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Office of Statewide Health Planning and Development
Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

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

Facility Number:	11858						
Facility Name:	Methodi	Methodist Hospital of Southern California					
Address:	300 W.	Huntington Dr.					
City:	Arcadia						
Hospital Owner/Lice	ensee:	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA / 930000103					
Year of Repo	orting:	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 Add	dress::	[Confidential data left blank intentionally.]					
Name of Subr	mitter:	JOE LABRIE					
Submission	Date:	12/18/2015 8:13:14 AM					

For build rebuild, r 130061.5	etrofit or replace the build 5,for rebuild, retrofit or rep	A Methodist Hospital of Southerr are planned for rebuild, retrofit or rep ding to SPC2, SPC3, SPC4 or SPC5 placement of the building that the ho d per Section 130061(c)(1)(B)	placement this re 5 per 130061(c)(1)(A). The deadline, a	is described in S	Section 130060 or
Bidg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00358	Main Hospital	300 W. Huntington Dr.	Retrofit	SPC2	01/01/2018	12/31/2016
BLD- 00359	East Wing	300 W. Huntington Dr.	Rebuild	SPC5	01/01/2019	12/31/2014
3LD-)0362	West Wing	300 W. Huntington Dr.	Rebuild	SPC5	01/01/2019	12/31/2018
3LD- 00364	Pavilion East & West	300 W. Huntington Dr.	Replace	SPC3	01/01/2019	01/01/2019

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section $130061(c)(1)(C)$. The projected construction start date or dates and projected Completion date or dates per Section $130061(c)(1)(D)$ and the most recent project status and approvals per Section $130061(c)(1)(E)$.					
Building No: BLD-00358 Main Hosp	ital	Retrofit/Replacement Project:	Yes-Submittee		
Facility Project Sub Number Number Num Scope	Pla Date In	an Approved Projected Date Start Date	Projected Completion Date State	CEQA us Review	
	0358, Bldg 01) SPC-2	3/4/2015 04/01/2015 12:00:00 AM	01/01/2015 P	END No	
For each building which is planned for rebuil projected construction start date or dates an status and approvals per Section 130061(c) Building No: BLD-00359 East Wing	d projected Completion date or dates per \$ 1)(E).				
		Project:			
Facility Project Sub Number Number Num Scope	Pla Date In	an Approved Projected Date Start Date	Projected Completion Date State	CEQA _{us} Review	
11858 S142762-19 0 -00		0/8/2015 12/01/2014 12:00:00 AM	C	PEN No	
OSHPD FDD SB499 Report Data La	st Update: 12/18/2015 Submission	Date: 12/18/2015	Printed: 12/20/2015 6:	25 AM	

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For each building which is projected construction star status and approvals per status	planned for rebuild, retrofit or replacement, p rt date or dates and projected Completion dat Section 130061(c)(1)(E).	rovide the project ne or dates per Secti	umbers, per Section 7 on 130061(c)(1)(D) a	130061(c)(1)(C). nd the most rece	The ent project	
Building No: BLD-00362	West Wing		trofit/Replacement pject:	No		
Facility Project Sub Number Number Nun		Plan Ap Date In Da		Projected Completion Date	Status	CEQA Review
11858 S142763-19 -00	0	11/26/20110/8/2412:00			OPEN	No
		e or dates per Secti			ent project	
			oject:			
Facility Project Sub Number Number Nun		Plan Ap Date In Da		Projected Completion Date	Status	CEQA Review
11858 S142816-19 -00	 0 SB 90 for Methodist Hospital 11858: 36 Bed Acute (Pavilion E & W, BLD-00364) to 30 Bed Rehab (Patien 	12/4/2014 10/12/2 12:00		12/31/2015	PEND	No
OSHPD FDD SB499 Report	Data Last Update: 12/18/2015	Submission Dat	e: 12/18/2015	Printed: 12/20/2	015 6·25 AM	1

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD-00358	Building Name: Ma	in Hospital			
Type of Service Provided					
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
X IntensiveCare Inpatient Beds	9 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	Renal Dialysis		
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery		
	Total Beds this 9 Building	Obstetrical Cesarean/Deliv	Central Plant		
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Provide the number of in	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-	Building Number: BLD-00359 Building Name: East Wing						
Type of Service Provid	led						
	npatient 0 Beds) Inpatient 0 Days	Surgical	Obstetrical Recovery			
	npatient C Beds	Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
	npatient 0 Beds	Inpatient Days 0	Clinical Lab	Emergency			
	npatient C Beds) Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
	npatient C Beds) Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
	npatient C Beds) Inpatient Days 0		Renal Dialysis			
	npatient C Beds	Inpatient Days 0	Support Services	Outpatient Surgery			
	Total Buildi	Beds this 0 ng	Cesarean/Deliv	Central Plant			
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Provide the number of inpatient t	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-00362	Building Number: BLD-00362 Building Name: West Wing						
Type of Service Provided							
X Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Inpatient Care Beds	0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	Total Beds this 0 Building	Cesarean/Deliv	Central Plant				
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Provide the number of inpa	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD-00364 Building Name: Pavilion East & West						
Type of Service Provided	Ł					
X Nursing Inp. Bec	batient 20 Inpatient 6560 ds Days	Surgical	Obstetrical Recovery			
IntensiveCare Inp. Bec	oatient 0 Inpatient Days 0 ds	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol Inp. escent Bed	oatient 0 Inpatient Days 0 ds	Clinical Lab	Emergency			
Psychiatric Inp Nursing Bed	atient 0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Inp Ante/Postprtum Bed	atient 0 Inpatient Days 0 ds	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Inp Care Bed	batient 0 Inpatient Days 0 ds	Administration	Renal Dialysis			
X Skilled Nursing Inp. Bed	batient 26 Inpatient Days 8350	X Support Services	Outpatient Surgery			
	Total Beds this 46 Building	Cesarean/Deliv	Central Plant			
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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number: BLD-00358 Building Name: Main Hospital						
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 9 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	9 9				
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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-00359 Building Name: East Wing							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Pediatric	intensive Care Newborn Nursery	Intermediate Card					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0				
Coronary Care	Chemical Dependency	Total Beds this Total I Building Per Buildin Unit Servic					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0				

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Provide the number	r of Inpatient beds and patier	nt days per type of unit	per building per Secti	on 130061(c)(1)(F)				
Building Number: BLD-00362 Building Name: West Wing								
Medical / Surgical	Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric							
Inpatient 0 Bed	Inpatient 0 Days	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 0 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 / developn Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			

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Provide the number of Inpatient beds and patient	ent days per type of unit per building per Section	130061(c)(1)(F)					
Building Number: BLD-00364 Building Name: Pavilion East & West							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 26 Inpatie Bed Days	nt 8565				
Pediatric	intensive Care Newborn Nursery	Intermediate Card					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 20 Inpatient 6560 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0				
Coronary Care	Chemical Dependency	Total Beds this Total B Building Per Buildin Unit Servic					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	46	46				

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00358	Main Hospital	Retrofit
BLD-00359	East Wing	Rebuild
BLD-00360	Utility Building / Central Plant	Remain
BLD-00362	West Wing	Rebuild
BLD-00364	Pavilion East & West	Replace
BLD-00365	Hoefflin Wing	Remain
BLD-00366	Surgical Wing	Remain
BLD-00367	Patient Tower	Remain
BLD-03711	Electrical Equipment Building	Remain
BLD-05461	North Tower	Remain
BLD-05514	Tower Lobby	Remain
BLD-05634	Generator Building	Remain
BLD-05635	Switchgear Building	Remain
BLD-05636	Switchgear Shed	Remain
BLD-05848	Berger Tower Patient Canopy	Remain

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List ALL proposed ne	List ALL proposed new buildings to be constructed at this or another site.						
Building Number	Building Nam	1e		New Site			
N_1	North Tower						
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building N	Building Number: BLD-00359 East Wing Removal Date:							
Planned Uses for the building to be removed from acute care service: Planned use for building: Clinic Jurisdiction: OSHPD								
Inpatient	services currently Nursing	y delivered in th	<u>e building:</u> Surgical		Obstetrical Cesarean/Del	iv	Rehabilitation Therapy	I
X	IntensiveCare Pediatric/Adol escent		Anesthesia Clinical Lab		Obstetrical Recovery		Renal Dialysi	S
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum Intermediate		Pharmaceutical Dietetic		Emergency		Central Plant	
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)					
Building Number: BLD-003	362 West Wing		Removal 12/31/2018 Date:		
Planned Uses for the building	g to be removed from acute care servi	ce:			
Planned use for building:	Juris	sdiction: OSHPD			
Inpatient services currently d	elivered in the building:				
X Nursing	Surgical	Obstetrical Cesarean/Deli	v Rehabilitatio	bn	
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialys	sis	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plar	nt	
Intermediate Care	Dietetic				
Skilled Nursing	Administration	Nuclear Medicine	Support Services		
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)						
Building Number: BLD-00364 Pavilion East & West Removal Date: 01/01/2020						
Planned Uses for the building	to be removed from acute care servic	e:				
Planned use for building: Sk	illed Nursing Facility Jurise	diction:]			
Inpatient services currently de	livered in the building:	_				
X Nursing	Surgical	Obstetrical Cesarean/Deli	X Rehabilitation	n		
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialy	sis		
escent Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt		
Intermediate Care	Dietetic					
X Skilled Nursing	Administration	Nuclear Medicine	X Support Services			
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No data reporte	ed for Sectio	on 130061(c))(2)(D).		

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No data reporte	ed for Sectio	n 130061(c))(2)(D).		

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)					
Building BL Number:	D-00359 Building Name:	East Wing			
Will general acute car	re services and beds will be r	elocated to a new, Existing or retrofitte	d building?		
Nursing	Relocated to new building				
		nd beds will be relocated to a new, exis a Building Resolution of "Rebuild" or "			
Number:	D-00359 Building Name:	East Wing			
	7	elocated to a new, Existing or retrofitte	d building? ¬		
Pediatric	Relocated to new building				
		nd beds will be relocated to a new, exis a Building Resolution of "Rebuild" or "			
Building BL Number:	D-00362 Building Name:	West Wing			
Will general acute car	re services and beds will be re	elocated to a new, Existing or retrofitte	d building?		
Nursing	Relocated to new building				
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Report whether the general acute care service building sites or project numbers for buildings			
Building BLD-00364 Building Namber:	ne: Pavilion East & West		
Will general acute care services and beds will	be relocated to a new, Existing or retrofitte	ed building?	
Nursing Relocated to other bu	ilding		
Report whether the general acute care service building sites or project numbers for buildings			
Building BLD-00364 Building Namber:	ne: Pavilion East & West		
Will general acute care services and beds will	be relocated to a new, Existing or retrofitte	ed building?	
Skilled Nursing N/A			
Report whether the general acute care service building sites or project numbers for buildings			
Building BLD-00364 Building Namber:	ne: Pavilion East & West		
Will general acute care services and beds will	be relocated to a new, Existing or retrofitte	ed building?	
Support Services N/A			
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)					
Building Number: BLD-00364 Building Name: Pavilion East & West Will general acute care services and beds will be relocated to a new, Existing or retrofitted Rehabilitation Therapy N/A	l building?				
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R					
Building Number: BLD-00364 Building Name: Pavilion East & West Will general acute care services and beds will be relocated to a new, Existing or retrofitted Skilled Nursing N/A	l building?				

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

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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-00358 Building Name: Main Hospital								
Type of Service	e Provided							
		Surgical		Dbstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing	Anesthesia				Panal Dialyzia		
X	IntensiveCare	Clinical Lab		Dbstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent	Radiological/		Newborn/ VellBaby		Outpatient Surgery		
	Psychiatric Nursing	Imaging Pharmaceutical		Emergency		Central Plant		
	Obstetrical Ante/Postprtum			Nuclear Aedicine	X	Support Services		
	Intermediate Care	X Administration						
	Skilled Nursing							
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Report any general per Section 130061		atient service that is provided in any	general acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-00359 Buildin	g Name: East Wing			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
X	Nursing	Anesthesia		D Danal (Dielysie
	IntensiveCare		Obstetrical Recovery	Renal [JIAIYSIS
X	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surgery	
	Psychiatric Nursing	Imaging	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	t
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061		atient service that is provided in any	general acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-00362 Buildin	g Name: West Wing			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
X	Nursing	Anesthesia	_	Danal (Distusis
	IntensiveCare		Obstetrical Recovery	Renal [Jiaiysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surgery	
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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ding Number:	BLD-00364 Buildin	ng Name: Pa	wilion East & West			
Type of Service	Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare		/ moon oold	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric		Imaging			
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum			Nuclear Medicine	X	Support Services
			Dietetic	Medicine		Services
	Intermediate Care		Administration			
_			Administration			
X	Skilled Nursing	I				

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Report the final configuration of al requirements whether by retrofit o per Section 130061(c)(5)	l buildings on the hospital campus show r by replacement and the type of service	<i>r</i> ing how each building will comply e that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral acute care hospital building
Building Number: BLD-00358 Configuration: Retrofit Non-0	Building Name: Main Hospital	3 and remove from service by 203	0
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 Care	Dietetic		
Skilled Nursing	Administration	Nuclear Medicine	Support 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-00359 Building Name: East Wing									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	diatric/Adol cent		Clinical Lab		Recovery				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate		Dietetic						
	illed Nursing		Administration		Nuclear Medicine		Support 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-00360 Building Name: Utility Building / Central Plant									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service Provided									
Nursing	Surgical		etrical arean/Deliv		Rehabilitation Therapy				
IntensiveCare	Anesthesia	Obst Reco	etrical	- F	Renal Dialysis				
Pediatric/Adol escent	Clinical Lab	Recu	very						
Psychiatric Nursing	Radiological/ Imaging	Newl Well			Dutpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Eme	rgency		Central Plant				
Intermediate Care	Dietetic		1						
Skilled Nursing	Administration		ear Medicine		Support 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-00362 Building Name: West Wing	
Configuration: N/A	
Type of Service Provided	
Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy	
IntensiveCare Anesthesia Obstetrical Renal Dialysis Recovery	
Pediatric/Adol escent Clinical Lab	
Psychiatric NursingRadiological/ ImagingNewborn/ WellBabyOutpatient Surgery	
Obstetrical Ante/Postprtum Pharmaceutical Central Plant	
Dietetic Dietetic	
Care Nuclear Medicine Support Services 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-00364 Building Name: Pavilion East & West									
Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.									
Type of Service Provided									
Nursing	Surgical	Obste Cesa	etrical	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obste		Renal Dialysis					
Pediatric/Adol escent	Clinical Lab		very						
Psychiatric Nursing	Radiological/ Imaging	Newb WellB		Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Central Plant					
Intermediate Care	Dietetic		ar Medicine	Current					
Skilled Nursing	Administration			Support Services					
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Report the final con requirements whet per Section 13006	her by retrofit or by	uildings on the y replacement	hospital campus showin and the type of service t	ig how e hat will t	ach buildir be provide	ng will comply with d in each general a	the SP acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-00365	Building Na	me: Hoefflin Wing					
Configuration:	N/A							
Type of Service	e Provided							
	ursing		Surgical		Obstetric Cesarea			Rehabilitation Therapy
	tensiveCare		Anesthesia		Obstetric Recover			Renal Dialysis
	ediatric/Adol scent		Clinical Lab			,		
	sychiatric ursing		Radiological/ Imaging		Newborr WellBab	n/ y		Outpatient Surgery
	bstetrical hte/Postprtum		Pharmaceutical		Emerger	су		Central Plant
	termediate are		Dietetic			• • · · ·		
	killed Nursing		Administration		Nuclear	Medicine		Support Services
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Report the final con requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ng how e that will t	ach build be provid	ding will comply with ded in each general	h the SP acute ca	C-5/NPC-4 or 5 are hospital building	
Building Number:	BLD-00366	Building Na	me: Surgical Wing						
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis	
	ediatric/Adol cent		Clinical Lab						
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa	orn/ aby		Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	ency		Central Plant	
Inte Ca	ermediate		Dietetic						
	illed Nursing		Administration		NUCIE2	ar Medicine		Support Services	
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Report Year: 2015 11858	Methodist Hospital of Southern Calif	Methodist Hospital of Southern California		Arcadia							
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-00367	Building Name: Patient Tower										
Configuration: N/A	N/A										
Type of Service Provided											
Nursing	Surgical		etrical [] irean/Deliv	Rehal Thera	bilitation py						
IntensiveCare	Anesthesia	Obste Reco	etrical	Rena	Dialysis						
Pediatric/Adol escent	Clinical Lab										
Psychiatric Nursing	Radiological/ Imaging	Newb WellE	born/ Baby	Outpa Surge							
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	rgency	Centra	al Plant						
Intermediate Care	Dietetic		ear Medicine	Supp	ort						
Skilled Nursing	Administration			Supp Servi							
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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-03711 Building Name: Electrical Equipment Building											
Configuration: N/A											
Type of Service	e Provided										
Nu	ursing		Surgical		Obstetr Cesare	ical an/Deliv		Rehabilitation Therapy			
Int	tensiveCare		Anesthesia		Obstetr Recove			Renal Dialysis			
	ediatric/Adol scent		Clinical Lab								
	sychiatric ursing		Radiological/ Imaging		Newboi WellBa			Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emerge	ency		Central Plant			
	termediate are		Dietetic		Nuslaa	- Marillata -		Quantat			
	killed Nursing		Administration		Nuclear Medicine	r Medicine		Support Services			
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	uildings on the y replacement	hospital campus showin and the type of service t	ng how e that will t	ach buildi be provide	ing will comply with ed in each general	the SP acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-05461	Building Na	me: North Tower					
Configuration:	N/A							
Type of Service	e Provided							
Nu Nu	ursing		Surgical		Obstetri Cesarea			Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetri Recove			Renal Dialysis
	ediatric/Adol scent		Clinical Lab			.,		
	sychiatric ursing		Radiological/ Imaging		Newbor WellBat	n/ ɔy		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerge	ncy		Central Plant
	termediate are		Dietetic		-			
	killed Nursing		Administration		Nuclear	Medicine		Support Services
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Report the final cor requirements wheth per Section 130067	her by retrofit or by	ldings on the replacement	hospital campus showing and the type of service th	g how e hat will t	ach build be provid	ding will comply with ded in each general a	the SP acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-05514	Building Nar	me: Tower Lobby					
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ursing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstet Recov			Renal Dialysis
	ediatric/Adol scent		Clinical Lab					
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa	orn/ aby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	ency		Central Plant
	termediate are		Dietetic					
	killed Nursing		Administration		NUCIE2	ar Medicine		Support Services
OSHPD FDD SB499 F		ata Last Update	e: 12/18/2015	Submiss	ion Date:	12/18/2015	Printed	12/20/2015 6:25 AM
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Report the final cor requirements wheth per Section 130067	her by retrofit or by	ildings on the replacement	hospital campus showing and the type of service th	g how e hat will t	ach buil be provid	ding will comply with ded in each general a	the SP acute ca	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-05634	Building Na	me: Generator Building	l				
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ursing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstet Recov			Renal Dialysis
	ediatric/Adol scent		Clinical Lab					
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa	orn/ aby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	ency		Central Plant
	termediate are		Dietetic					
	killed Nursing		Administration		Nuclea	ar Medicine		Support Services
OSHPD FDD SB499 F	Report D	ata Last Updat	e: 12/18/2015	Submiss	ion Date:	12/18/2015	Printed:	12/20/2015 6:25 AM

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	her by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-05635	Building Na	me: Switchgear Buildir	ng				
Configuration:	N/A							
Type of Service	e Provided							
Nu	ursing		Surgical		Obstetri Cesarea			Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetri Recove			Renal Dialysis
	ediatric/Adol cent		Clinical Lab			,		
	sychiatric ursing		Radiological/ Imaging		Newbor WellBab			Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerge	ncy		Central Plant
Int Ca	ermediate are		Dietetic		Nuclear	Medicine		Support
Sk	tilled Nursing		Administration					Services
OSHPD FDD SB499 F	Report D	ata Last Updat	e: 12/18/2015	Submiss	ion Date:	12/18/2015	Printed:	12/20/2015 6:25 AM

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	her by retrofit or by				ach building will comply wi be provided in each genera		
Building Number:	BLD-05636	Building Na	me: Switchgear Shed				
Configuration:	N/A						
Type of Service	Provided						
Nu Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant
Int Ca	ermediate		Dietetic				
	illed Nursing		Administration		Nuclear Medicine		Support Services
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	her by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-05848	Building Na	me: Berger Tower Pati	ent Can	ору			
Configuration:	N/A							
Type of Service	Provided							
Nu	ursing		Surgical		Obstetr Cesare	ical an/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetr Recove			Renal Dialysis
	ediatric/Adol cent		Clinical Lab			,		
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerge	ency		Central Plant
Int Ca	termediate		Dietetic		Nuclea	r Medicine		Current
	illed Nursing		Administration		Nuclear	r Medicine		Support Services
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) Building Number: BLD-00360 Building Name: Utility Building / Central Plant Type of Service Provided Inpatient 0 Surgical Obstetrical Rehabilitation IntensiveCare Inpatient 0 Anesthesia Renal Dialysis Renal Dialysis Pediatric/Adol Inpatient 0 Clinical Lab Obstetrical Renal Dialysis	Report Year: 2015 11	1858 Methodist Hospita	l of Southern California	Arcadia	Page	:43 of 64
Type of Service Provided Nursing Inpatient 0 Surgical Obstetrical Rehabilitation IntensiveCare Inpatient 0 Anesthesia Rehabilitation Therapy Pediatric/Adol Inpatient 0 Clinical Lab Obstetrical Renal Dialysis			type of Service provided by bu	ildings that are classified as	SPC-2, SPC-3, SP	C-4,
Nursing Inpatient Beds 0 Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Inpatient Beds 0 Anesthesia Renal Dialysis Pediatric/Adol escent Inpatient Beds 0 Clinical Lab Obstetrical Recovery Renal Dialysis	Building Number: BLD-003	Building Nam	e: Utility Building / Central F	Plant		
Intensive Care Inpatient 0 Pediatric/Adol Inpatient 0 Pediatric/Adol Inpatient 0 Clinical Lab Clinical Lab Clinical Lab Clinical Lab Clinical Lab	Type of Service Provided	<u>d</u>				
Beds Beds Beds Beds Beds Beds Beds Beds			Surgical			n
Pediatric/Adol Inpatient 0 Clinical Lab Recovery			Anesthesia			
			Clinical Lab		Renal Dialys	is
Psychiatric Inpatient 0 Imaging WellBaby Surgery			Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Inpatient 0 Pharmaceutical Emergency X Central Plant			Pharmaceutical	Emergency	X Central Plan	t
Intermediate Inpatient 0 Care Beds 0 Dietetic Nuclear Support Medicine Services			Dietetic			
Skilled Nursing Administration Inpatient 0 Beds Inpatient	Inpa		Administration			
Total Beds this 0 Building		0				
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Include information on the n and SPC-5 per Section 130		by type of Service provided by t	puildings that are classified a	s SPC-2, SPC-3, SPC-4,
Building Number: BLD-003	D365 Building N	ame: Hoefflin Wing		
Type of Service Provided	ed			
	patient 0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	patient 20 eds	Anesthesia		
	patient 0 eds	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
	patient 0 eds	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Inp	patient 0 eds	Pharmaceutical	Emergency	Central Plant
	patient 0 eds	Dietetic	X Nuclear Medicine	X Support Services
	patient 0 eds	X Administration		
Total Beds this Building	20			
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Include information on and SPC-5 per Section		f inpatient beds t	by type of S	Service provided by	ouildings that are classified a	as SPC-2, SF	PC-3, SPC-4,
Building Number: BL	D-00366	Building Na	ame: Su	rgical Wing			
Type of Service Pro	vided						
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv		nabilitation grapy
IntensiveCare	Inpatient Beds	0	X	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Sup Ser	port vices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					
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Include information on the num and SPC-5 per Section 13006		by type of Service provided by	ouildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BLD-00367	Building Na	ame: Patient Tower		
Type of Service Provided				
X Nursing Inpation Beds	ent 144	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare Inpation Beds	ent 17	Anesthesia		
Pediatric/Adol Inpation	ent 0	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
Psychiatric Inpatie Nursing Beds	ent 0	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical Inpatio X Ante/Postprtum Beds	ent 24	Pharmaceutical	Emergency	Central Plant
Intermediate Inpatie Care Beds	ent 0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing Inpatie Beds	ent 0	X Administration		
Total Beds this Building	185			
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	de information on SPC-5 per Section		inpatient beds	by type of \$	Service provided by	buildings that	are classified as	s SPC-2, SP	C-3, SPC-4,
Build	ing Number: BL	D-03711	Building N	Name: Ele	ectrical Equipment E	Building			
Тур	e of Service Prov	vided							
	Nursing	Inpatient Beds	0		Surgical		tetrical arean/Deliv	Reha Ther	abilitation apy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		tetrical overy	Ren	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		/born/ Baby	Outp Surg	patient Jery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Eme	ergency	X Cent	tral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nucl Med	ear icine	Supj Serv	
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)											
Building Number: BLD-0	05461 Buildir	ig Name: No	orth Tower								
Type of Service Provide	led										
	npatient 120 Beds		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	npatient 20 Beds		Anesthesia								
	Inpatient 0 Beds		Clinical Lab		Obstetrical Recovery		Renal Dialysis				
	npatient 0 Beds		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery				
	Inpatient 0 Beds		Pharmaceutical	X	Emergency		Central Plant				
	Inpatient 0 Beds	X	Dietetic		Nuclear Medicine	X	Support Services				
	Inpatient 0 Beds		Administration								
Total Beds this Building	140										
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Include information on the and SPC-5 per Section		inpatient beds	by type of S	Service provided by	building	gs that are classified a	is SPC-2	2, SPC-3, SPC-4,
Building Number: BLD	-05514	Building N	ame: To	wer Lobby				
Type of Service Provi	ded							
	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Inpatient Beds	0		Pharmaceutical	Ľ	Emergency		Central Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							, SPC-3, SPC-4,
Building Number: BLD	0-05634	Building N	ame: Ge	enerator Building				
Type of Service Prov	ided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
OSHPD FDD SB499 Repor	t D	ata Last Update:	12/18/20)15 Submiss	ion Date	e: 12/18/2015	Printed: 1	2/20/2015 6:25 AM

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							PC-3, SPC-4,
Building Number:	LD-05635	Building N	ame: <mark>Sw</mark>	itchgear Building]
Type of Service Pr	ovided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Γ	Newborn/ WellBaby		tpatient rgery
Obstetrical Ante/Postprtu	Inpatient n Beds	0		Pharmaceutical	Ľ	Emergency	X Ce	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	Su Se	pport rvices
Skilled Nursing	g Inpatient Beds	0		Administration				
Total Beds this Building	3	0						
OSHPD FDD SB499 Re	port	Data Last Update:	12/18/20	015 Submiss	ion Date	e: 12/18/2015	Printed: 12/2	20/2015 6:25 AM

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							PC-3, SPC-4,
Building Number: Bl	_D-05636	Building N	ame: <mark>S</mark> w	vitchgear Shed]
Type of Service Pro	ovided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Ľ	Newborn/ WellBaby		tpatient rgery
Obstetrical Ante/Postprtun	Inpatient n Beds	0		Pharmaceutical	Ľ	Emergency	X Ce	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Ľ	Nuclear Medicine	Su Su Se	pport rvices
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
OSHPD FDD SB499 Rep	ort	Data Last Update:	12/18/20	015 Submiss	ion Date	e: 12/18/2015	Printed: 12/2	20/2015 6:25 AM

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	information on t C-5 per Section		inpatient beds	by type of S	Service provided by	buildings that are classifi	ed as SPC-2, SP	C-3, SPC-4,
Building	g Number: BLC	0-05848	Building N	lame: Be	rger Tower Patient	Canopy		
<u>Type o</u>	of Service Prov	ided						
۱ <u> </u>	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		abilitation apy
	ntensiveCare	Inpatient Beds	0		Anesthesia	_		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Serv	port ices
	Skilled Nursing	Inpatient Beds	0		Administration			
	Fotal Beds this 3uilding		0					
1								
OSHPD F	DD SB499 Repor	t D	ata Last Update	: 12/18/20	15 Submiss	ion Date: 12/18/2015	Printed: 12/20/	/2015 6:25 AM

Report Year: 2015 11858 Methodis	t Hospital of Southern California	rcadia	Page:54 of 64				
Include information on the number of inpatient I SPC-5 per Section 130061(e)	Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)						
Building Number: BLD-00360 Buil	ding Name: Utility Building / Central Plant	t					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Coronary Care	Chemical Dependency	Total Beds this Total E Building Per Buildin	Beds this ng Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic					
OSHPD FDD SB499 Report Data Last U	pdate: 12/18/2015 Submission Date:	12/18/2015 Printed: 12/20/2	015 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	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00365 Buil	ding Name: Hoefflin Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 10 Inpatient 860 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 10 Inpatient 1886 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 20 20
OSHPD FDD SB499 Report Data Last U	Jpdate: 12/18/2015 Submission Date:	12/18/2015 Printed: 12/20/2015 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-00366 B	uilding Name: Surgical Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
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Include information on the number of inpatient to 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-00367 Building	ding Name: Patient Tower	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 144 Inpatient 28145 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 24 Inpatient 5605 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 17 Inpatient 1153 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 185 185
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Include information on the number of inpatien SPC-5 per Section 130061(e)	t beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-03711 Bu	Electrical Equipment Building	g
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
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Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-05461 Bui	Iding Name: North Tower	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 120 Inpatient 23453 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 10 Inpatient 1886 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 10 Inpatient 2506 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 140 140
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Include information on the number of inpatien SPC-5 per Section 130061(e)	It beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-05514 Bu	Ilding Name: Tower Lobby	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)				
Building Number: BLD-05634 Building Number:	uilding Name: Generator Building			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service		
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)				
Building Number: BLD-05635 Bu	ilding Name: Switchgear Building			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service		
OSHPD FDD SB499 Report Data Last	Update: 12/18/2015 Submission Date:	12/18/2015 Printed: 12/20/2015 6:25 AM		

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)				
Building Number: BLD-05636 B	uilding Name: Switchgear Shed			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0		
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)				
Building Number: BLD-05848 B	uilding Name: Berger Tower Patient Canop	ру		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0		
OSHPD FDD SB499 Report Data Las	t Update: 12/18/2015 Submission Date:	12/18/2015 Printed: 12/20/2015 6:25 AM		