## 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: 11414								
Facility Name:	Facility Name: Kindred Hospital - Los Angeles							
Address:	Address: 5525 W. Slauson Ave.							
City:	Los Ang	les						
Hospital Owner/Lic	ensee:	THC-Orange County, Inc						
Year of Reporting:		2016						
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]						
Name of Sub	omitter:	William Alexander						
Submission	n Date:	10/25/2016 9:17:17 AM						

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D 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- 03066	Storage / Maintenance - Building V	5525 W. Slauson Ave.	Retrofit	SPC2	01/01/2017	12/31/2016
BLD- 05829		5525 W. Slauson Ave.	Retrofit	SPC2	01/01/2017	12/31/2016

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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-03066 Storage / Maintenance - Building V Retrofit/Replacement Project: Hazus-Submitted

Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 11414 H142652-19 11/14/201 11/25/2015 02/02/2015 07/03/2015 PEND No -00 12:00:00 4 AM

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-05829 Hazus-Submitted **Entrance Canopy** Retrofit/Replacement Building No: Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Date Start Date Review Number Number Num Scope Date In 0 PEND No 11414 S152086-19 8/6/2015 10/15/2015 01/15/2016 08/15/2016 -00 12:00:00 AM

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Provide the number o	f inpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)
Building Number: Bl	_D-03066	Building Name: St	orage / Maintenance - Building	y V
Type of Service Prov	<u>vided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
		Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Provide the numbe	r of inpatient be	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)
Building Number:		Building Name: Er	ntrance Canopy	
Type of Service P	<u>rovided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	e Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Ado escent	l Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtu	Inpatient ım Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursir	ng Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deda	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

Report Year: 2016 11414 Kindred Hospital - Los Angeles Los Angeles Page:6 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number: Building Name:** Storage / Maintenance - Building V BLD-03066 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 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2016 11414 Kindred Hospital - Los Angeles Los Angeles Page:7 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05829 **Building Number: Building Name: Entrance Canopy** 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 Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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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-00727	Original Building - Building I	Remain
BLD-00728	Southeast Addition - Building III	Remain
BLD-00729	Power Service Station - Building IV	Remain
BLD-03027	Addition - Building II	Remain
BLD-03066	Storage / Maintenance - Building V	Retrofit
BLD-05829	Entrance Canopy	Retrofit

Report Year: Kindred Hospital - Los Angeles Los Angeles 2016 11414 Page:9 of 30 No proposed new buildings to be constructed at this or another site.

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Report Year: Kindred Hospital - Los Angeles Los Angeles 2016 11414 Page:11 of 30 No data reported for Section 130061(c)(2)(D).

Report Year: Kindred Hospital - Los Angeles Los Angeles 2016 11414 Page:12 of 30 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whethe	er the genera	al acute care services and beds will be relocated to numbers for buildings with a Building Resolution of "	aı	new, existing or retrofitted building a	and any
corresponding	bullaling site.	s or project i	numbers for buildings with a building Nesolution of	110	soulid of Replace per Section 130	0001(c)(2)(L).

Report Year: Kindred Hospital - Los Angeles Los Angeles 2016 11414 Page:14 of 30 No data reported for Section 130061(c)(3).

ding Number:	BLD-03066 Buildin	ng Name: Si	torage / Maintenance	- Buildin	g V		
Type of Service	e Provided	ı n	Surgical		Obstetrical		Rehabilitation
	Nursing		J		Cesarean/Deliv		Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab		·		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		Administration				
	Skilled Nursing						

ilding Number:	BLD-05829 Buildi	ng Name: E	ntrance Canopy			
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing		Anesthesia	Obstetrical	Renal Dialysis	
	IntensiveCare Pediatric/Adol		Clinical Lab	Recovery	Outpatient	
	escent		Radiological/ Imaging	Newborn/ WellBaby	Surgery	
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant	
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care		Administration			
	Skilled Nursing					

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Report the final configuration of all burequirements whether by retrofit or by per Section 130061(c)(5)	rildings on the hospital campus show replacement and the type of service	ving 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-00727	Building Name: Original Building	յ - Building I	
Configuration: Retrofit Non-Cor	forming building to SPC 4D or SPC	5 and NPC 4 or NPC 5	
Type of Service Provided			
X Nursing	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X IntensiveCare	Anesthesia	Obstetrical Recovery	X Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	X Support
Skilled Nursing	X Administration		Services

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whether by retrofit or by				
ber: BLD-00728	Building Name: Southea	ast Addition - Building III		
n: Retrofit Conformi	ng building to NPC 4 or NP	C 5		
rvice Provided				
Nursing	Surgical			Rehabilitation Therapy
IntensiveCare	Anesthesia			Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recov	<i>r</i> ery	
Psychiatric Nursing	Radiological Imaging			Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceut		ganay $\square$	Central Plant
Intermediate	Dietetic	Emer(	Jency	Central Flant
Care Skilled Nursing	Administration		ear Medicine X	Support Services
	whether by retrofit or by 30061(c)(5)  ber: BLD-00728  n: Retrofit Conformitervice Provided  Nursing  IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care	whether by retrofit or by replacement and the type of 30061(c)(5)  ber: BLD-00728 Building Name: Southeater in: Retrofit Conforming building to NPC 4 or NPC in: Retrofit Conforming bui	whether by retrofit or by replacement and the type of service that will be provision of the	Der: BLD-00728 Building Name: Southeast Addition - Building III  Retrofit Conforming building to NPC 4 or NPC 5  Prvice Provided  Nursing Surgical Obstetrical Cesarean/Deliv  IntensiveCare Anesthesia Obstetrical Recovery  Pediatric/Adol Scent Radiological/ Imaging Newborn/ WellBaby  Obstetrical Ante/Postprtum Pharmaceutical  Ante/Postprtum Dietetic  Intermediate Care Nuclear Medicine X  Administration

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Report the final con requirements wheth per Section 130061	ner by retrofit or by r	dings on the l eplacement a	nospital campus showing and the type of service the	g how ea	ach building will comply we provided in each gener	ith the SPC- al acute care	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-00729	Building Nan	ne: Power Service Sta	tion - Bu	ilding IV		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X C	Central Plant
Inte	ermediate re		Dietetic		Nuclear Medicine	X	Support
Ski	illed Nursing		Administration			Ш.	Services

	vhether by retrofit or by				ach building will comply be provided in each geno		
ilding Numb	er: BLD-03027	Building Na	me: Addition - Buildi	ng II			
Configuration	Retrofit Non-Con	forming buildi	ng to SPC 4D or SPC	5 and NP	C 4 or NPC 5		
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		
	Intermediate	X	Dietetic		Emergency	X	Central Plant
	Care	X	Administration		Nuclear Medicine	X	Support Services
		X	Administration		Nuclear Medicine	X	

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	er by retrofit or by				ach building will comply with e provided in each general		
Building Number:	BLD-03066	Building Nam	ne: Storage / Maintena	nce - Bı	uilding V		
Configuration:	Retrofit Non-Confo	orming building	g to SPC 2 and NPC 3 a	and rem	ove from service by 2030		
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Nedevery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	stetrical		Pharmaceutical				
Ant	te/Postprtum				Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support
Ski	lled Nursing		Administration				Services

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Report the final or requirements who per Section 1300	nether by retrofit or by	dings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply voe provided in each gene	vith the SPC ral acute car	e-5/NPC-4 or 5 e hospital building
Building Number	r: BLD-05829	Building Na	me: Entrance Canopy				
Configuration:	Retrofit Non-Confe	orming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030	)	
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Receivery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	П	Support
	Skilled Nursing		Administration				Services

eport Year: 2016	11414 K	(indred Hospital -	Los Ange	eles	Los Angeles		Page:23 of 30
Include information on to 4D and SPC-5 per Sec	the number of tion 130061(e	f inpatient beds b	y type of S	Service provided by	ouildings that are classified a	s SPC-2, SF	PC-3, SPC-4, SPC-
Building Number: BLD	D-00727	Building Na	me: Or	ginal Building - Build	ding I		
Type of Service Prov	<u>rided</u>						
X Nursing	Inpatient Beds	27		Surgical	Obstetrical Cesarean/Deliv		abilitation rapy
X IntensiveCare	Inpatient Beds	5		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Ren	al Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Out	oatient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Cen	tral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Sup Serv	port vices
Skilled Nursing	Inpatient Beds	0	X	Administration			
Total Beds this Building		32					

ort Year:	2016 11414	Kindred Hospital -	Los Angeles	Los Angeles	Page:24 of 30
	nation on the number of per Section 130061(		y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Numb	Der: BLD-00728	Building Na	me: Southeast Addition - B	uilding III	
Type of Serv	vice Provided				
X Nursing	Inpatient Beds	6	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
Intensiv	veCare Inpatient Beds	0	Anesthesia	_	
Pediatri escent	ic/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychia Nursing		0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetr Ante/Po	ical Inpatient ostprtum Beds	0	Pharmaceutical	Emergency	Central Plant
Interme Care	ediate Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled	Nursing Inpatient Beds	0	Administration		
Total Bo Building	eds this	6			

port Year: 2016	11414	Kindred Hospital -	Los Angeles	Los Angeles	Page:25 of 30
Include information on 4D and SPC-5 per Se			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00729	Building Nar	me: Power Service Station	- Building IV	
Type of Service Pro	<u>vided</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	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			

ort Year:	2016	11414	Kindred Hospital	- Los Ange	eles		Los Angeles		Page:26 of 30
	ormation on the C-5 per Section			y type of S	Service provided by I	ouildi	ngs that are classified a	s SPC-	2, SPC-3, SPC-4, SPC-
Building Nu	umber: BLD	-03027	Building Na	ame: Ad	dition - Building II				
Type of S	Service Provi	ded							
X Nurs	sing	Inpatient Beds	43	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Inter	nsiveCare	Inpatient Beds	0	X	Anesthesia				
Pedi esce	iatric/Adol ent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
Psyc Nurs	chiatric sing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
Inter Care	rmediate	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services
Skill	ed Nursing	Inpatient Beds	0	X	Administration				
Tota Build	ll Beds this ding		43						

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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, SPC-

4D and SPC-5 per Section 130061(e)					
Building Number: BLD-00727 Buildi	ng Name: Original Building - Building I				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 27 Inpatient 9245 Bed Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 5 Inpatient 1803 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per			
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 32			

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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, SPC-4D and SPC-5 per Section 130061(e)

4D and SPC-5 per Sec	mon 130061(e)			
Building Number:	BLD-00728	Building Name:	Southeast Addition - Building	g III
Medical / Surgical (Inc	clude GYN)	Acute Respi	ratory Care	Acute Psychiatric
Inpatient 6 Bed	Inpatient 2 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Ne	wborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitatio Center	on	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical De	ependency	Total Beds this  Building Per  Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 6

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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, SPC-4D and SPC-5 per Section 130061(e)

4D and SPC-5 per S	Section 130061(e)		
Building Number:	BLD-03027 Build	ding Name: Addition - Building II	
Medical / Surgical (	Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 43 Bed	Inpatient 14724 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude	Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this  Building Per  Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 43