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:	11809						
Facility Name:	LAC/Har	bor-UCLA Medical Center					
Address:	1000 We	est Carson St.					
City:	Torrance						
Hospital Owner/Lice	ensee:	Los Angeles County Department of Health Services					
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 Add	dress::	[Confidential data left blank intentionally.]					
Name of Submitter: Khalil Abdul-Aziz							
Submission	Date:	9/28/2016 1:05:20 PM					

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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 Final SPC Rati Resolution If Required		Extension Date	Anticipated Completion Date
BLD- 01761	Main Hospital Building -	1000 West Carson St.	Retrofit	SPC2	01/01/2020	12/01/2015

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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-01761	Main Hospital Building - South Wing	Retrofit/Replacement	Yes-Submitted
			Project:	

Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11809	HL020916-0	0	SB 1953 SEISMIC RETROFIT PROGRAM	7/30/2002	3/28/2007 12:00:00 AM	01/14/2008	12/01/2012	FIEL	No

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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-01761 Building Name: Main Hospital Building - South Wing									
Type of Service Prov	<u>ided</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	X Clinical Lab	X Emergency	/				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitati Therapy	ion				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	ysis				
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nnt				

Report Year: 2016 11809 LAC/Harbor-UCLA Medical Center Page:5 of 50 Torrance Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01761 **Building Number: Building Name:** Main Hospital Building - South Wing 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

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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-01759	Main Hospital Building - Patient Tower	Remain
BLD-01760	Main Hospital Building - North Wing	Remain
BLD-01761	Main Hospital Building - South Wing	Retrofit
BLD-01762	Main Hospital Building - Cafeteria	Remain
BLD-01763	Main Hospital Building - FCLC	Remain
BLD-01764	PCDC Building	Remain
BLD-01765	Central Plant Building	Remain
BLD-01766	Central Plant West Expansion	Remain
BLD-01767	Communications Building 2 East	Remain
BLD-05316	Surgery / Emergency	Remain
BLD-05317	Emergency Generator Building	Remain
BLD-06025	Surgery / Emergency Lower Entrance Canopy	Remain
BLD-06029	Surgery / Emergency Elevator Tower	Remain

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No proposed ne	ew buildings	to be consti	ructed at this or another site.		

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Report Year: LAC/Harbor-UCLA Medical Center 2016 11809 Torrance Page:9 of 50 No data reported for Section 130061(c)(2)(D).

Report Year: LAC/Harbor-UCLA Medical Center 2016 11809 Torrance Page:10 of 50 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 w	vill be relocated to a	new, existing or retrofitted building a ebuild" or "Replace" per Section 130	and any
corresponding	bananing once	or project i	amboro for ballange with a balla	ing recodidition of the	obulia of Ropidoo por Coolion 100	(0)(2)(2).

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No data reporte	d for Section	n 130061(c)	(3).		

Building Number: BLD-01761 Building Name: Main Hospital Building - South Wing											
Type of Service Provided Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy											
	Nursing		Anesthesia		Obstetrical		Renal Dialysis				
	IntensiveCare		Clinical Lab		Recovery		Nonal Dialysis				
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby		Outpatient Surgery				
	Psychiatric Nursing		Imaging Pharmaceutical	Х	Emergency		Central Plant				
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services				
	Intermediate Care		Administration								
	Skilled Nursing										

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-01759 Building Name: Main Hospital Building - Patient Tower											
Configuration: N/A											
Type of Service Provided											
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy								
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis								
Pediatric/Adol escent	Clinical Lab	Recovery									
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery								
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant								
Intermediate	Dietetic	Lineigency	Contain faint								
Care 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-01760	Building Name: M	lain Hospital Build	ing - No	rth Wing						
Configuration: N/A											
Type of Service	Type of Service Provided										
N	ursing	Surgic	al		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
In	tensiveCare	Anesth	nesia		Obstetrical Recovery	F	Renal Dialysis				
	ediatric/Adol scent	Clinica	al Lab		Recovery						
	sychiatric ursing	Radio Imagir	logical/ ng		Newborn/ WellBaby		Outpatient Gurgery				
	bstetrical nte/Postprtum	Pharm	naceutical		Emergency		Central Plant				
	termediate	Dietet	ic		Emergency		Sentral Flant				
	are killed Nursing	Admin	nistration		Nuclear Medicine		Support Services				
	5										

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Report the final config requirements whethe per Section 130061(c	r by retrofit or by re	ngs on the ho placement an	espital campus showing ad the type of service th	how ea at will b	ich building will comply wit e provided in each general	h the SPC-5 acute care	5/NPC-4 or 5 hospital building		
Building Number: BLD-01761 Building Name: Main Hospital Building - South Wing									
Configuration:	onfiguration: N/A								
Type of Service P	Provided								
Nurs	ing	s	Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy		
Inten	nsiveCare	A	nesthesia		Obstetrical Recovery	R	enal Dialysis		
Pedia esce	atric/Adol nt		Clinical Lab		Recovery				
Psyc Nurs	chiatric ing		Radiological/ maging		Newborn/ WellBaby		utpatient urgery		
	etrical /Postprtum	F	Pharmaceutical		Emergency	c	entral Plant		
Intere Care	mediate		Dietetic		Nuclear Medicine		Support		
Skille	ed Nursing		Administration			S	Services		

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Report the final con requirements wheth per Section 130061	ner by retrofit or by r	dings on the leplacement a	nospital campus showin and the type of service t	g how each	ach building will comply we provided in each gener	rith the SPC al acute car	-5/NPC-4 or 5 e hospital building		
Building Number:	Building Number: BLD-01762 Building Name: Main Hospital Building - Cafeteria								
Configuration:	Configuration: N/A								
Type of Service	Provided								
Nu	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		
Inte Cal	ermediate re		Dietetic		Nuclear Medicine		Support		
Ski	illed Nursing		Administration				Services		

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Report the final requirements w per Section 130	whether by retrofit or by	ldings on the hos replacement and	pital campus showing I the type of service th	how ea at will b	ach building will comply w e provided in each gener	ith the SPC-5/ al acute care h	NPC-4 or 5 ospital building		
Building Number	er: BLD-01763	Building Name:	Main Hospital Build	ing - FC	CLC				
Configuration	Configuration: N/A								
Type of Ser	vice Provided								
	Nursing	☐ Su	ırgical		Obstetrical Cesarean/Deliv		habilitation erapy		
	IntensiveCare	Ar	nesthesia		Obstetrical Recovery	Re	nal Dialysis		
	Pediatric/Adol escent	С	inical Lab		Receivery				
	Psychiatric Nursing	Ra Im	adiological/ naging		Newborn/ WellBaby		tpatient gery		
	Obstetrical Ante/Postprtum	Pł	narmaceutical		_		. 15		
	/ wito/r ootprium	l	etetic	Ш	Emergency	Ce	ntral Plant		
	Intermediate Care				Nuclear Medicine		apport ervices		
	Skilled Nursing	Ad	dministration			00	NVIOCS		

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Report the fir requirements per Section	s whether by retrofit or by	ldings on the hospital campus sho replacement and the type of servi	wing how each build ce that will be provid	ding will comply with the sled in each general acute	SPC-5/NPC-4 or 5 e care hospital building
Building Nun	nber: BLD-01764	Building Name: PCDC Building	<u> </u>		
Configurati	on: N/A	<u> </u>			
Type of S	ervice Provided				
	Nursing	Surgical	Obsteti Cesare	rical ean/Deliv	Rehabilitation Therapy
	IntensiveCare	Anesthesia	Obsteti Recove		Renal Dialysis
	Pediatric/Adol escent	Clinical Lab	Recove	51 y	
	Psychiatric Nursing	Radiological/ Imaging	Newbo WellBa		Outpatient Surgery
	Obstetrical Ante/Postprtum	Pharmaceutical	Emerge	ency	Central Plant
	Intermediate	Dietetic			
	Care Skilled Nursing	Administration	Nuclea	r Medicine	Support Services
	2 2				

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Report the final configurequirements whether because Section 130061(c)(s	by retrofit or by replace	on the hospital campus showing ement and the type of service th	g how each bui nat will be prov	lding will comply with the ided in each general acut	SPC-5/NPC-4 or 5 e care hospital building				
Building Number: BL	D-01765 Buildir	ng Name: Central Plant Buildi	ing						
Configuration: N/A	Configuration: N/A								
Type of Service Pro	ovided								
Nursing	g [Surgical	Obste Cesar	etrical rean/Deliv	Rehabilitation Therapy				
Intensi	veCare [Anesthesia	Obste		Renal Dialysis				
Pediati escent	ric/Adol [Clinical Lab	11000	ion					
Psychi Nursin		Radiological/ Imaging	Newb WellB		Outpatient Surgery				
Obstet Ante/P	rical ostprtum	Pharmaceutical	☐ F====		Control Diont				
Interme		Dietetic	Emer	gency	Central Plant				
Care		Administration	Nucle	ar Medicine	Support Services				
Skilled	Nursing								

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Report the final con requirements wheth per Section 130061	ner by retrofit or by r	dings on the he	nospital campus showin and the type of service t	g how e hat will t	ach building will comply wo be provided in each gener	rith the SPC al acute car	-5/NPC-4 or 5 e hospital building			
Building Number:	Building Number: BLD-01766 Building Name: Central Plant West Expansion									
Configuration:	Configuration: N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing		Administration				Services			

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Report the final configuration of all requirements whether by retrofit or per Section 130061(c)(5)	buildings on the hospital campus show by replacement and the type of servic	wing how each building will comply te that will be provided in each gen	with the SPC-5/NPC-4 or 5 eral acute care hospital building						
Building Number: BLD-01767	Building Name: Communication	s Building 2 East							
Configuration: N/A	Configuration: N/A								
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab	Receivery							
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	C C C C C C C C C C C C C C C C C C C	Central Plant						
Intermediate	Dietetic	Emergency	Central Plant						
Care	Administration	Nuclear Medicine	Support Services						
Skilled Nursing									

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	er by retrofit or by repl	gs on the hospital camplacement and the type o							
Building Number:	BLD-05316 Bu	ilding Name: Surgery	/ Emergency						
Configuration:	Configuration: N/A								
Type of Service F	Provided								
Nurs	sing	Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy			
Inter	nsiveCare	Anesthesia		Obstetrical Recovery	Rer	nal Dialysis			
Pedi esce	iatric/Adol ent	Clinical Lab		Recovery					
Psyc Nurs	chiatric sing	Radiological/ Imaging		Newborn/ WellBaby		patient gery			
	tetrical e/Postprtum	Pharmaceution	cal	Emergency	☐ Cer	ntral Plant			
	rmediate	Dietetic	_	Linergency					
Care	ed Nursing	Administratio	n	Nuclear Medicine		pport rvices			
	ı								

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	buildings on the hospital campus shown by replacement and the type of service								
Building Number: BLD-05317	Building Name: Emergency Ger	nerator Building							
Configuration: N/A	Configuration: N/A								
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab	Recovery							
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant						
Intermediate	Dietetic								
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services						
	I								

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Report the final configuration of al requirements whether by retrofit o per Section 130061(c)(5)	I buildings on the hospital campus show r by replacement and the type of service	wing how each building will comply te that will be provided in each gen	with the SPC-5/NPC-4 or 5 eral acute care hospital building					
Building Number: BLD-06025	Building Name: Surgery / Emerg	gency Lower Entrance Canopy						
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recovery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical							
Anten ospitam	Dietetic	Emergency	Central Plant					
Intermediate Care	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Administration		Services					

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Report the final confrequirements wheth per Section 130061	er by retrofit or by r	dings on the eplacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply we provided in each gener	vith the SPC- ral acute care	5/NPC-4 or 5 e hospital building			
Building Number:	Building Number: BLD-06029 Building Name: Surgery / Emergency Elevator Tower									
Configuration:	iguration: N/A									
Type of Service	Provided									
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery			
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support			
Skil	lled Nursing		Administration				Services			

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Include 4D and	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, SPC-4D and SPC-5 per Section 130061(e)								
Buildir	ng Number: BLD) -01759	Building Na	ame: Ma	in Hospital Building	- Pati	ient Tower		
<u>Type</u>	of Service Prov	ided							
X	Nursing	Inpatient Beds	270	X	Surgical		X Obstetrical Cesarean/Deliv		ehabilitation nerapy
X	IntensiveCare	Inpatient Beds	91	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	25	X	Clinical Lab		X Obstetrical Recovery	X Re	enal Dialysis
	Psychiatric Nursing	Inpatient Beds	38	X	Radiological/ Imaging		X Newborn/ WellBaby		utpatient urgery
	Obstetrical Ante/Postprtum	Inpatient Beds	29		Pharmaceutical		X Emergency	Ce	entral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		X Nuclear Medicine		upport ervices
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		453						

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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-01760	Building Nar	me: Main Hospital Buildin	g - North Wing	
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	X 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	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	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			

port Year: 2016	11809	_AC/Harbor-UCLA	Medical Center	Torrance	Page:29 of 50
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-01762	Building Nar	me: Main Hospital Building	- Cafeteria	
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	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2016	11809 L	-AC/Harbor-UCLA	Medical Center	Torrance	Page:30 of 50
Include information on 4D and SPC-5 per Sec			type of Service provided by	v buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01763	Building Nar	me: Main Hospital Buildin	g - FCLC	
Type of Service Prov	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	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2016	11809	_AC/Harbor-UCLA	Medical Center	Torrance	Page:31 of 50
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-01764	Building Nar	me: PCDC Building		
Type of Service Prov	vided				
X 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	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	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			

port Year: 2016	11809	_AC/Harbor-UCLA	Medical Center	Torrance	Page:32 of 50
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-01765	Building Nar	me: Central Plant Building		
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	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2016	11809 L	AC/Harbor-UCLA	Medical Center	Torrance	Page:33 of 50
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-01766	Building Nar	me: Central Plant West Ex	pansion	
Type of Service Prov	<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	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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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-01767	Building Nar	me: Communications Build	ling 2 East	
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	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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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-05316	Building Nar	me: Surgery / Emergency		
Type of Service Prov	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	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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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-05317	Building Nar	me: Emergency Generator	Building	
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	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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	on on the number o er Section 130061(6		y type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number	: BLD-06025	Building Na	me: Surgery / Emergency	Lower Entrance Canopy	
Type of Service	e Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveC	Care Inpatient Beds	0	Anesthesia		
Pediatric/A	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	c Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrica Ante/Post		0	Pharmaceutical	Emergency	Central Plant
Intermedia Care	ate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nu	rsing Inpatient Beds	0	Administration		
Total Beds Building	s this	0			

OSHPD FDD SB499 Report Data Last Update: 09/28/2016 Submission Date: 09/28/2016 Printed: 10/6/2016 1:36 PM

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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-06029	Building Nar	me: Surgery / Emergency	Elevator Tower	
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	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	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 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 Se	ection 130061(e)				
Building Number:	BLD-01759	Building Name:	Main Hospital Building - Pa	atient Tower	
Medical / Surgical (I	nclude GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 276 Bed	Inpatient 715 Days	Inpatient Bed	8 Inpatient 0 Days	Inpatient 38 Inpatient 38 Da	patient 13097
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 29 Bed	Inpatient 24 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inp	patient 0
Pediatric		Intensive Car Nursery	e Newborn	Intermediate Care	
Inpatient 25 Bed	Inpatient 48 Days	Inpatient Bed	27 Inpatient 3405 Days	Inpatient 0 Inp	patient 0
Intensive Care		Rehabilitatio Center	n	Int. Care / Developmer Disabled	itally
Inpatient 44 Bed	Inpatient 109 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inp Bed Da	patient 0
Coronary Care		Chemical Dep	oendency		Total Beds this Building Per
Inpatient 6 Bed	Inpatient 17 Days	Inpatient Bed	0 Inpatient 0 Days		Service 453

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Inpatient 0 Inpatient 0 Inpatient 0 Days 0 0

Total Beds this

Building Per

Unit

Total Beds this

Building Per

Service

Chemical Dependency

Coronary Care

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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	ection 130061(e)	, and a second and a second	ann promaca by banamge ma	
Building Number:	BLD-01762	Building Name:	Main Hospital Building - Ca	feteria
Medical / Surgical (Include GYN)	Acute Respi	ratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed 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 0

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Building Number: BLD-01763	Building Name: Main Hospital Building - FC	CLC
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service

Report Year: 2016 11809 LAC/Harbor-UCLA Medical Center Page:43 of 50 Torrance 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-01764 **PCDC** Building **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 11809 LAC/Harbor-UCLA Medical Center Page:44 of 50 Torrance 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-01765 Central Plant Building **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

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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)

Include information on to 4D and SPC-5 per Sect		eds by type of unit provided by buildings that a	re classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: B	LD-01766 Build	ing Name: Central Plant West Expansion	١
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Nev	vborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed 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 Bed 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 0

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Building Number	DLD 04707	Duilding Name	Duilding 2 Foot
Building Number:	BLD-01767	Building Name: Communications	Building 2 East
Medical / Surgical (In	clude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude No	ewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Inpatient Days	0 Unit Service 0

Report Year: 2016 11809 LAC/Harbor-UCLA Medical Center Page:47 of 50 Torrance 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-05316 Surgery / Emergency **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 11809 LAC/Harbor-UCLA Medical Center Page:48 of 50 Torrance 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-05317 **Emergency Generator Building 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

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4D and SPC-5 per Section 130061(e)			are classified as SPC-2, SPC-3, SPC-4, SP
Building Number: BLD-06025	Building Name:	Surgery / Emergency Lower	Entrance Canopy
Medical / Surgical (Include GYN)	Acute Respirat	ory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive Care Nursery	Newborn	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Depe	endency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 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, SPC-4D and SPC-5 per Section 130061(e) BLD-06029 Surgery / Emergency Elevator Tower **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