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## Senate Bill 499 (SB 499) Hospital Report

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

Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number:     | 11177    |   |  |
|----------------------|----------|---|--|
| Facility Name:       | Simi Va  | Illey Hospital & Health Care Services         |  |
| Address:             | 2975 N   | orth Sycamore Drive                           |  |
| City:                | Simi Va  | lley  |  |
| Hospital Owner/Lice  | ensee:   | Simi Valley Hospital and Health Care Services |  |
| Year of Rep          | oorting: | 2015  |  |
| Contact 1 e-mail Ad  | dress:   | [Confidential data left blank intentionally.] |  |
| Contact 2 e-mail Ad  | dress:   | [Confidential data left blank intentionally.] |  |
| Contact 3 e-mail Ado | dress::  | [Confidential data left blank intentionally.] |  |
| Name of Sub          | mitter:  | Simi Valley Hospital                          |  |
| Submission           | n Date:  | 12/9/2015 3:43:05 PM                          |  |
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| Report Y               | /ear: 2015 1117   | Simi Valley Hospital & Health ( | Care Services          | Simi Valley                     |                   | Page:2 of 33                   |  |  |
|------------------------|---|---------------------------------|------------------------|---------------------------------|-------------------|--------------------------------|--|--|
| rebuild, r<br>130061.5 | 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.<br>No.           | Building Name   | Alternate Building Address      | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |  |  |
| BLD-<br>01252          | Telecom Room  | 2975 North Sycamore Drive       | Remove                 | N/A                             | 01/01/2016        | 12/31/2015                     |  |  |
|                        |   |                                 |                        |                                 |                   |                                |  |  |
|                        |   |                                 |                        |                                 |                   |                                |  |  |
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| Report Year:                                  | 2015 | 11177 | Simi Valley Hospital & Health Care Services | Simi Valley | Page:3 of 33 |  |  |  |
|---|------|-------|---|-------------|--------------|--|--|--|
| lo data reported for Section 130061(c)(1)(C). |      |       |   |             |              |  |  |  |
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| Report Year:         2015         11177  | Simi Valley Hospital & Health Care Serv | vices Simi Valley             | Page:4 of 33                  |  |  |  |
|--|---|-------------------------------|-------------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) |   |                               |                               |  |  |  |
| Building Number: BLD-01252   | Building Name: Tel                      | lecom Room                    |                               |  |  |  |
| Type of Service Provided   |   |                               |                               |  |  |  |
| Nursing Inpatier<br>Beds   | nt 0 Inpatient 0<br>Days                | Surgical                      | Obstetrical<br>Recovery       |  |  |  |
| IntensiveCare Inpatier<br>Beds   | t 0 Inpatient Days 0                    | Anesthesia                    | Newborn/<br>WellBaby          |  |  |  |
| Pediatric/Adol Inpatier<br>escent Beds   | t 0 Inpatient Days 0                    | Clinical Lab                  | Emergency                     |  |  |  |
| Psychiatric Inpatier<br>Nursing Beds   | t 0 Inpatient Days 0                    | Radiological/<br>Imaging      | Nuclear<br>Medicine           |  |  |  |
| Obstetrical Inpatier<br>Ante/Postprtum Beds  | t 0 Inpatient Days 0                    |                               | Rehabilitation<br>Therapy     |  |  |  |
| Intermediate Inpatier<br>Care Beds   | t 0 Inpatient Days 0                    | Administration                | Renal Dialysis     Outpatient |  |  |  |
| Skilled Nursing Inpatier<br>Beds   | t 0 Inpatient Days 0                    | Services                      | Surgery                       |  |  |  |
|  | Total Beds this <b>0</b><br>Building    | Obstetrical<br>Cesarean/Deliv | Central Plant                 |  |  |  |
|  |   |                               |                               |  |  |  |
| OSHPD FDD SB499 Report   | Data Last Update: 12/09/2015 St         | ubmission Date: 12/09/2015    | Printed: 12/11/2015 6:25 AM   |  |  |  |

| Report Year: 2015      | 5 11177 Simi Valle  | y Hospital & Health C         | Care Services Si    | mi Valley                               | Page:5 of 33                               |  |  |  |
|------------------------|---|-------------------------------|---------------------|---|--|--|--|--|
| Provide the number of  | Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) |                               |                     |   |  |  |  |  |
| Building Number:       | Building Number:     BLD-01252     Building Name:     Telecom Room  |                               |                     |   |  |  |  |  |
| Medical / Surgical (In | nclude GYN)   | Acute Respiratory             | Care                | Acute Psychiatric                       |  |  |  |  |
|                        | Inpatient 0<br>Days   | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Perinatal (excluse Ne  | ewborn / GYN)   | Burn                          |                     | Skilled Nursing                         |  |  |  |  |
|                        | Inpatient 0<br>Days   | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Pediatric              |   | intensive Care Nev<br>Nursery | vborn               | Intermediate Card                       |  |  |  |  |
|                        | npatient 0<br>Days  | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Intensive Care         |   | Rehabilitation<br>Center      |                     | Int. Care / developn<br>Disabled        | nent                                       |  |  |  |
|                        | npatient 0<br>Days  | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Coronary Care          |   | Chemical<br>Dependency        |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |  |  |  |
|                        | npatient 0<br>Days  | Inpatient 0<br>Bed            | Inpatient 0<br>Days | 0                                       | 0  |  |  |  |
|                        |   |                               |                     |   |  |  |  |  |
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2015 11177

Simi Valley Hospital & Health Care Services

Simi Valley

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

| Building<br>Number | Building Name                            | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|--|--|
| BLD-01246          | Original Building                        | Remain   |
| BLD-01249          | Main Hospital Building                   | Remain   |
| BLD-01252          | Telecom Room                             | Remove   |
| BLD-01253          | New Bridge/Elevator & Med. Gas Enclosure | Remain   |
| BLD-03335          | North and South Patient Care Tower       | Remain   |
| BLD-05217          | Patient Care Tower Entrance              | Remain   |

| Report Year: 2015         | 11177 Simi Va          | lley Hospital & Health Care | Services Simi | Valley | Page:7 of 33 |
|---------------------------|------------------------|-----------------------------|---------------|--------|--------------|
| No proposed new buildings | s to be constructed at | this or another site.       |               |        |              |
|                           |                        |                             |               |        |              |
|                           |                        |                             |               |        |              |
|                           |                        |                             |               |        |              |
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|--|---|--|------------------------|-------------------------|-----------------------|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:<br>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.<br>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.<br>The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) |   |  |                        |                         |                       |  |  |
| Building I   | Number: BLD-0'                            | 1252 Telecom Room                        |                        | Removal 12/31/<br>Date: | 2015                  |  |  |
| Planned  | Uses for the buildir                      | ng to be removed from acute care service | :                      |                         |                       |  |  |
| Planned  | use for building:                         |  |                        |                         |                       |  |  |
| Inpatient  | services currently                        | delivered in the building:               | Obstetrica             | - Reba                  | bilitation            |  |  |
|  | Nursing                                   | Surgical                                 | Cesarean/              |                         |                       |  |  |
|  | IntensiveCare<br>Pediatric/Adol<br>escent | Anesthesia<br>Clinical Lab               | Obstetrica<br>Recovery | Rena                    | I Dialysis            |  |  |
|  | Psychiatric<br>Nursing                    | Radiological/<br>Imaging                 | Newborn/<br>WellBaby   | Outp<br>Surg            | atient<br>ery         |  |  |
|  | Obstetrical<br>Ante/Postprtum             | Pharmaceutical                           | Emergenc               | v Cent                  | ral Plant             |  |  |
|  | Intermediate<br>Care                      | Dietetic                                 |                        |                         |                       |  |  |
|  | Skilled Nursing                           | Administration                           | Nuclear<br>Medicine    | X Supp<br>Servi         |                       |  |  |
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|---|---------------------------------------|---|--------------|--|--|
| Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |                                       |   |              |  |  |
| Building Nbr: BLD-01252 Building Name:  | Telecom Room                          | Year of Information: 2012               | 2            |  |  |
| Unit Type   |                                       | Information Current As Of:              |              |  |  |
| Medical/Surgical (include GYN)  | Acute Respiratory Care                | Acute Psychiatric                       |              |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Inpatient 0 Patient<br>Beds Days        | 0            |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                                  | Skilled Nursing                         |              |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Inpatient 0 Patient<br>Beds Days        | 0            |  |  |
| Pediatric   | Intensive Care Newborn Nursery        | Intermediate Care                       |              |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Inpatient 0 Patient<br>Beds Days        | 0            |  |  |
| Intensive Care  | Rehabilitation Center                 | Int. Care/Developmentally Dis           | abled        |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Inpatient 0 Patient<br>Beds Days        | 0            |  |  |
| Coronary Care   | Chemical Dependency                   | Total Beds this                         |              |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Building per Unit                       | 0            |  |  |
|   | 2000 2000                             | Total Beds this<br>Building per Service | 0            |  |  |
|   |                                       |   |              |  |  |
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| Report Year:         2015         11177         Simi V  | alley Hospital & Health Care Services     | Simi Valley                          | Page:10 of 33 |  |  |  |  |
|---|---|--------------------------------------|---------------|--|--|--|--|
| Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |   |                                      |               |  |  |  |  |
| Building Nbr:       BLD-01252       Building Name:       Telecom Room       Year of Information:       2013   |   |                                      |               |  |  |  |  |
| Unit Type Information Current As Of:  |   |                                      |               |  |  |  |  |
| Medical/Surgical (include GYN)  | Acute Respiratory Care                    | Acute Psychiatric                    |               |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days        | Inpatient 0 Patient<br>Beds Days     | 0             |  |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                                      | Skilled Nursing                      |               |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days        | Inpatient 0 Patient<br>Beds Days     | 0             |  |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery            | Intermediate Care                    |               |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days        | Inpatient 0 Patient<br>Beds Days     | 0             |  |  |  |  |
| Intensive Care  | Rehabilitation Center                     | Int. Care/Developmentally Dis        | abled         |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days        | Inpatient 0 Patient<br>Beds Days     | 0             |  |  |  |  |
| Coronary Care Inpatient 0 Patient 0   | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this<br>Building per Unit | 0             |  |  |  |  |
| Beds Days   | Beds Days                                 | Total Beds this                      |               |  |  |  |  |
|   |   | Building per Service                 | 0             |  |  |  |  |
|   |   |                                      |               |  |  |  |  |
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| Report Year:         2015         11177         Simi Va   | alley Hospital & Health Care Services     | Simi Valley                          | Page:11 of 33 |  |  |  |  |
|---|---|--------------------------------------|---------------|--|--|--|--|
| Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |   |                                      |               |  |  |  |  |
| Building Nbr:       BLD-01252       Building Name:       Telecom Room       Year of Information:       2014   |   |                                      |               |  |  |  |  |
| Unit Type Information Current As Of:  |   |                                      |               |  |  |  |  |
| Medical/Surgical (include GYN)  | Acute Respiratory Care                    | Acute Psychiatric                    |               |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days        | Inpatient 0 Patient<br>Beds Days     | 0             |  |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                                      | Skilled Nursing                      |               |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days        | Inpatient 0 Patient<br>Beds Days     | 0             |  |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery            | Intermediate Care                    |               |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days        | Inpatient 0 Patient<br>Beds Days     | 0             |  |  |  |  |
| Intensive Care  | Rehabilitation Center                     | Int. Care/Developmentally Dis        | abled         |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days        | Inpatient 0 Patient<br>Beds Days     | 0             |  |  |  |  |
| Coronary Care Inpatient 0 Patient 0   | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this<br>Building per Unit | 0             |  |  |  |  |
| Beds Days   | Beds Days                                 | Total Beds this                      |               |  |  |  |  |
|   |   | Building per Service                 | 0             |  |  |  |  |
|   |   |                                      |               |  |  |  |  |
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|--|------------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|
| Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |                              |                          |                               |                           |  |  |  |  |
| Building Nbr: BLD-01252 Building<br>Name:  | Telecom Room                 |                          | Year of Information:          | 2012                      |  |  |  |  |
| <u>Type of Services</u><br>Provided  |                              |                          | Information Current As<br>Of: |                           |  |  |  |  |
| Nursing Inpatient C<br>Beds  | Patient 0<br>Days            | Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |  |
| IntensiveCare Inpatient C<br>Beds  | Patient 0<br>Days            | Anesthesia               | Obstetrical                   | Renal Dialysis            |  |  |  |  |
| Pediatric/Adol Inpatient C<br>escent Beds  | Patient 0<br>Days            | Clinical Lab             | Recovery                      |                           |  |  |  |  |
| Psychiatric Inpatient C<br>Nursing Beds  | Patient 0<br>Days            | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |  |  |
| Obstetrical Inpatient C<br>Ante/Postprtum Beds   | Patient 0<br>Days            | Pharmaceutica            | al Emergency                  | X Central Plant           |  |  |  |  |
| Intermediate Inpatient C<br>Care Beds  | Patient 0<br>Days            | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |  |  |  |
| Skilled Nursing Inpatient C<br>Beds  | Patient 0<br>Days            | Administration           |                               |                           |  |  |  |  |
| Total Beds this Building per service   | 0                            |                          |                               |                           |  |  |  |  |
|  |                              |                          |                               |                           |  |  |  |  |
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| OSHPD FDD SB499 Report Data L  | st Update: 12/09/2015        | Submission Date:         | 12/09/2015 Printed:           | 12/11/2015 6:25 AM        |  |  |  |  |

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|--|-------------------------|-----------------------------|------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |                         |                             |                        |                               |                           |  |  |  |
| Building Nbr: BLD-0  | 01252 Building<br>Name: | Telecom Room                |                        | Year of Information           | n: 2013                   |  |  |  |
| <u>Type of Services</u><br>Provided  |                         |                             |                        | Information Current As<br>Of: |                           |  |  |  |
| Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days           | Surgical               | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
| IntensiveCare  | Inpatient 0<br>Beds     | Patient 0<br>Days           | Anesthesia             |                               |                           |  |  |  |
| Pediatric/Adol<br>escent   | Inpatient 0<br>Beds     | Patient 0<br>Days           | Clinical Lab           | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
| Psychiatric<br>Nursing   | Inpatient 0<br>Beds     | Patient 0<br>Days           | Radiologica<br>Imaging | I/ Newborn/<br>WellBaby       | Outpatient<br>Surgery     |  |  |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds     | Patient 0<br>Days           | Pharmaceut             | ical Emergency                | X Central Plant           |  |  |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds     | Patient 0<br>Days           | Dietetic               | Nuclear<br>Medicine           | X Support<br>Services     |  |  |  |
| Skilled Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days           | Administrati           | on                            |                           |  |  |  |
| Total Beds this B  | Building per service    | 0                           |                        |                               |                           |  |  |  |
|  |                         |                             |                        |                               |                           |  |  |  |
|  |                         |                             |                        |                               |                           |  |  |  |
| OSHPD FDD SB499 Re   | eport Data Las          | Update: 12/09/2015          | Submission Date        | e: 12/09/2015 Printed         | : 12/11/2015 6:25 AM      |  |  |  |

| Report Year: 201   | 5 11177 Simi V          | alley Hospital & Health Car | re Services            | Simi Valley                   | Page:14 of 33             |  |  |  |
|--|-------------------------|-----------------------------|------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |                         |                             |                        |                               |                           |  |  |  |
| Building Nbr: BLD-   | 01252 Building<br>Name: | Telecom Room                |                        | Year of Information           | n: 2014                   |  |  |  |
| <u>Type of Services</u><br>Provided  |                         |                             |                        | Information Current As Of:    |                           |  |  |  |
| Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days           | Surgical               | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |
| IntensiveCare  | Inpatient 0<br>Beds     | Patient 0<br>Days           | Anesthesia             |                               |                           |  |  |  |
| Pediatric/Adol<br>escent   | Inpatient 0<br>Beds     | Patient 0<br>Days           | Clinical Lab           | Obstetrical<br>Recovery       | Renal Dialysis            |  |  |  |
| Psychiatric<br>Nursing   | Inpatient 0<br>Beds     | Patient 0<br>Days           | Radiologica<br>Imaging | I/ Newborn/<br>WellBaby       | Outpatient<br>Surgery     |  |  |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds     | Patient 0<br>Days           | Pharmaceut             | ical Emergency                | X Central Plant           |  |  |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds     | Patient 0<br>Days           | Dietetic               | Nuclear<br>Medicine           | X Support<br>Services     |  |  |  |
| Skilled Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days           | Administrati           | on                            |                           |  |  |  |
| Total Beds this B  | Building per service    | 0                           |                        |                               |                           |  |  |  |
|  |                         |                             |                        |                               |                           |  |  |  |
|  |                         |                             |                        |                               |                           |  |  |  |
| OSHPD FDD SB499 Re   | eport Data Lasi         | Update: 12/09/2015          | Submission Date        | e: 12/09/2015 Printed         | : 12/11/2015 6:25 AM      |  |  |  |

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|----------------------------------|--------------|--------------|-------------------------------------|--|-------------------|-------------------------------------|--------------------------------------|------------------------------|-------------------------|--|
| No data reported corresponding b | d for whethe | er the gener | al acute care se<br>numbers for bui | ervices and beds<br>Ildings with a Bui | will be relocated | d to a new, exis<br>of "Rebuild" or | sting or retrofitte<br>"Replace" per | ed building a<br>Section 130 | nd any<br>061(c)(2)(E). |  |
|                                  | -            |              |                                     | -                                      | -                 |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |
|                                  |              |              |                                     |  |                   |                                     |                                      |                              |                         |  |

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| Each hospital owner shall also rep<br>number of inpatient beds by type o | ort for each facility fo<br>f unit and service pe | r which any building<br>r Section 130061(c) | gs will be remove<br>(3) | ed from active care | service, any net change in the |
| Building<br>Number:<br>Will general acute care services ar               |   | ecom Room                                   | ing or retrofitted       | building?           |                                |
| Support Services         N/A   |   |   |                          |                     |                                |
|  |   |   |                          |                     |                                |
|  |   |   |                          |                     |                                |
|  |   |   |                          |                     |                                |
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|--|-------------------------------|---------------------------------------|-------------------------------|---------------------|---------------|--|--|--|--|
| Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4) |                               |                                       |                               |                     |               |  |  |  |  |
| Building Number: BLD-01252 Building Name: Telecom Room   |                               |                                       |                               |                     |               |  |  |  |  |
| Type of Service  | e Provided                    |                                       |                               |                     |               |  |  |  |  |
|  |                               | Surgical                              | Obstetrical<br>Cesarean/Deliv | Rehabi<br>Therap    |               |  |  |  |  |
|  | Nursing                       | Anesthesia                            | _                             | _                   |               |  |  |  |  |
|  | IntensiveCare                 | _                                     | Obstetrical<br>Recovery       | Renal I             | Dialysis      |  |  |  |  |
|  | Pediatric/Adol<br>escent      | Clinical Lab                          | Newborn/                      | Outpati<br>Surger   |               |  |  |  |  |
|  | Psychiatric                   | Radiological/<br>Imaging              | WellBaby                      |                     |               |  |  |  |  |
|  | Nursing                       | Pharmaceutical                        | Emergency                     | Central             | Plant         |  |  |  |  |
|  | Obstetrical<br>Ante/Postprtum | Dietetic                              | Nuclear<br>Medicine           | X Suppor<br>Service |               |  |  |  |  |
|  | Intermediate<br>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 acute care hospital building per Section 130061(c)(5) |                                    |                               |                     |                   |  |  |  |  |  |
| Building Number: BLD-01246<br>Configuration: N/A  | Building Name: Original Building   |                               |                     |                   |  |  |  |  |  |
| Type of Service Provided  |                                    |                               |                     |                   |  |  |  |  |  |
| Nursing   | Surgical                           | Obstetrical<br>Cesarean/Deliv |                     | bilitation<br>apy |  |  |  |  |  |
| IntensiveCare   | Anesthesia                         | Obstetrical<br>Recovery       | Rena                | l Dialysis        |  |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                       | Recovery                      |                     |                   |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging           | Newborn/<br>WellBaby          | Outpa<br>Surge      |                   |  |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical                     | Emergency                     | Centr               | al Plant          |  |  |  |  |  |
| Intermediate<br>Care  | Dietetic                           |                               |                     |                   |  |  |  |  |  |
| Skilled Nursing   | Administration                     | Nuclear Medicir               | ne Supp<br>Serv     |                   |  |  |  |  |  |
|   |                                    |                               |                     |                   |  |  |  |  |  |
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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 acute care hospital building per Section 130061(c)(5) |                             |                |                           |         |                               |          |                           |  |  |  |
| Building Number: BLD-01249 Building Name: Main Hospital Building  |                             |                |                           |         |                               |          |                           |  |  |  |
| Configuration: N/A  |                             |                |                           |         |                               |          |                           |  |  |  |
| Type of Service   | Provided                    |                |                           |         |                               |          |                           |  |  |  |
| Nu  | ırsing                      |                | Surgical                  |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |  |  |
|   | ensiveCare                  |                | Anesthesia                |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |  |  |
|   | ediatric/Adol<br>cent       |                | Clinical Lab              |         |                               |          |                           |  |  |  |
|   | sychiatric<br>ursing        |                | Radiological/<br>Imaging  |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |  |  |
|   | ostetrical<br>hte/Postprtum |                | Pharmaceutical            |         | Emergency                     |          | Central Plant             |  |  |  |
| Int<br>Ca   | ermediate                   |                | Dietetic                  |         |                               |          |                           |  |  |  |
|   | illed Nursing               |                | Administration            |         | Nuclear Medicine              |          | Support<br>Services       |  |  |  |
|   |                             |                |                           |         |                               |          |                           |  |  |  |
|   |                             |                |                           |         |                               |          |                           |  |  |  |
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|-------------------|-----------------------------|-----------------|--------------------------|---------|---|----------|---------------------------|
|                   | her by retrofit or by       |                 |                          |         | ach building will comply w<br>be provided in each gener |          |                           |
| Building Number:  | BLD-01252                   | Building Nar    | ne: Telecom Room         |         |   |          |                           |
| Configuration:    | N/A                         |                 |                          |         |   |          |                           |
| Type of Service   | e Provided                  |                 |                          |         |   |          |                           |
| Nu                | ursing                      |                 | Surgical                 |         | Obstetrical<br>Cesarean/Deliv                           |          | Rehabilitation<br>Therapy |
| Int               | tensiveCare                 |                 | Anesthesia               |         | Obstetrical<br>Recovery                                 |          | Renal Dialysis            |
|                   | ediatric/Adol<br>scent      |                 | Clinical Lab             |         | ,   |          |                           |
|                   | sychiatric<br>ursing        |                 | Radiological/<br>Imaging |         | Newborn/<br>WellBaby                                    |          | Outpatient<br>Surgery     |
|                   | ostetrical<br>hte/Postprtum |                 | Pharmaceutical           |         | Emergency   |          | Central Plant             |
|                   | termediate<br>are           |                 | Dietetic                 |         | Nuclear Medicine  |          | Support                   |
| Sk                | killed Nursing              |                 | Administration           |         |   |          | 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 acute care hospital building per Section 130061(c)(5) |                              |                   |                    |                           |  |  |  |  |  |
| Building Number: BLD-01253 Building Name: New Bridge/Elevator & Med. Gas Enclosure  |                              |                   |                    |                           |  |  |  |  |  |
| Configuration: N/A  |                              |                   |                    |                           |  |  |  |  |  |
| Type of Service Provided  |                              |                   |                    |                           |  |  |  |  |  |
| Nursing   | Surgical                     | Obstetr<br>Cesare | ical an/Deliv      | Rehabilitation<br>Therapy |  |  |  |  |  |
| IntensiveCare   | Anesthesia                   | Obstetr<br>Recove |                    | Renal Dialysis            |  |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                 |                   | • •                |                           |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging     | Newbor<br>WellBal |                    | Outpatient<br>Surgery     |  |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical               | Emerge            | ency               | Central Plant             |  |  |  |  |  |
| Intermediate<br>Care  | Dietetic                     |                   |                    |                           |  |  |  |  |  |
| Skilled Nursing   | Administration               | Nuclear           | r Medicine         | Support<br>Services       |  |  |  |  |  |
|   |                              |                   |                    |                           |  |  |  |  |  |
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|                   | her by retrofit or by       |                |                           |           | ach building will comply wi<br>be provided in each genera |          |                           |
| Building Number:  | BLD-03335                   | Building Na    | me: North and South P     | Patient C | are Tower   |          |                           |
| Configuration:    | N/A                         |                |                           |           |   |          |                           |
| Type of Service   | Provided                    |                |                           |           |   |          |                           |
| Nu                | ursing                      |                | Surgical                  |           | Obstetrical<br>Cesarean/Deliv                             |          | Rehabilitation<br>Therapy |
|                   | tensiveCare                 |                | Anesthesia                |           | Obstetrical<br>Recovery                                   |          | Renal Dialysis            |
|                   | ediatric/Adol<br>cent       |                | Clinical Lab              |           |   |          |                           |
|                   | sychiatric<br>ursing        |                | Radiological/<br>Imaging  |           | Newborn/<br>WellBaby                                      |          | Outpatient<br>Surgery     |
|                   | ostetrical<br>nte/Postprtum |                | Pharmaceutical            |           | Emergency   |          | Central Plant             |
|                   | ermediate                   |                | Dietetic                  |           |   |          |                           |
| Ca                | killed Nursing              |                | Administration            |           | Nuclear Medicine  |          | Support<br>Services       |
|                   |                             |                |                           |           |   |          |                           |
|                   |                             |                |                           |           |   |          |                           |
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|                   | her by retrofit or by       |                 |                          |           | ach building will comply wit<br>be provided in each genera |          |                           |
| Building Number:  | BLD-05217                   | Building Na     | me: Patient Care Towe    | er Entran | се   |          |                           |
| Configuration:    | N/A                         |                 |                          |           |  |          |                           |
| Type of Service   | Provided                    |                 |                          |           |  |          |                           |
| Nu                | ırsing                      |                 | Surgical                 |           | Obstetrical<br>Cesarean/Deliv                              |          | Rehabilitation<br>Therapy |
|                   | ensiveCare                  |                 | Anesthesia               |           | Obstetrical<br>Recovery                                    |          | Renal Dialysis            |
|                   | ediatric/Adol<br>cent       |                 | Clinical Lab             |           | ·····,   |          |                           |
|                   | sychiatric<br>ursing        |                 | Radiological/<br>Imaging |           | Newborn/<br>WellBaby                                       |          | Outpatient<br>Surgery     |
|                   | ostetrical<br>hte/Postprtum |                 | Pharmaceutical           |           | Emergency  |          | Central Plant             |
| Int<br>Ca         | ermediate                   |                 | Dietetic                 |           |  |          |                           |
|                   | illed Nursing               |                 | Administration           |           | Nuclear Medicine   |          | Support<br>Services       |
|                   |                             |                 |                          |           |  |          |                           |
|                   |                             |                 |                          |           |  |          |                           |
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|--------|---------------------------------------|-------------------|---------------------|--------------|--------------------------|-------------------------------|-----------------|-------------------|
|        | le information on<br>PC-5 per Section |                   | of inpatient beds t | by type of S | Service provided by      | buildings that are classified | as SPC-2, SPC   | C-3, SPC-4,       |
| Buildi | ng Number: BLL                        | D-01246           | Building Na         | ame: Ori     | iginal Building          |                               |                 |                   |
| Туре   | e of Service Prov                     | rided             |                     |              |                          |                               |                 |                   |
|        | Nursing                               | Inpatient<br>Beds | 0                   |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera   | bilitation<br>apy |
|        | IntensiveCare                         | Inpatient<br>Beds | 0                   |              | Anesthesia               |                               |                 |                   |
|        | Pediatric/Adol<br>escent              | Inpatient<br>Beds | 0                   |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena Rena       | l Dialysis        |
|        | Psychiatric<br>Nursing                | Inpatient<br>Beds | 0                   |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge  | atient<br>ery     |
|        | Obstetrical<br>Ante/Postprtum         | Inpatient<br>Beds | 0                   | X            | Pharmaceutical           | Emergency                     | X Centr         | al Plant          |
|        | Intermediate<br>Care                  | Inpatient<br>Beds | 0                   | X            | Dietetic                 | Nuclear<br>Medicine           | X Supp<br>Servi | ort<br>ces        |
|        | Skilled Nursing                       | Inpatient<br>Beds | 0                   | X            | Administration           |                               |                 |                   |
|        | Total Beds this<br>Building           |                   | 0                   |              |                          |                               |                 |                   |
|        |                                       |                   |                     |              |                          |                               |                 |                   |
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|---------------------------------------|-------------------------|---------------------|--------------|--------------------------|---------------------------------|------------------|--------------------|
| Include information and SPC-5 per Sec |                         | of inpatient beds b | y type of \$ | Service provided by b    | buildings that are classified   | as SPC-2, SPC    | C-3, SPC-4,        |
| Building Number:                      | BLD-01249               | Building Na         | me: Ma       | ain Hospital Building    |                                 |                  |                    |
| Type of Service F                     | Provided                |                     |              |                          |                                 |                  |                    |
| Nursing                               | Inpatient<br>Beds       | 0                   | X            | Surgical                 | X Obstetrical<br>Cesarean/Deliv | Reha<br>Thera    | abilitation<br>apy |
| IntensiveCar                          | e Inpatient<br>Beds     | 0                   | X            | Anesthesia               |                                 |                  |                    |
| Pediatric/Add<br>escent               | ol Inpatient<br>Beds    | 0                   | X            | Clinical Lab             | Obstetrical<br>Recovery         | Rena             | ıl Dialysis        |
| Psychiatric<br>Nursing                | Inpatient<br>Beds       | 0                   | X            | Radiological/<br>Imaging | Newborn/<br>WellBaby            | X Outpa<br>Surge | atient<br>ery      |
| Obstetrical<br>Ante/Postprt           | Inpatient<br>um Beds    | 0                   |              | Pharmaceutical           | X Emergency                     | X Centr          | ral Plant          |
| Intermediate                          | Inpatient<br>Beds       | 0                   |              | Dietetic                 | Nuclear<br>Medicine             | X Supp<br>Servi  |                    |
| Skilled Nursi                         | ng<br>Inpatient<br>Beds | 0                   | X            | Administration           |                                 |                  |                    |
| Total Beds th<br>Building             | nis                     | 0                   |              |                          |                                 |                  |                    |
|                                       |                         |                     |              |                          |                                 |                  |                    |
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|--------|--|-------------------|-----------------|--------------|--------------------------|-------------------------------|-----------------|-------------------|
|        | de information on<br>SPC-5 per Section |                   | inpatient beds  | by type of S | Service provided by      | buildings that are classified | as SPC-2, SPC   | C-3, SPC-4,       |
| Build  | ing Number: BL                         | D-01253           | Building N      | Name: Ne     | w Bridge/Elevator &      | Med. Gas Enclosure            |                 |                   |
| Тур    | e of Service Prov                      | rided             |                 |              |                          |                               |                 |                   |
|        | Nursing                                | Inpatient<br>Beds | 0               |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha            | bilitation<br>apy |
|        | IntensiveCare                          | Inpatient<br>Beds | 0               |              | Anesthesia               |                               |                 |                   |
|        | Pediatric/Adol<br>escent               | Inpatient<br>Beds | 0               |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |
|        | Psychiatric<br>Nursing                 | Inpatient<br>Beds | 0               |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outp<br>Surge   | atient<br>ery     |
|        | Obstetrical<br>Ante/Postprtum          | Inpatient<br>Beds | 0               |              | Pharmaceutical           | Emergency                     | X Centr         | ral Plant         |
|        | Intermediate<br>Care                   | Inpatient<br>Beds | 0               |              | Dietetic                 | Nuclear<br>Medicine           | X Supp<br>Servi | ort<br>ces        |
|        | Skilled Nursing                        | Inpatient<br>Beds | 0               |              | Administration           |                               |                 |                   |
|        | Total Beds this<br>Building            |                   | 0               |              |                          |                               |                 |                   |
|        |  |                   |                 |              |                          |                               |                 |                   |
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|      | PC-5 per Section              | D-03335           | Building N | lame: No | rth and South Patien     | t Care Tower                    |               |                     |
|------|-------------------------------|-------------------|------------|----------|--------------------------|---------------------------------|---------------|---------------------|
| Гуре | e of Service Prov             | <u>ided</u>       |            |          |                          |                                 |               |                     |
| Х    | Nursing                       | Inpatient<br>Beds | 85         | X        | Surgical                 | X Obstetrical<br>Cesarean/Deliv |               | abilitation<br>rapy |
| Х    | IntensiveCare                 | Inpatient<br>Beds | 32         | X        | Anesthesia               |                                 |               |                     |
| X    | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0          |          | Clinical Lab             | X Obstetrical<br>Recovery       | Ren           | al Dialysis         |
|      | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |          | Radiological/<br>Imaging | X Newborn/<br>WellBaby          |               | patient<br>gery     |
| Х    | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 27         |          | Pharmaceutical           | Emergency                       | X Cen         | tral Plant          |
|      | Intermediate<br>Care          | Inpatient<br>Beds | 0          |          | Dietetic                 | X Nuclear<br>Medicine           | X Sup<br>Serv | port<br>vices       |
|      | Skilled Nursing               | Inpatient<br>Beds | 0          | X        | Administration           |                                 |               |                     |
|      | Total Beds this<br>Building   |                   | 144        |          |                          |                                 |               |                     |

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|--------------------|--|-------------------|---------------|--------------------------|-------------------------------|-----------------|-------------------|
|                    | mation on the number<br>er Section 130061(e) |                   | by type of \$ | Service provided by      | buildings that are classified | l as SPC-2, SPC | C-3, SPC-4,       |
| Building Nun       | nber: BLD-05217                              | Building N        | lame: Pa      | tient Care Tower E       | ntrance                       |                 |                   |
| <u>Type of Se</u>  | vice Provided                                |                   |               |                          |                               |                 |                   |
| Nursir             | lnpatient<br>Beds                            | 0                 |               | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera   | bilitation<br>apy |
| Intens             | iveCare Inpatient<br>Beds                    | 0                 |               | Anesthesia               |                               |                 |                   |
| Pediat<br>escen    | ric/Adol Inpatient<br>t Beds                 | 0                 |               | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | Il Dialysis       |
| Psych              |  | 0                 |               | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge  | atient<br>ery     |
| Obste              | trical Inpatient<br>Postprtum Beds           | 0                 |               | Pharmaceutical           | Emergency                     | Centi           | ral Plant         |
| Interm<br>Care     | ediate Inpatient<br>Beds                     | 0                 |               | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   |                   |
| Skilled            | l Nursing<br>Inpatient<br>Beds               | 0                 | X             | Administration           |                               |                 |                   |
| Total I<br>Buildir | Beds this                                    | 0                 |               |                          |                               |                 |                   |
| OSHPD FDD S        | R400 Danast                                  | Data Last Update: | : 12/09/20    |                          | sion Date: 12/09/2015         | Printed: 12/11/ | 2045 0.25 AM      |

| PC-5 per Section 130061(e)       | beds by type of unit provided by buildings that a Iding Name: Original Building | are classified as SPC-2, SPC-3, SPC-4, and                |
|----------------------------------|---|---|
| edical / Surgical (Include GYN)  | Acute Respiratory Care  | Acute Psychiatric   |
| patient 0 Inpatient 0<br>ed Days | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                       |
| erinatal (Exclude Newborn / GYN) | Burn  | Skilled Nursing   |
| patient 0 Inpatient 0<br>ed Days | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                       |
| ediatric                         | Intensive Care Newborn<br>Nursery   | Intermediate Care   |
| patient 0 Inpatient 0<br>ed Days | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                       |
| tensive Care                     | Rehabilitation<br>Center  | Int. Care / Developmentally<br>Disabled                   |
| patient 0 Inpatient 0<br>ed Days | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                       |
| oronary Care                     | Chemical Dependency   | Total Beds this Total Beds this Building Per Building Per |
| patient 0 Inpatient 0<br>ed Days | Inpatient 0 Inpatient 0<br>Bed Days   | Unit         Service           0         0                |
|                                  |   |   |

| Report Year: 2015 11177 Simi   | /alley Hospital & Health Care Services             | Simi Valley Page:30 of 33                              |
|--|--|--|
| Include information on the number of inpatie SPC-5 per Section 130061(e) | ent beds by type of unit provided by buildings tha | t are classified as SPC-2, SPC-3, SPC-4, and           |
| Building Number: BLD-01249 E   | Building Name: Main Hospital Building              |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care                             | Acute Psychiatric                                      |
| Inpatient 0 Inpatient 0<br>Bed Days                                      | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                    |
| Perinatal (Exclude Newborn / GYN)  | Burn   | Skilled Nursing  |
| Inpatient 0 Inpatient 0<br>Bed Days                                      | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0<br>Bed Days 0                              |
| Pediatric  | Intensive Care Newborn<br>Nursery                  | Intermediate Care                                      |
| Inpatient 0 Inpatient 0<br>Bed Days                                      | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                    |
| ntensive Care  | Rehabilitation<br>Center                           | Int. Care / Developmentally<br>Disabled                |
| npatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                    |
| Coronary Care  | Chemical Dependency                                | Total Beds thisTotal Beds thisBuilding PerBuilding Per |
| Inpatient 0 Inpatient 0<br>Bed Days                                      | Inpatient 0 Inpatient 0<br>Bed Days                | Unit         Service           0         0             |
|  |  |  |
|  |  |  |
| SHPD FDD SB499 Report Data La  | st Update: 12/09/2015 Submission Date:             | 12/09/2015 Printed: 12/11/2015 6:25 AM                 |

| Report Year:         2015         11177         Simi V                    | alley Hospital & Health Care Services              | Simi Valley Page:31 of 33                                    |
|---|--|--|
| Include information on the number of inpatier SPC-5 per Section 130061(e) | nt beds by type of unit provided by buildings that | at are classified as SPC-2, SPC-3, SPC-4, and                |
| Building Number: BLD-01253 B  | uilding Name: New Bridge/Elevator & Me             | ed. Gas Enclosure  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                             | Acute Psychiatric  |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Perinatal (Exclude Newborn / GYN)   | Burn   | Skilled Nursing  |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Pediatric   | Intensive Care Newborn<br>Nursery                  | Intermediate Care  |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Intensive Care  | Rehabilitation<br>Center                           | Int. Care / Developmentally<br>Disabled                      |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Coronary Care   | Chemical Dependency                                | Total Beds this Total Beds this<br>Building Per Building Per |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Unit         Service           0         0                   |
|   |  |  |
|   |  |  |
| OSHPD FDD SB499 Report Data Las   | t Update: 12/09/2015 Submission Date               | : 12/09/2015 Printed: 12/11/2015 6:25 AM                     |

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|--|---|--|
| Include information on the number of inpatient SPC-5 per Section 130061(e) | beds by type of unit provided by buildings that a | are classified as SPC-2, SPC-3, SPC-4, and                   |
| Building Number: BLD-03335 Buil  | ding Name: North and South Patient Car            | e Tower  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care                            | Acute Psychiatric  |
| Inpatient 85 Inpatient 19921<br>Bed Days                                   | Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0<br>Bed Days                                      |
| Perinatal (Exclude Newborn / GYN)  | Burn  | Skilled Nursing  |
| Inpatient 27 Inpatient 3785<br>Bed Days                                    | Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0<br>Bed Days                                      |
| Pediatric  | Intensive Care Newborn<br>Nursery                 | Intermediate Care  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 8 Inpatient 664<br>Bed Days             | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Intensive Care   | Rehabilitation<br>Center                          | Int. Care / Developmentally<br>Disabled                      |
| Inpatient 24 Inpatient 2596<br>Bed Days                                    | Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Coronary Care  | Chemical Dependency                               | Total Beds this Total Beds this<br>Building Per Building Per |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days               | Unit         Service           144         144               |
|  |   |  |
|  |   |  |
| OSHPD FDD SB499 Report Data Last U   | lpdate: 12/09/2015 Submission Date:               | 12/09/2015 Printed: 12/11/2015 6:25 AM                       |

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|---|--|--|
| Include information on the number of inpatien SPC-5 per Section 130061(e) | nt beds by type of unit provided by buildings that | are classified as SPC-2, SPC-3, SPC-4, and                   |
| Building Number: BLD-05217 B  | uilding Name: Patient Care Tower Entrance          | e  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                             | Acute Psychiatric  |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Perinatal (Exclude Newborn / GYN)   | Burn   | Skilled Nursing  |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Pediatric   | Intensive Care Newborn<br>Nursery                  | Intermediate Care  |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Intensive Care  | Rehabilitation<br>Center                           | Int. Care / Developmentally<br>Disabled                      |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Coronary Care   | Chemical Dependency                                | Total Beds this Total Beds this<br>Building Per Building Per |
| Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatient 0<br>Bed Days                | Unit         Service           0         0                   |
|   |  |  |
|   |  |  |
| DSHPD FDD SB499 Report Data Las   | t Update: 12/09/2015 Submission Date:              | 12/09/2015 Printed: 12/11/2015 6:25 AM                       |