a new, existing the aBuilding Resolution of "Rebuild" or "Resection of "Rebuild" or "Resection of "Rebuild" or "Resection of "	ng or retrofitted building and any cor eplace" per Section 130061(c)(2)(E)	responding
Building BLD-00160 Building Name Number:	Hospital Tower		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Pharmaceutical Relocated to new building	g		
Report whether the general acute care services building sites or project numbers for buildings with			
Building BLD-00160 Building Name.	Hospital Tower		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Dietetic Relocated to new building	g		
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number: BLD-00160 Building Name	Hospital Tower		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Administration Relocated to new building	g		

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Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution or "Res		responding
Building Number: Hospital Tower		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Support Services Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution of "Resolution of "Rebuild" or "Resolution or "Rebuild"		responding
Building Number: BLD-00160 Building Name: Hospital Tower		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Obstetrical Cesarean/Deliv Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution or "Res		
Building Number: BLD-00160 Building Name: Hospital Tower		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Obstetrical Recovery Relocated to new building		

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Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution of "Resolution of "Rebuild" or "Resolution of "Resolution o		
Building Number: BLD-00160 Building Name: Hospital Tower		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Newborn/Well Baby Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, existir building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		
Building Number: BLD-00160 Building Name: Hospital Tower		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Emergency Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, existir building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		
Building Number: BLD-00160 Building Name: Hospital Tower		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Rehabilitation Therapy Relocated to new building		

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Report whether the ge building sites or project	eneral acute care services a ct numbers for buildings with	nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "R	ng or retrofitted building and any co eplace" per Section 130061(c)(2)(E	rresponding)
Building Number:	D-00160 Building Name:	Hospital Tower		
Will general acute car	e services and beds will be	relocated to a new, Existing or retrofitted	building?	
Renal Dialysis	Relocated to new building	J		
		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "R		
Building Number:	D-00160 Building Name:	Hospital Tower		
Will general acute car	e services and beds will be	relocated to a new, Existing or retrofitted	building?	
OutpatientSurgery	Relocated to new building	I]	
		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "R		
Building BLI Number:	D-00160 Building Name:	Hospital Tower		
Will general acute car	e services and beds will be	relocated to a new, Existing or retrofitted	building?	
CentralPlant	Relocated to new building]		

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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		
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Medical/Surgical Relocated to new building	I building?	
(Include GYN) Report whether the general acute care services and beds will be relocated to a new, exist		responding
building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R		
Building Number: Hospital Tower Number: Fisting and the state of the	II. 715 - 0	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted Perinatal (exclude Newborn / GYN)) Relocated to new building	d building?	
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		
Building Name: Hospital Tower Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Pediatric Relocated to new building]	

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			d beds will be relocated a Building Resolution of			ding and any corresponding 130061(c)(2)(E)
Number:		Iding Name:	Hospital Tower	ng or retrefitted	huilding?	
Intensive Care	_	new building	elocated to a new, Existi	ng or retrollited	bullaing ?	
			d beds will be relocated a Building Resolution of			ding and any corresponding 130061(c)(2)(E)
Number:			Hospital Tower elocated to a new, Existi	ng or retrofitted	building?	
			d beds will be relocated a Building Resolution of			ding and any corresponding 130061(c)(2)(E)
Number:			Hospital Tower	ng or retrofitted	building?	

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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 "F	ing or retrofitted building and any cor Replace" per Section 130061(c)(2)(E)	responding
Building Number: BLD-00161 Building Name: Ancillary Building 1		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	d building?	
ClinicalLab 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 "F		
Building Number: BLD-00161 Building Name: Ancillary Building 1		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	d building?	
Radiological/Imaging 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 "F		
Building Name: Ancillary Building 1 Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	d building?	
Nuclear Medicine N/A		
	_	

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			d beds will be relocated to a new, exa Building Resolution of "Rebuild" o		
Number:		ding Name: beds will be re	Ancillary Building 2 - Material Mana		
Support Services	N/A				

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Building Number: BLD-00160 Building Name: Hospital Tower									
Type of Service	e Provided	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	Nursing	x	Anesthesia						
X	IntensiveCare			Х	Obstetrical Recovery	X	Renal Dialysis		
X	Pediatric/Adol escent		Clinical Lab	X	Newborn/	X	Outpatient Surgery		
	Psychiatric		Radiological/ Imaging		WellBaby				
	Nursing	X	Pharmaceutical	X	Emergency	X	Central Plant		
X	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate Care	X	Administration						
	Skilled Nursing								

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number: BLD-00160 Building Name: Hospital Tower										
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Ser	vice Provided									
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
X	IntensiveCare	X	Anesthesia	Х	Obstetrical Recovery	X	Renal Dialysis			
X	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery			
X	Obstetrical	X	Pharmaceutical							
	Ante/Postprtum			X	Emergency	X	Central Plant			
	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support			
	Skilled Nursing	X	Administration		Nucleal Medicine		Services			
		-								

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)											
Building Number: BLD-00161 Building Name: Ancillary Building 1											
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.											
Type of Service	Provided										
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy				
Int	ensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis				
	ediatric/Adol cent	X	Clinical Lab		recovery						
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery				
	ostetrical nte/Postprtum		Pharmaceutical		E		out of Disast				
	ermediate		Dietetic	Ш	Emergency		entral Plant				
Ca			Administration	Х	Nuclear Medicine		Support Services				
Sk	illed Nursing										

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number: BLD-00164 Building Name: Ancillary Building 2 - Material Management										
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service I	Provided									
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
Ped	liatric/Adol ent		Clinical Lab		Recovery					
	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	stetrical e/Postprtum		Pharmaceutical		-		October Disease			
	rmediate		Dietetic		Emergency		Central Plant			
Car	е		Administration		Nuclear Medicine	X	Support Services			
Skill	led Nursing									

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)											
Building Number:	Building Number: BLD-00165 Building Name: Ancillary Building 3 - PTOT Wing										
Configuration:	Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service	Provided										
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis				
	diatric/Adol cent		Clinical Lab		Recovery						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		itpatient rgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency	П с	ntral Plant				
	ermediate		Dietetic		Lineigency		illiai riaili				
Ca	ire illed Nursing		Administration		Nuclear Medicine		upport ervices				
		ı									

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Include inform and SPC-5 pe	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-00161 Building Name: Ancillary Building 1									
Type of Ser	vice Provid	led							
Nursin		Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intensi		Inpatient Beds	0		Anesthesia				
Pediatr escent		Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychia Nursing		npatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obsteti Ante/Pe		npatient Beds	0		Pharmaceutical		Emergency		Central Plant
Interme Care		Inpatient Beds	0		Dietetic	X	Nuclear Medicine		Support Services
Skilled		npatient Beds	0		Administration				
Total B Buildin	eds this g		0						

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-00164 Building Name: Ancillary Building 2 - Material Management Type of Service Provided Nursing Inpatient Beds O Surgical Obstetrical Cesarean/Deliv Therapy IntensiveCare Inpatient Beds O Surgical Obstetrical Recovery Pediatric/Adol Inpatient Beds O Surgical Obstetrical Recovery Renal Dialysis Renal Dialysis Radiological/ Newborn/ Outpatient	of 32	Page:28 of 32	Anaheim	Α	al - Anaheim	ation Hospit	Kaiser Found	13078	2014	ort Year:	Repo		
Type of Service Provided Nursing Inpatient Beds Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Inpatient Beds Obstetrical Cesarean/Deliv Rehabilitation Therapy Anesthesia Obstetrical Recovery Pediatric/Adol Inpatient O Beds October Renal Dialysis Renal Dialysis Recovery	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)												
Nursing Inpatient Beds	Building Number: BLD-00164 Building Name: Ancillary Building 2 - Material Management												
IntensiveCare Inpatient Beds								<u>rided</u>	ervice Prov	ype of Se	<u>T</u> y		
Beds Obstetrical Renal Dialysis Clinical Lab Recovery Recovery Pediatric/Adol Inpatient escent Beds Recovery Recove					Surgical		0		ng	Nursi			
Pediatric/Adol Inpatient 0 Clinical Lab Recovery Beds Recovery					Anesthesia		0		siveCare	Intens			
Radiological/ Newborn/ Dutnatient		Renal Dialysis			Clinical Lab		0						
Psychiatric Inpatient 0 Imaging WellBaby Surgery		Outpatient Surgery					0	Inpatient Beds					
Obstetrical Inpatient 0 Pharmaceutical Emergency Central Plant		Central Plant	Emergency Ce		Pharmaceutical		0						
Intermediate Inpatient 0 Dietetic Nuclear X Support Services					Dietetic		0		nediate				
Skilled Nursing Inpatient 0 Beds Administration					Administration		0		d Nursing	Skille			
Total Beds this Building 0							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-00165 Building Name: Ancillary Building 3 - PTOT Wing												
Type of Service Provided												
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Inpatient Beds	0	Anesthesia									
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis							
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	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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Report Year: 2014 13078 Kaiser Foundation Hospital - Anaheim Anaheim Page:32 of 32 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-00165 Ancillary Building 3 - PTOT Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed 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