## Office of Statewide Health Planning and Development Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

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

Provide the Hospital	Provide the Hospital Owner and Year of Report per Section 130061(e)							
Facility Number:	11510							
Facility Name:	Centinel	a Hospital Medical Center						
Address:	555 E. H	lardy St.						
City:	Inglewoo	od						
Hospital Owner/Lic	ensee:	Prime Healthcare Centinela, LLC						
Year of Reporting:		2015						
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]						
Name of Submitter: Puchlik Design Associates								
Submission	n Date:	10/28/2015 7:39:52 PM						

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:2 of 39

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00637	West Tower	555 E. Hardy St.	Retrofit	SPC2	01/01/2017	12/29/2014
BLD- 00641	Nursery Addition	555 E. Hardy St.	Retrofit	SPC2	01/01/2017	01/29/2015

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:3 of 39 For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). Building No: Retrofit/Replacement Yes-Submitted BLD-00637 West Tower Project: For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). BLD-00641 **Nursery Addition** Yes-Submitted Retrofit/Replacement Building No: Project: Plan Approved Projected CEQA Facility Project Sub Projected Number Number Num Scope Date Start Date Completion Date Status Review Date In 11510 IL101406-0 0 SB 499: VSI - NURSERY ADDITION (BLD-6/23/2010 06/23/2010 01/01/2015 ACTI No 00641, Bldg 09)

Report Year: 2015	11510	Centinela Hospital Medical Center	Inglewood		Page:4 of 39		
Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-00637 Building Name: West Tower							
Type of Service Prov	<u>/ided</u>						
X Nursing	Inpatient Beds	140 Inpatient 28563 Days	X Surgical	X Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	1		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitat Therapy	ion		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	ysis .		
X Skilled Nursing	Inpatient Beds	24 Inpatient Days 0  Total Beds this 164	X Support Services  X Obstetrical Cesarean/Deliv	X Outpatient Surgery  Central Pla	nt		
		Building					

Report Y	Year: 2015	11510	Centinela Hospital Medical C	Center		Inglewood		Page:5 of 39
Provid	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
	ng Number: BL		Building Name:	Nurser	y Addition			
<u>Type</u>	of Service Prov	<u>rided</u>		Ī				
	Nursing	Inpatient Beds	0 Inpatient Days	0	Surgio	cal	Obstetrica Recovery	I
X	IntensiveCare	Inpatient Beds	9 Inpatient Days 2	2074	Anesth	nesia	X Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days	0	X Clinica	al Lab	Emergeno	у
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Days	0	Radiol Imagin	logical/ ng	Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days	0	Pharm Dieteti	aceutical	Rehabilita Therapy	tion
	Intermediate Care	Inpatient Beds	0 Inpatient Days	0	<u> </u>	istration	Renal Dia  Outpatient	•
	Skilled Nursing	Inpatient Beds	0 Inpatient Days	0	X Suppo Service	es	Surgery	
		Dodd	Total Beds this Building	9	Obstet Cesare	tricai ean/Deliv	Central PI	ant

Report Year:

2015

11510

Centinela Hospital Medical Center

Inglewood

Page:6 of 39

r tovide the number	or impatient beus and	patient days per type of unit	. per building per Section 1	30001(0)(1)(F)	
Building Number:	BLD-00637	Building Name: Wes	t Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 108 Bed	Inpatient 2856 Days 3	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 24 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 32 Bed	Inpatient 4427 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	164	164

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:7 of 39 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00641 **Nursery Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient 2074 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 9 Inpatient Inpatient Inpatient 9 Days Days Bed Bed

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:8 of 39

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-00633	West Wing/ER Addition	Remain
BLD-00634	North Wing/Day Surgery	Remain
BLD-00635	Dietary Storage	Remain
BLD-00636	East Tower	Remain
BLD-00637	West Tower	Retrofit
BLD-00638	Engineering	Remain
BLD-00639	East Wing	Remain
BLD-00640	Central Plant Addition	Remain
BLD-00641	Nursery Addition	Retrofit

Report Year:	2015	11510	Centinela Hospital Medical Center	Inglewood	Page:9 of 39			
No proposed ne	No proposed new buildings to be constructed at this or another site.							

Report Year: Centinela Hospital Medical Center 2015 11510 Inglewood Page:10 of 39 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year:	2015	11510	Centinela Hospital Medical Center	Inglewood	Page:11 of 39
No data reporte	d for Section	n 130061(c)	(2)(D).		

Report Year: Centinela Hospital Medical Center 2015 11510 Inglewood Page:12 of 39 No data reported for Section 130061(c)(2)(D).

Report Year:	2015	11510	Centinela Hospital N	Medical Center		Inglewood		Page:13 of 39
No data reporte	ed for whethe	er the general	al acute care services	s and beds will be re	located to a	new, existing or retrotebuild" or "Replace" p	fitted building a	and any
corresponding i	Juliuli ig Sites	or project i	idifibers for buildings	with a building ites	Sidiloti of To	ebulid of Replace p	er Section 130	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Report Year:	2015	11510	Centinela Hospital Medical Center	Inglewood	Page:14 of 39
No data reporte	d for Section	n 130061(c)	(3).		

eport Year: 201	5 11510 Centir	ela Hospital N	ledical Center		Inglewood		Page:15 of 39		
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-00637 Building Name: West Tower									
Type of Service Provided									
		X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	Nursing	X	Anesthesia						
	IntensiveCare		, moon loola	X	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	X	Clinical Lab			Х	Outpatient		
	escent		Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant		
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate Care	X	Administration						
X	Skilled Nursing								

Report Year: 201	5 11510 Centin	ela Hospital Medical (	Center	Inglewood		Page:16 of 39				
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-00641 Building Name: Nursery Addition										
Type of Service Provided										
		Surgio	cal	Obstetrical Cesarean/Deliv		ehabilitation herapy				
	Nursing	Anestl	nesia			enal Dialysis				
X	IntensiveCare	X Clinic	al Lab	Obstetrical Recovery		enai Dialysis				
	Pediatric/Adol escent		Iogical/	Newborn/ WellBaby		outpatient urgery				
	Psychiatric Nursing	Imagii	ng	•		o de l'Alexa				
		Pharn	naceutical	Emergency		entral Plant				
	Obstetrical Ante/Postprtum	Dietet	ic	Nuclear Medicine	X S	upport ervices				
	Intermediate Care	Admir	nistration							
	Skilled Nursing									

Report Year: 2015 11510	Centinela Hospital Medical Center	Inglewood	Page:17 of 39
Report the final configuration of all built requirements whether by retrofit or by per Section 130061(c)(5)	Idings on the hospital campus show replacement and the type of service	ring how each building will comply verthat will be provided in each gener	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-00633	Building Name: West Wing/ER A	Addition	
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic	Emergency	Central Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing			

eport Year:	2015 11510	Centinela Ho	spital Medical Center		Inglewood		Page:18 of 39
Report the final equirements we section 130	hether by retrofit or by	ildings on the replacement	hospital campus show and the type of servic	wing how e e that will l	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
Building Number	er: BLD-00634	Building Nar	me: North Wing/Day	Surgery			
Configuration	ı: N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				Contai i iait
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 20	11510	Centinela Hos	spital Medical Center		Inglewood		Page:19 of 39
Report the final con requirements wheth per Section 130061	ner by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply voe provided in each gene	vith the SPC-5 ral acute care	5/NPC-4 or 5 hospital building
Building Number:	BLD-00635	Building Nar	ne: Dietary Storage				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Into	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	c	entral Plant
Inte	ermediate ire		Dietetic		Nuclear Medicine	☐ s	Support
Sk	illed Nursing		Administration				Services

oort Year:	2015 11510	Centinela Hosp	ital Medical Center		Inglewood		Page:20 of 39
port the final quirements w r Section 130	hether by retrofit or by	dings on the ho replacement ar	ospital campus showin ad the type of service t	g how each	ach building will comply be provided in each geno	with the SPC eral acute car	-5/NPC-4 or 5 e hospital building
ilding Numbe	er: BLD-00636	Building Name	e: East Tower				
Configuration	: N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	A A	nesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ maging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	F	Pharmaceutical		<b>-</b>		Ocartos I Diout
	Intermediate		Dietetic		Emergency		Central Plant
	Care		Administration		Nuclear Medicine		Support Services
	Skilled Nursing						

eport Year:	2015 11510	Centinela Hospital Medical Cen	Inglewood	Page:21	of 39
Report the fin equirements er Section 1	whether by retrofit or by	ildings on the hospital campus s replacement and the type of ser	howing how each building will corvice that will be provided in each	mply with the SPC-5/NPC-4 or 5 general acute care hospital buildir	ng
uilding Num	ber: BLD-00637	Building Name: West Tower			]
Configuratio	on: N/A				]
Type of Se	ervice Provided				
	Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab	Necovery		
	Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Pharmaceutical		O. W. Black	
	Intermediate	Dietetic	Emergency	Central Plant	
	Care	Administration	Nuclear Medicine	Support Services	
	Skilled Nursing				

eport Year:	2015 11510	Centinela Hos	spital Medical Center		Inglewood		Page:22 of 39
Report the fina equirements weer Section 130	I configuration of all bui whether by retrofit or by 0061(c)(5)	ildings on the replacement	nospital campus show and the type of service	wing how ea	ach building will comply be provided in each gen	with the SP eral acute ca	C-5/NPC-4 or 5 are hospital building
Building Numb	er: BLD-00638	Building Nar	ne: Engineering				
Configuration	n: N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Emergency		Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

port Year:	2015 11510	Centinela Hos	spital Medical Center		Inglewood		Page:23 of 39
eport the fina equirements v er Section 13	whether by retrofit or by	ldings on the replacement	hospital campus show and the type of servic	wing how e e that will b	ach building will comply be provided in each gen	with the SPC- eral acute care	5/NPC-4 or 5 hospital building
uilding Numb	er: BLD-00639	Building Nar	ne: East Wing				
Configuration	n: N/A						
Type of Sei	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		tehabilitation herapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	☐ R	tenal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient ourgery
	Obstetrical Ante/Postprtum		Pharmaceutical		<b>-</b>		No. ( ) Disc. (
	Intermediate		Dietetic		Emergency		entral Plant
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

eport Year:	2015 11510	Centinela Ho	spital Medical Center		Inglewood		Page:24 of 39
Report the fina requirements wer Section 13	vhether by retrofit or by	ildings on the replacement	hospital campus sho and the type of servio	wing how eace that will b	ach building will comply be provided in each gen	with the SP eral acute ca	C-5/NPC-4 or 5 are hospital building
Building Numb	er: BLD-00640	Building Na	me: Central Plant A	ddition			
Configuration	n: N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

	2015 11510	Centinela Ho	spital Medical Center		Inglewood		Page:25 of 39
Report the fina requirements per Section 13	whether by retrofit or by	ildings on the replacement	hospital campus show and the type of service	wing how e e that will b	ach building will comply be provided in each gen	with the SP eral acute c	C-5/NPC-4 or 5 are hospital building
Building Numb	per: BLD-00641	Building Na	me: Nursery Additio	n			
Configuration	n: N/A						
Type of Se	rvice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Necovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				Ochinal Flant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report	Year: 2015	11510	Centinela Hospita	al Medica	Il Center		Inglewood		Page:26 of 39			
Include and S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)											
Buildi	ng Number: BLI	D-00633	Building Nar	me: We	est Wing/ER Addition							
Турс	e of Service Prov	<u>rided</u>										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration							
	Total Beds this Building		0									

Report Year: 2	015 11510	Centinela Hospita	al Medica	al Center		Inglewood		Page:27 of 39
Include informatio and SPC-5 per Se		inpatient beds by	type of S	Service provided by bui	lding	gs that are classified as	SPC-2	2, SPC-3, SPC-4,
Building Number:	BLD-00634	Building Nan	ne: No	orth Wing/Day Surgery				
Type of Service	Provided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCa	are Inpatient Beds	0		Anesthesia				
Pediatric/Adescent	dol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postpi	Inpatient rtum Beds	0		Pharmaceutical		Emergency		Central Plant
Intermediat Care	e Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled Nurs	sing Inpatient Beds	0		Administration				
Total Beds Building	this	0						

Report Year: 201	11510	Centinela Hosp	ital Medical	Center		Inglewood		Page:28 of 39
Include information of and SPC-5 per Section		inpatient beds b	y type of Se	ervice provided by b	ouilding	gs that are classified a	s SPC-2,	SPC-3, SPC-4,
Building Number:	BLD-00635	Building Na	ame: Dieta	ary Storage				
Type of Service Pr	<u>ovided</u>							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	_	Pharmaceutical		Emergency		Central Plant
Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X s	Support Services
Skilled Nursin	g Inpatient Beds	0		Administration				
Total Beds thi Building	s	0						

Report Yea	r: 2015	11510	Centinela Hos	pital Medica	al Center	Inglewood		Page:29 of 39		
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-00636 Building Name: East Tower										
Type of Service Provided										
X Nur	rsing	Inpatient Beds	136	X	Surgical	Obstetrical Cesarean/Deli		abilitation rapy		
X Inte	ensiveCare	Inpatient Beds	12	X	Anesthesia					
X esc	diatric/Adol cent	Inpatient Beds	29		Clinical Lab	Obstetrical Recovery	X Ren	al Dialysis		
	/chiatric rsing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outp Surç	patient gery		
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cen	tral Plant		
Inte	ermediate re	Inpatient Beds	0	Ц	Dietetic	Nuclear Medicine	X Sup Serv	port vices		
Skil	lled Nursing	Inpatient Beds	0		Administration					
	al Beds this Iding		177							

Report Ye	ear: 2015	11510 C	entinela Hospital I	Medica	al Center		Inglewood		Page:30 of 39
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-00638 Building Name: Engineering									
Type of Service Provided									
N	lursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric lursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
s	Skilled Nursing	Inpatient Beds	0		Administration				
	otal Beds this Building		0						

Report	Year: 2015	11510	Centinela Hospi	ital Medica	l Center		Inglewood		Page:31 of 39
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-00639 Building Name: East Wing									
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	19		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical		Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		19						

Report	Year: 2015	11510	Centinela Hospital	Medica	al Center		Inglewood		Page:32 of 39	
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-00640 Building Name: Central Plant Addition										
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:33 of 39 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00633 West Wing/ER Addition **Building Name: Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric

## Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient 0 Inpatient 0 Days Bed Bed Days 0 0

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:34 of 39 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00634 North Wing/Day Surgery **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:35 of 39 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00635 Dietary Storage **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:36 of 39 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00636 **East Tower Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 136 Inpatient Inpatient 0 Inpatient Inpatient Inpatient 30393 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient 29 2062 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service 12 Inpatient Inpatient Inpatient Inpatient 3655 0 0 Bed Days Bed Days 177 177

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:37 of 39 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00638 **Building Number: Building Name:** Engineering Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:38 of 39 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00639 **East Wing Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center 4201 Inpatient 19 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 19 19

Report Year: 2015 11510 Centinela Hospital Medical Center Inglewood Page:39 of 39 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00640 Central Plant Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0