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:	Facility Number: 11510							
Facility Name:	Centinel	Centinela Hospital Medical Center						
Address:	555 E. H	555 E. Hardy St.						
City:	Inglewo	od						
Hospital Owner/Lice	ensee:	Prime Healthcare Centinela, LLC						
Year of Reporting:		2016						
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]						
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]						
Name of Sub	omitter:	Puchlik Design Associates						
Submission	n Date:	10/31/2016 9:45:08 AM						

Report Year: 2016 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, 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- 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: 11510 Centinela Hospital Medical Center Inglewood Page:3 of 39 2016 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 CLOS No 00641, Bldg 09)

Report Year: 2016	11510	Centinela Hospital Medical Center	Inglewood		Page:4 of 39	
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BL	D-00637	Building Name:	West Tower			
Type of Service Prov	<u>rided</u>					
X Nursing	Inpatient Beds	140 Inpatient 28465 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	/	
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	X Support Services	X Outpatient Surgery		
	2000	Total Beds this Building	X Obstetrical Cesarean/Deliv	Central Pla	nt	

Report Year:	2016 11510	Centinela Hospital Medical Center	Inglewood		Page:5 of 39
Provide the nu	ımber of inpatient be	ds and patient days per type of service	e per building per Section 13006	1(c)(1)(F)	
_	per: BLD-00641	Building Name:	Nursery Addition		
Type of Servi	<u>ce Provided</u>		1		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
X Intensive	Care Inpatient Beds	9 Inpatient Days 1819	Anesthesia	X Newborn/ WellBaby	
Pediatric escent	/Adol Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	,
Psychiate Nursing	ric Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetric Ante/Pos		0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	on
Intermed Care	liate Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	rsis
Skilled N	lursing Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt

Report Year:

2016

11510

Centinela Hospital Medical Center

Inglewood

Page:6 of 39

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number:	BLD-00637 Be	uilding Name: West	t Tower			
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 108 Bed	Inpatient 2397 Days 6	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 New 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 4489 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: 2016 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 1819 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 9 Inpatient Inpatient Inpatient 9 Days Days Bed Bed

Report Year: 2016 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:	2016	11510	Centinela Hospital Medical Center	Inglewood	Page:9 of 39
No proposed ne	ew buildings	to be constr	ructed at this or another site.		

Report Year: Centinela Hospital Medical Center 2016 11510 Inglewood Page:10 of 39 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year: Centinela Hospital Medical Center 2016 11510 Inglewood Page:11 of 39 No data reported for Section 130061(c)(2)(D).

Report Year: Centinela Hospital Medical Center 2016 11510 Inglewood Page:12 of 39 No data reported for Section 130061(c)(2)(D).

Report Year:	2016	11510	Centinela Ho	spital Medical	Center		Inglewood		Page	e:13 of 39
No data reported to	for whethe	r the genera	al acute care s	services and be	eds will be relo	ocated to a	new, existing	or retrofitted buil	ding and an	ny :)(2)(F)
oon ooponamig sa	iiaii ig ciicc	o. p. 0,000	d2010 101 20	ago mar a i	Danamig Hood			nace per counc	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	//(_/(_/.

Report Year:	2016	11510	Centinela Hospital Medical Center	Inglewood	Page:14 of 39
No data reporte	d for Section	130061(c)	(3).		

Type of Service Provided X Nursing IntensiveCare Pediatric/Adol escent Psychiatric	X X X	Surgical Anesthesia Clinical Lab	X	Obstetrical Cesarean/Deliv Obstetrical Recovery	X	Rehabilitation Therapy Renal Dialysis
IntensiveCare Pediatric/Adol escent Psychiatric	X	Anesthesia Clinical Lab		Cesarean/Deliv Obstetrical		Therapy
Pediatric/Adol escent Psychiatric		Clinical Lab	X			Renal Dialysis
escent Psychiatric	X					
				Newborn/	X	Outpatient Surgery
		Radiological/ Imaging		WellBaby		
Nursing		Pharmaceutical		Emergency		Central Plant
Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
Intermediate Care	X	Administration				
X Skilled Nursing						

Report Year: 201	6 11510 Centin	ela Hospital Medical Center		Inglewood		Page:16 of	f 39
Report any general per Section 130061		tient service that is provided in	n any general ac	cute care hospital	building th	nat is rated SPC-1	
Building Number:	BLD-00641 Buildin	g Name: Nursery Addition					
Type of Service	Provided						
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	Anesthesia				Renal Dialysis	
X	IntensiveCare	X Clinical Lab		Obstetrical Recovery		Renai Dialysis	
	Pediatric/Adol escent	Radiological/		Newborn/ VellBaby		Outpatient Surgery	
	Psychiatric Nursing	Imaging Pharmaceutica		Emergency		Central Plant	
		Pharmaceutic	aı 🔲 L	inergency		Central Plant	
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	Administration	1				
	Skilled Nursing						

Report Year: 2016 11510	Centinela Hospital Medical Center	Inglewood	Page:17 of 39
Report the final configuration of all be requirements whether by retrofit or b per Section 130061(c)(5)			
Building Number: BLD-00633	Building Name: West Wing/ER	Addition	
Configuration: Retrofit Non-Cor	nforming building to SPC 2 and NPC	3 and remove from service by 2030)
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Dietetic		
Skilled Nursing	Administration	Nuclear Medicine	Support Services

Report Year: 20°	16 11510 C	entinela Hosp	ital Medical Center		Inglewood		Page:18 of 39
	ner by retrofit or by re				ach building will comply with e provided in each general		
Building Number:	BLD-00634	Building Nam	e: North Wing/Day Su	ırgery			
Configuration:	Retrofit Non-Confo	rming building	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		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Necovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic		Lineigency	ш ` —	Central Flant
Car Ski	re illed Nursing		Administration		Nuclear Medicine	X	Support Services
	ļ						

Report Year: 20	16 11510 C	entinela Hosp	oital Medical Center		Inglewood		Page:19 of 39
	ner by retrofit or by re				ach building will comply wi be provided in each genera		
Building Number:	BLD-00635	Building Nam	e: Dietary Storage				
Configuration:	Retrofit Non-Confo	rming building	g to SPC 2 and NPC 3 a	and rem	ove from service by 2030		
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		entral Plant
☐ Inte	ermediate	X	Dietetic				
	illed Nursing		Administration	Ш	Nuclear Medicine		Support Services
	1						

Report Year:	2016 11510	Centinela Ho	ospital Medical Center	Inglewood		Page:20 of 39
	whether by retrofit or			ach building will comply be provided in each gen		
Building Num	ber: BLD-00636	Building Na	ime: East Tower			
Configuration	on: N/A					
Type of Se	ervice Provided					
X	Nursing	X	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	Intermediate Care		Dietetic			
	Skilled Nursing		Administration	Nuclear Medicine	X	Support Services
		•				

Report Year:	2016 115	10 Centinela	a Hospital Medical C	Center	Inglewood		Page:21 of 39						
	whether by retrof				ach building will comp be provided in each ge								
Building Num	ber: BLD-0063	7 Building	g Name: West Tow	ver									
Configuration	Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030												
Type of So	ervice Provided												
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	1	ehabilitation herapy						
	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery	R	enal Dialysis						
	Pediatric/Adol escent		Clinical Lab		Recovery								
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery						
	Obstetrical Ante/Postprtui	m	Pharmaceutic	al	Emergency	X c	entral Plant						
	Intermediate Care		Dietetic										
X	Skilled Nursing	g	Administration	ı.	Nuclear Medicine	X §	Support Services						
		•											

Report Year:	2016 11510	Centinela Ho	spital Medical Center		Inglewood		Page:22 of 39
	ether by retrofit or by				ach building will comply voe provided in each gene		
Building Number:	BLD-00638	Building Na	me: Engineering				
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030)	
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
	ntensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X C	entral Plant
	ntermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration			— s	Services

Report Year:	2016 11510	Centinela Ho	spital Medical Center		Inglewood		Page:23 of 39
	nether by retrofit or by				ach building will comply voe provided in each gene		
Building Numbe	r: BLD-00639	Building Na	me: East Wing				
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030)	
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis
	Pediatric/Adol escent		Clinical Lab		recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient Irgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	Ce	entral Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine		upport
	Skilled Nursing		Administration			S	ervices

Report Year:	2016 11510	Centinela Ho	spital Medical Center		Inglewood		Page:24 of 39						
	ether by retrofit or by				ach building will comply voe provided in each gene								
Building Number													
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030												
Type of Servi	ce Provided												
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy						
	IntensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis						
	Pediatric/Adol escent		Clinical Lab		Recovery								
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		outpatient urgery						
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X C	entral Plant						
	Intermediate Care		Dietetic		Nuclear Medicine		Support						
	Skilled Nursing		Administration				Services						

Report Year: 20	11510 C	entinela Hos	pital Medical Center		Inglewood		Page:25 of 39
	ner by retrofit or by re				ach building will comply with e provided in each general		
Building Number:	BLD-00641	Building Nan	ne: Nursery Addition				
Configuration:	Retrofit Non-Confo	ming buildin	g to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent	X	Clinical Lab		Resorvery		
	ychiatric Irsing		Radiological/ Imaging	Х	Newborn/ WellBaby		Outpatient Gurgery
	ostetrical te/Postprtum		Pharmaceutical		<u> </u>		Central Plant
Inte	ermediate		Dietetic	_	Emergency		entiai Piant
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services
	ı						

Report Year: 2016	11510 Ce	entinela Hospit	tal Medical Center	Inglewood	Page:26 of 39
Include information on 4D and SPC-5 per Sec	the number of ction 130061(e)	inpatient beds	by type of Service provided by but	ildings that are classified a	s SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00633	Building N	lame: West Wing/ER Addition		
Type of Service Pro-	vided				
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			

oort Year: 2016	11510	Centinela Hospita	l Medical Center	Inglewood	Page:27 of 39
Include information of 4D and SPC-5 per S			y type of Service provided by b	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-00634	Building Na	me: North Wing/Day Surger	у	
Type of Service P	rovided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	lnpatient Beds	0	Anesthesia	_	
Pediatric/Ado escent	l Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursin	ig Inpatient Beds	0	Administration		
Total Beds thi Building	is	0			

port Year: 2016	11510	Centinela Hospital	Medical Center	Inglewood	Page:28 of 39
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00635	Building Na	me: Dietary Storage		
Type of Service Pro	vided				
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	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year	2016	11510	Centinela Hospita	al Medical (Center		Inglewood		Page:29 of 39
	nformation on t SPC-5 per Sect			y type of S	Service provided by	buildii	ngs that are classified a	ıs SPC-	2, SPC-3, SPC-4, SPC-
Building I	Number: BLD	-00636	Building Na	ame: Ea	st Tower				
Type of	Service Provi	ded							
X Nu	ursing	Inpatient Beds	136	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X Int	tensiveCare	Inpatient Beds	12	X	Anesthesia				
	ediatric/Adol cent	Inpatient Beds	29		Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
Ps Nu	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	ostetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	termediate are	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Sk	xilled Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		177						

port Year: 2016	11510	Centinela Hospital	Medical Center	Inglewood	Page:30 of 39
Include information on 4D and SPC-5 per Sec	the number o	f inpatient beds by	type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00638	Building Na	me: Engineering		
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			

port Year:	2016	11510	Centinela Hospita	al Medical (Center		Inglewood		Page:31 of 39
	ormation on t C-5 per Sect			y type of S	Service provided by b	ouildii	ngs that are classified a	s SPC-2	SPC-3, SPC-4, SPC-
Building Nu	ımber: BLD	-00639	Building Na	ame: Ea	st Wing				
Type of S	ervice Provi	ided							
Nurs	ing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inter	nsiveCare	Inpatient Beds	19		Anesthesia				
Pedi-	atric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psyc Nurs	chiatric ing	Inpatient Beds	0	X	Radiological/ Imaging	[Newborn/ WellBaby		Outpatient Surgery
	tetrical /Postprtum	Inpatient Beds	0	X	Pharmaceutical	[Emergency		Central Plant
Inter Care	mediate	Inpatient Beds	0	X	Dietetic	[Nuclear Medicine		Support Services
Skille	ed Nursing	Inpatient Beds	0		Administration				
Tota Build	I Beds this ling		19						

eport Year: 2016	11510	Centinela Hospital	Medical Center	Inglewood	Page:32 of 39
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00640	Building Nar	me: Central Plant Addition		
Type of Service Pro	vided				
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			

Centinela Hospital Medical Center Report Year: 11510 2016

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, SPC-

4D and SPC-5 per Section 130061(e)							
Building Number:	BLD-00633	Buildi	ng Name:	West	Wing/ER Addition		
Medical / Surgical (Include GYN)			Acute Respiratory Care			Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)		Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			Intensive Care Nursery	e New	born	Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center			Int. Care / Developr Disabled	nentally
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care			Chemical Dep	ender	ncy	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Unit 0	Service 0

Report Year: 2016 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, SPC-4D 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 Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Bed Days Bed Days ol 0

Report Year: 2016 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, SPC-4D 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 Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year:

2016

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

4D and SPC-5 per Section 130061(e)							
Building Number:	_D-00636 Buildi	ng Name: East Tower					
Medical / Surgical (Incl	ude GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 136 Bed	Inpatient 30273 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Perinatal (Exclude New	/born / GYN)	Burn	Skilled Nursing				
Inpatient 29 Bed	Inpatient 1632 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 12 Bed	Inpatient 3571 Days	Inpatient 0 Inpatient 0 Days	Unit Service 177				

Report Year: 2016 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, SPC-4D 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 Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 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, SPC-4D 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 Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 3935 Inpatient 19 Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed 19 19

Report Year: 2016 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, SPC-4D 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 Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0