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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:	13085	
Facility Name:	Providence Tarzana Medical Center	
Address:	18321 Clark St.	
City:	Tarzana	
Hospital Owner/Lice	nsee: Providence Health System - Southern California / 930000097	
Year of Repo	orting: 2014	
Contact 1 e-mail Add	dress:	
Contact 2 e-mail Add	dress:	
Contact 3 e-mail Add	ress::	
Name of Subr	nitter: Mark Valenzuela	
Submission	Date: 12/16/2014 3:31:30 PM	

Report `	Year: 2014 13	085 Providence Tarzana Medical (	Center	Tarzana		Page:2 of 37
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
LD- 0169	Main Hospital	18321 Clark St.	Retrofit	SPC2	01/01/2020	03/05/2018
LD- 0170	Patient Tower	18321 Clark St.	Retrofit	SPC2	01/01/2020	04/09/2019
LD- 0171	Ancillary Wing	18321 Clark St.	Retrofit	SPC2	01/01/2020	04/23/2018

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No data reported	for Section	n 130061(c)	)(1)(C).		

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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)				
Building Number: BLD	D-00169	Building Name:	Aain Hospital		
Type of Service Provi	<u>ded</u>				
	Inpatient Beds	0 Inpatient 0 Days	X 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	Rehabilitation Therapy	
	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
	Inpatient Beds	0 Inpatient Days 0		X Outpatient Surgery	
		Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant	
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Provide the number of inpatient I	peds and patient days per type of service pe	r building per Section 130061(c)(	1)(F)
Building Number: BLD-00170	Building Name: Pat	tient Tower	
Type of Service Provided		_	
X Nursing Inpatient Beds	160 Inpatient 60024 Days	X Surgical	Obstetrical Recovery
X IntensiveCare Inpatient Beds	10 Inpatient Days 6222	Anesthesia	Newborn/ WellBaby
X Pediatric/Adol Inpatient escent Beds	18 Inpatient Days 6588	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Services	Surgery
	Total Beds this <b>188</b> Building	Cesarean/Deliv	Central Plant
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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	00171 Building Name: And	cillary Wing				
Type of Service Provide	ed	_				
	npatient 0 Inpatient 0 Beds Days		Dbstetrical Recovery			
	npatient 7 Inpatient Days 2562 Beds		Newborn/ VellBaby			
	npatient 0 Inpatient Days 0 Beds	X Clinical Lab	Emergency			
	npatient 0 Inpatient Days 0 Beds		Nuclear Aedicine			
	npatient 0 Inpatient Days 0 Beds		Rehabilitation Therapy			
	npatient 0 Inpatient Days 0 Beds		Renal Dialysis			
	npatient 0 Inpatient Days 0 Beds	Services	Dutpatient Surgery			
	Total Beds this <b>7</b> Building	Obstetrical Cesarean/Deliv	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)						
Building Number: BLD-00169 Bu	ilding Name: Main Hospital					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Coronary Care	Chemical Dependency	Total Beds this Total Bed Building Per Building Unit Service				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0			
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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)						
Building Number:     BLD-00170     Building Name:     Patient Tower						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 150 Inpatient 5475 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 18 Inpatient 6588 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 10 Inpatient 6222 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service				
Inpatient 10 Inpatient 3650 Bed Days	Inpatient 0 Inpatient 0 Bed Days	188 188				

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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)						
Building Number:     BLD-00171     Building Name:     Ancillary Wing						
Medical / Surgical (Inclu	ide GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Inpa Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Newb	oorn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Inpa Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	born	Intermediate Card		
Inpatient 0 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent	
Inpatient 7 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	7	7	

2014

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-00169	Main Hospital	Retrofit
BLD-00170	Patient Tower	Retrofit
BLD-00171	Ancillary Wing	Retrofit
BLD-00172	Service Building	Remain
BLD-00173	Cardiology Addition	Remain
BLD-00174	Admitting/Emergency	Remain
BLD-00175	Women's Pavilion	Remain
BLD-00176	Mechanical Building	Remain

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No proposed ne	w buildings	to be constr	ructed at this or another site.		

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No data reported	for Section	n 130061 (c	)(2)(A) , (B), or (C)			

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lo data reporte	d for Sectio	n 130061(d	c)(2)(D).				٦

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o data report	ed for Sectio	n 130061(d	c)(2)(D.		

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No data reported corresponding b	d for wheth uilding site	er the gene s or project	ral acute care numbers for b	services and be buildings with a l	eds will be reloc Building Resolu	ated to a ne tion of "Reb	w, existing or uild" or "Repla	retrofitted build ace" per Section	ing and any 130061(c)(2)	(E).

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No data reported	d for Sectio	n 130061(c	)(3).		

Report Year:201413085Provid	ence Tarzana Medical Center	Tarzana		Page:17 of 37				
Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number: BLD-00169 Building Name: Main Hospital								
Type of Service Provided								
	X Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap					
Nursing	Anesthesia							
IntensiveCare		Obstetrical Recovery	Renal I	Dialysis				
Pediatric/Adol escent	Clinical Lab	Newborn/	X Outpati Surger					
Psychiatric Nursing	Radiological/ Imaging	WellBaby						
Record	Pharmaceutical	Emergency	Central	Plant				
Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service	t es				
Intermediate Care	Administration							
Skilled Nursing								
OSHPD FDD SB499 Report Data Las	t Update: 12/16/2014 Subm	ission Date: 12/16/2014	Printed: 12/18	/2014 6:25 AM				

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	Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number:	BLD-00170 Buildin	g Name: Patient Tower						
Type of Service	e Provided							
		X Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy				
X	Nursing	Anesthesia	_					
X	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis			
X	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpation Surgery				
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central	Plant			
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Service				
	Intermediate Care	Administration						
	Skilled Nursing							
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number: BLD-00171 Building Name: Ancillary Wing								
Type of Service Provided								
	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
Nursing	X Anesthesia		Renal Dialysis					
X IntensiveCare	X Clinical Lab	Obstetrical Recovery						
Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	Outpatient Surgery					
Psychiatric Nursing	Imaging	X Emergency	X Central Plant					
Obstetrical Ante/Postprtum	X Dietetic	X Nuclear Medicine	X Support Services					
Intermediate Care	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)								
	-00169 Building Name:	Main Hospital						
Configuration: N/A								
Type of Service Prov	ided							
Nursing	X Sur	rgical	Obste Cesar	trical ean/Deliv		nabilitation erapy		
	Care And	esthesia	Obste Recov		Rei	nal Dialysis		
Pediatric escent	:/Adol Clin	nical Lab	Recov	ery				
Psychiat Nursing		diological/	Newbo WellBa			ipatient gery		
Obstetric Ante/Pos	cal L	armaceutical	Emerg	gency	Cer	ntral Plant		
		etetic						
Care Skilled N		ministration	Nuclea	ar Medicine		pport rvices		
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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-00170	Building Na	me: Patient Tower					
Configuration:	N/A							
Type of Service	Provided							
X Nu	irsing	X	Surgical		Obsteti Cesare	rical ean/Deliv		Rehabilitation Therapy
X Inte	ensiveCare		Anesthesia		Obsteti Recove			Renal Dialysis
	diatric/Adol cent		Clinical Lab		NCOOV	51 y		
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emerge	ency		Central Plant
Inte Ca	ermediate		Dietetic					
	illed Nursing		Administration		Nuclea	r Medicine		Support Services
OSHPD FDD SB499 R	Report D	ata Last Updat	e: 12/16/2014	Submiss	ion Date:	12/16/2014	Printed:	12/18/2014 6:25 AM

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Report the final con requirements whet per Section 13006	ther by retrofit or l	ouildings on the by replacement	hospital campus show and the type of service	ving how e e that will	ach building will comply be provided in each ger	y with the SP neral actue ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00171	Building Na	me: Ancillary Wing				
Configuration:	N/A						
Type of Service	e Provided						
Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Int	tensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		,		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	termediate	X	Dietetic				
	are killed Nursing		Administration	X	Nuclear Medicine	X	Support Services
OSHPD FDD SB499 I	Report	Data Last Updat	te: 12/16/2014	Submiss	ion Date: 12/16/2014	Printed:	12/18/2014 6:25 AM

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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	g how e hat will l	ach buil be provid	ding will comply with ded in each general	the SP actue ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00172	Building Na	me: Service Building					
Configuration:	N/A							
Type of Service	Provided							
Nu	ırsing		Surgical		Obstet Cesare	trical ean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis
-	ediatric/Adol cent		Clinical Lab		Recov	ery		
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	jency	X	Central Plant
Int Ca	ermediate		Dietetic		Nusla	- Maraliain -		Quanta
	illed Nursing		Administration		INUCIE	ar Medicine		Support Services
OSHPD FDD SB499 F	Report D	Data Last Updat	e: 12/16/2014	Submiss	ion Date:	: 12/16/2014	Printed:	12/18/2014 6:25 AM

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	ner by retrofit or by		hospital campus showi and the type of service				
Building Number:	BLD-00173	Building Na	me: Cardiology Additi	on			
Configuration:	N/A						
Type of Service	Provided						
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		,		
	ychiatric Irsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Ca	ermediate		Dietetic				
	illed Nursing		Administration	×	Nuclear Medicine		Support Services
OSHPD FDD SB499 R	Report E	Data Last Updat	e: 12/16/2014	Submiss	ion Date: 12/16/2014	Printed:	12/18/2014 6:25 AM

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Report the final cor requirements whet per Section 13006	her by retrofit or by	uildings on the y replacement	hospital campus showir and the type of service	ng how e that will t	ach building be provided	will comply with in each general	the SP actue ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00174	Building Na	me: Admitting/Emerge	ency				
Configuration:	N/A							
Type of Service	e Provided							
	ursing		Surgical		Obstetrica Cesarean			Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrica Recovery	I		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		,			
	sychiatric ursing		Radiological/ Imaging	Х	Newborn/ WellBaby			Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	х	Emergenc	:y		Central Plant
	termediate are		Dietetic		Nuclear M	ledicine		Support
Sk	killed Nursing		Administration		Nuclear IV			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-00175	Building Na	me: Women's Pavilion						
Configuration:	N/A								
Type of Service	e Provided								
XN	ursing	X	Surgical	Х	Obstetr Cesare	ical an/Deliv		Rehabilitation Therapy	
In	tensiveCare	X	Anesthesia	X	Obstetr Recove			Renal Dialysis	
	ediatric/Adol scent		Clinical Lab			.,			
	sychiatric ursing		Radiological/ Imaging		Newbor WellBal	rn/ by		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emerge	ency		Central Plant	
	itermediate		Dietetic		-				
	are killed Nursing		Administration		Nuclear	r Medicine		Support Services	
OSHPD FDD SB499	Report	Data Last Updat	te: 12/16/2014	Submiss	ion Date:	12/16/2014	Printed	12/18/2014 6:25 AM	
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Report the final con requirements wheth per Section 130061	ner by retrofit or by	ildings on the replacement	hospital campus showin and the type of service	ng how e that will t	ach building will comp be provided in each ge	ly with the SP eneral actue ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00176	Building Na	me: Mechanical Buildi	ing			
Configuration:	N/A						
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab				
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ermediate		Dietetic				
	lled Nursing		Administration		Nuclear Medicine		Support Services
OSHPD FDD SB499 R	eport E	Data Last Updat	e: 12/16/2014	Submiss	on Date: 12/16/2014	Printed:	12/18/2014 6:25 AM

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-00172       Building Name:       Service Building         Type of Service Provided	Report Year:         2014         13085								
Type of Service Provided         Nursing       Inpatient       0       Surgical       Obstetrical       Rehabilitation         IntensiveCare       Inpatient       0       Anesthesia       Renal Dialysis         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical       Renal Dialysis         Psychiatric       Inpatient       0       Radiological/       Newborn/       Outpatient         Obstetrical       Inpatient       0       Pharmaceutical       Newborn/       Outpatient									
Nursing       Inpatient Beds       0       Surgical       Obstetrical Cesarean/Deliv       Rehabilitation Therapy         IntensiveCare       Inpatient Beds       0       Anesthesia       Renal Dialysis         Pediatric/Adol escent       Inpatient Beds       0       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Psychiatric       Inpatient Beds       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical       Inpatient       0       Pharmaceutical       Newborn/ WellBaby       Outpatient Surgery	Building Number: BLD-00172								
Beds       Imaging       Cesarean/Deliv       Therapy         IntensiveCare       Inpatient Beds       Imaging       Obstetrical Recovery       Renal Dialysis         Pediatric/Adol escent       Inpatient Beds       Imaging       Imaging       Outpatient WellBaby       Outpatient Surgery         Psychiatric       Inpatient Beds       Imaging       Pharmaceutical       Imaging       Imaging       Imaging	Type of Service Provided								
Beds       Beds									
Pediatric/Adol       Inpatient       0       Clinical Lab       Recovery         Psychiatric       Inpatient       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical       Inpatient       0       Pharmaceutical       V       Central Plant									
Psychiatric     Inpatient     0     Imaging     Newsonn     Outpatient       Nursing     Beds     Imaging     WellBaby     Surgery       Obstetrical     Inpatient     0     Pharmaceutical									
_ Obstetrical Inpatient 0									
Intermediate Inpatient 0 Care Beds 0 Dietetic 0 Nuclear Medicine Support Services									
Skilled Nursing     Administration       Inpatient     0       Beds     Inpatient	Inpatient								
Total Beds this 0 Building									
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Include information of and SPC-5 per Section		of inpatient beds	by type of \$	Service provided by	buildings that are classified	as SPC-2, SP	C-3, SPC-4,
Building Number: B	LD-00173	Building N	ame: Ca	ardiology Addition			
Type of Service Pro	ovided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
Obstetrical Ante/Postprtun	Inpatient n Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
Intermediate	Inpatient Beds	0		Dietetic	X Nuclear Medicine	Supp Serv	port ices
Skilled Nursing	I Inpatient Beds	0		Administration			
Total Beds this Building		0					
OSHPD FDD SB499 Rep	ort	Data Last Update:	12/16/20	)14 Submiss	ion Date: 12/16/2014	Printed: 12/18/	/2014 6:25 AM

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Include infor and SPC-5			of inpatient beds	by type of S	Service provided by	buildings that are clas	sified as SPC-2, SP	C-3, SPC-4,
Building Nur	mber: BLC	D-00174	Building N	lame: Ad	mitting/Emergency			
Type of Se	ervice Prov	rided						
Nursi	ng	Inpatient Beds	0		Surgical	Obstetrical Cesarean/D		abilitation rapy
	siveCare	Inpatient Beds	0		Anesthesia		_	
Pedia	atric/Adol nt	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Ren	al Dialysis
Psycł Nursi	hiatric ng	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Out Surg	patient jery
	etrical Postprtum	Inpatient Beds	21		Pharmaceutical	X Emergency	Cen	tral Plant
Intern Care	nediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sup Serv	port vices
Skille	ed Nursing	Inpatient Beds	0		Administration			
Total Buildi	Beds this ing		21					
OSHPD FDD S	SB499 Repoi	rt	Data Last Update	: 12/16/20	)14 Submis	sion Date: 12/16/2014	Printed: 12/18	/2014 6:25 AM

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Include information or and SPC-5 per Section		of inpatient beds t	by type of S	Service provided by	buildings that are classified a	as SPC-2, SP(	C-3, SPC-4,
Building Number: BL	D-00175	Building Na	ame: Wo	omen's Pavilion			
Type of Service Pro	vided						
X Nursing	Inpatient Beds	4	X	Surgical	X Obstetrical Cesarean/Deliv	Reha	abilitation apy
IntensiveCare	Inpatient Beds	0	X	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Rena	al Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
Obstetrical X Ante/Postprtum	Inpatient Beds	29		Pharmaceutical	Emergency	Cent	ral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	port ices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		33					
OSHPD FDD SB499 Rep	ort	Data Last Update:	12/16/20	)14 Submiss	ion Date: 12/16/2014	Printed: 12/18/	/2014 6:25 AM

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Include information of and SPC-5 per Sect		of inpatient beds	by type of S	ervice provided by	buildings that are classified a	as SPC-2, SP	C-3, SPC-4,
Building Number:	BLD-00176	Building N	ame: Meo	chanical Building			
Type of Service Pi	rovided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy
IntensiveCare	e Inpatient Beds	0		Anesthesia	_		
Pediatric/Adol escent	l Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
Obstetrical Ante/Postprtu	Inpatient m Beds	0		Pharmaceutical	Emergency	X Cent	ral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Serv	port ices
Skilled Nursin	ig Inpatient Beds	0		Administration			
Total Beds thi Building	is	0					
OSHPD FDD SB499 Re	eport	Data Last Update:	12/16/201	14 Submiss	ion Date: 12/16/2014	Printed: 12/18/	2014 6:25 AM

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Include information on the number of inpatient SPC-5 per Section 130061(e)	peds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3,	SPC-4, and
Building Number: BLD-00172 Buil	ding Name: Service Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	ot O
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt O
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt O
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)				
Building Number: BLD-00173 Building Number: BLD-00173	uilding Name: Cardiology Addition			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0		
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)				
Building Number: BLD-00174 Building Number:	ilding Name: Admitting/Emergency			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 21 Inpatient 3012 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           21         21		
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)				
Building Number: BLD-00175 Building Number:	ding Name: Women's Pavilion			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 4 Inpatient 1096 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 29 Inpatient 6548 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 33 33		
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)				
Building Number: BLD-00176 Bu	ilding Name: Mechanical Building			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0		
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