## 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:           | 11844     |   |  |
| Facility Name:             | Glendal   | e Memorial Hospital and Health Center         |  |
| Address:                   | 1420 S.   | Central Ave.                                  |  |
| City:                      | Glendal   | 9   |  |
| Hospital Owner/Lic         | ensee:    | Glendale Memorial Hospital and Health Center  |  |
| Year of Rep                | porting:  | 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 Address:: |           | [Confidential data left blank intentionally.] |  |
| Name of Sub                | omitter:  | David Chacon                                  |  |
| Submission                 | n Date:   | 1/11/2017 4:15:42 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.<br>No.  | Building Name     | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|---------------|-------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD-<br>01783 | South Tower       | 1420 S. Central Ave.       | Retrofit               | SPC2                            | 01/01/2020        | 07/01/2019                     |
| BLD-<br>01784 | Juncture Building | 1420 S. Central Ave.       | Retrofit               | SPC2                            | 01/01/2020        | 07/01/2019                     |
| BLD-<br>01785 | Patient Tower     | 1420 S. Central Ave.       | Retrofit               | SPC2                            | 01/01/2020        | 07/01/2019                     |

Report Year: 11844 Glendale Memorial Hospital and Health Center Page:3 of 32 2016 Glendale 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). Yes-Submitted Building No: BLD-01783 South Tower Retrofit/Replacement Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 11844 IL111846-0 0 VSI for GMMC 11844: South Tower/Juncture 7/6/2011 01/31/2016 ACTI No Bldg (BLD-01783/BLD-01784B, Bldg 05/Bldg 06) SPC-2 Reclassi 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-01784 Yes-Submitted Juncture Building Retrofit/Replacement Building No: Project: Facility Project Plan Approved Projected Projected CEQA Sub Date Start Date Completion Date Status Review Number Number Scope Num Date In ACTI No 11844 IL111846-0 0 VSI for GMMC 11844: South Tower/Juncture 7/6/2011 01/31/2016 Bldg (BLD-01783/BLD-01784B, Bldg 05/Bldg 06) SPC-2 Reclassi

Report Year: 2016 11844 Glendale Memorial Hospital and Health Center Glendale Page:4 of 32 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-01785 **Patient Tower** Yes-Submitted Building No: Retrofit/Replacement Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Start Date Number Number Num Scope Date Review Date In 11844 IL101974-0 0 VSI for GMMC 11844: Patient Twr (BLD-8/18/2010 01/31/2016 ACTI No 01785, Bldg 07) SPC-2 Reclassification Project

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|---------------------------------|--|---------------------------------------|---------------------------------|------------------------|--|--|--|
| Provide the number of           | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) |                                       |                                 |                        |  |  |  |
| Building Number: BL             | D-01783  | Building Name: So                     | outh Tower                      |                        |  |  |  |
| Type of Service Prov            | <u>rided</u>   |                                       |                                 |                        |  |  |  |
| X Nursing                       | Inpatient<br>Beds  | 8 Inpatient 1181 Days                 | X Surgical                      | X Obstetrical Recovery |  |  |  |
| IntensiveCare                   | Inpatient<br>Beds  | 0 Inpatient Days 0                    | Anesthesia                      | X Newborn/<br>WellBaby |  |  |  |
| Pediatric/Adol escent           | Inpatient<br>Beds  | 0 Inpatient Days 0                    | Clinical Lab                    | Emergency              |  |  |  |
| X Psychiatric<br>Nursing        | Inpatient<br>Beds  | 49 Inpatient Days 7356                | Radiological/<br>Imaging        | Nuclear<br>Medicine    |  |  |  |
| X Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds  | 16 Inpatient Days 3573                | Pharmaceutical   X Dietetic     | Rehabilitation Therapy |  |  |  |
| Intermediate Care               | Inpatient<br>Beds  | 0 Inpatient Days 0                    | X Administration                | Renal Dialysis         |  |  |  |
| Skilled Nursing                 | Inpatient  | 0 Inpatient Days 0                    | Support Services                | Outpatient Surgery     |  |  |  |
|                                 | Beds   | Total Beds this Building 73           | X Obstetrical<br>Cesarean/Deliv | Central Plant          |  |  |  |
|                                 |  |                                       |                                 |                        |  |  |  |
|                                 |  |                                       |                                 |                        |  |  |  |
|                                 |  |                                       |                                 |                        |  |  |  |

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|----------------------------|--|---------------------------------------|-----------------------------|------------------------|--|--|--|
| Provide the number of      | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) |                                       |                             |                        |  |  |  |
| Building Number: B         |  | Building Name: Ju                     | incture Building            |                        |  |  |  |
| Nursing                    | Inpatient<br>Beds  | 0 Inpatient 0 Days                    | Surgical                    | Obstetrical Recovery   |  |  |  |
| IntensiveCare              | Inpatient<br>Beds  | 0 Inpatient Days 0                    | Anesthesia                  | Newborn/ WellBaby      |  |  |  |
| Pediatric/Adol escent      | Inpatient<br>Beds  | 0 Inpatient Days 0                    | Clinical Lab                | Emergency              |  |  |  |
| Psychiatric Nursing        | Inpatient<br>Beds  | 0 Inpatient Days 0                    | Radiological/<br>Imaging    | Nuclear<br>Medicine    |  |  |  |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds  | 0 Inpatient Days 0                    | Pharmaceutical   X Dietetic | Rehabilitation Therapy |  |  |  |
| Intermediate Care          | Inpatient<br>Beds  | 0 Inpatient Days 0                    | X Administration Support    | Renal Dialysis         |  |  |  |
| Skilled Nursing            | Inpatient<br>Beds  | 0 Inpatient Days 0                    | Services                    | Outpatient Surgery     |  |  |  |
|                            | 2000   | Total Beds this Building              | Obstetrical Cesarean/Deliv  | Central Plant          |  |  |  |
|                            |  |                                       |                             |                        |  |  |  |
|                            |  |                                       |                             |                        |  |  |  |
|                            |  |                                       |                             |                        |  |  |  |

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|--------|--|-------------------|-----------------------------|-------------|----------------|-------------------------|------------------------|--------------|
| Prov   | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) |                   |                             |             |                |                         |                        |              |
|        | ling Number: BL  |                   | Building Nar                | me:         | Patient Tower  |                         |                        |              |
| _      |  |                   |                             |             | 1              |                         | ☐ Obstetrica           | ı            |
| X      | Nursing  | Inpatient<br>Beds | 186 Inpatient Days          | 33674       | Surg           | jical                   | ☐ Recovery             | 1            |
| X      | IntensiveCare  | Inpatient<br>Beds | 13 Inpatient Days           | 3188        | Anes           | sthesia                 | X Newborn/<br>WellBaby |              |
|        | Pediatric/Adol escent  | Inpatient<br>Beds | 0 Inpatient Days            | 0           | X Clinic       | cal Lab                 | Emergeno               | y            |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0 Inpatient Days            | 0           | Radi           | iological/<br>ging      | Nuclear<br>Medicine    |              |
| X      | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 8 Inpatient Days            | 1881        | Phar           | maceutical              | Rehabilita Therapy     | iion         |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0 Inpatient Days            | 0           |                | inistration             | Renal Dia              |              |
| X      | Skilled Nursing  | Inpatient<br>Beds | 30 Inpatient Days           | 0           | X Supp<br>Serv | rices                   | Outpatient<br>Surgery  |              |
|        |  | 2000              | Total Beds this<br>Building | 237         |                | tetrical<br>arean/Deliv | Central Pl             | ant          |
|        |  |                   |                             |             |                |                         |                        |              |
|        |  |                   |                             |             |                |                         |                        |              |

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| T TOVIGE LITE TIGHTSET | or impationt bods and  | patient days per type of uni  | t per building per occitor i | 30001(0)(1)(1)                          |  |
|------------------------|------------------------|-------------------------------|------------------------------|---|--|
| Building Number:       | BLD-01783              | Building Name: South          | th Tower                     |   |  |
| Medical / Surgical     | (Include GYN)          | Acute Respiratory             | Care                         | Acute Psychiatric                       |  |
| Inpatient 8<br>Bed     | Inpatient 1181<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days          | Inpatient 49<br>Bed                     | Inpatient 7356<br>Days                     |
| Perinatal (excluse     | Newborn / GYN)         | Burn                          |                              | Skilled Nursing                         |  |
| Inpatient 16<br>Bed    | Inpatient 3573<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days          | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Pediatric              |                        | intensive Care Nev<br>Nursery | wborn                        | Intermediate Card                       |  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days    | Inpatient 0<br>Bed            | Inpatient 0 Days             | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Intensive Care         |                        | Rehabilitation<br>Center      |                              | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days    | Inpatient 0<br>Bed            | Inpatient 0 Days             | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Coronary Care          |                        | Chemical<br>Dependency        |                              | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days    | Inpatient 0<br>Bed            | Inpatient 0<br>Days          | 73                                      | 73   |

Report Year: 2016 11844 Glendale Memorial Hospital and Health Center Glendale Page:9 of 32 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number:** BLD-01784 **Building Name:** Juncture Building 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

Report Year: 2016 11844 Glendale Memorial Hospital and Health Center Glendale Page:10 of 32 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01785 **Building Number: Building Name:** Patient Tower Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 172 Inpatient 2834 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient 1842 Inpatient Inpatient 0 Inpatient 30 Inpatient 0 Bed Days Days Bed Days Bed intensive Care Newborn **Pediatric Intermediate Card** Nursery 13 Inpatient 2797 Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 3551 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 237 237 Inpatient Inpatient Inpatient Inpatient 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<br>Number | Building Name              | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|----------------------------|--|
| BLD-01783          | South Tower                | Retrofit                                       |
| BLD-01784          | Juncture Building          | Retrofit                                       |
| BLD-01785          | Patient Tower              | Retrofit                                       |
| BLD-01786          | Heart and Emergency Center | Remain   |
| BLD-01787          | Central Plant              | Remain   |
| BLD-01788          | Mechanical Building        | 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: Glendale Memorial Hospital and Health Center Glendale 2016 11844 Page:14 of 32 No data reported for Section 130061(c)(2)(D).

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|-----------------|----------------|----------------|---------------------|---------------------|-------------------|------------------|--|---------------|
| No data reporte | ed for whether | er the general | al acute care servi | ces and beds will   | be relocated to a | new, existing or | retrofitted building a ce" per Section 130 | and any       |
| corresponding   | building sites | s or project i | iumbers for buildir | igs with a building | g Resolution of R | ebuliu oi Kepia  | ce per Section 130                         | 001(c)(2)(E). |
|                 |                |                |                     |                     |                   |                  |  |               |
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|-----------------|----------------|-------------|--|----------|---------------|
| No data reporte | ed for Section | n 130061(c) | (3).   |          |               |
|                 |                |             |  |          |               |
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| X   Surgical   X   Obstetrical   Rehabilitation   Therapy     X   Nursing   Anesthesia   X   Obstetrical   Renal Dialysis     Pediatric/Adol escent   Radiological/ Imaging   Pharmaceutical   Emergency   Central Plant     X   Obstetrical   Renal Dialysis   Recovery   Outpatient     Surgery   Surgery   Central Plant     X   Obstetrical   Emergency   Central Plant     X   Obstetrical   Nuclear   Support     Ante/Postprtum   X   Dietetic   Administration     Skilled Nursing   Skilled Nursing   Skilled Nursing   Outpatient     Skilled Nursing   Nuclear   Support   Services     Skilled Nursing   Skilled Nursing   Outpatient   Support     Anterior   Skilled Nursing   Outpatient   Support     Anterior   Skilled Nursing   Outpatient   Support     Anterior   Support   Services     Administration   Outpatient   Support     Anterior   Outpatient   Outpatient     Anterior   Outpatient   Outpatient   Outpatient     Anterior   Outpatient   Outpatient   Outpatient     Anterior   Outpatient   Outpatient   Outpatient   Outpatient     Anterior   Outpatient   O | Building Number: BLD-01783 Building Name: South Tower |                 |   |                |   |           |   |                |  |
|--|---|-----------------|---|----------------|---|-----------|---|----------------|--|
| Nursing  | Type of Service Provided                              |                 |   |                |   |           |   |                |  |
| Anesthesia  Anesthesia  X Obstetrical Recovery  Pediatric/Adol escent  Radiological/ Imaging  Pharmaceutical  X Newborn/ WellBaby  Emergency  Central Plant  X Obstetrical Recovery  Anesthesia  X Obstetrical Recovery  Radiological/ Imaging  Pharmaceutical  Emergency  Central Plant  X Obstetrical Recovery  Nuclear Medicine  Support Services  Administration   |   |                 | X | Surgical       | X |           | Ш |                |  |
| IntensiveCare  | X   | Nursing         |   | Anesthesia     |   |           |   |                |  |
| Pediatric/Adol escent  Radiological/   Imaging   X Newborn/   WellBaby   Surgery    X Psychiatric   Pharmaceutical   Emergency   Central Plant    X Obstetrical   Ante/Postprtum   X Dietetic   Nuclear   Medicine   Support   Services    Intermediate   X Administration   Administration   Administration   Administration   Support   Services      Administration   X Newborn/   WellBaby   Surgery   Surgery   |   | IntensiveCare   |   |                | X |           |   | Renal Dialysis |  |
| Radiological/   WellBaby   WellBaby   Radiological/   Imaging   Pharmaceutical   Emergency   Central Plant     X Obstetrical   Ante/Postprtum   X Dietetic   Nuclear   Support   Services     Intermediate   Care   X Administration   X Administration   X Administration   X Newboth   WellBaby   Central Plant     X Obstetrical   Nuclear   Support   Services   Medicine   Services   Medicine   Services   Nuclear   Support   Services   Nuclear   Support   Services   Nuclear   Support   Services   Nuclear   Services   Services   Nuclear   Services   Services   Services   Services   Services   Services   Services   Services   Services   Services |   |                 |   | Clinical Lab   |   |           |   | Outpatient     |  |
| Pharmaceutical   Emergency   Central Plant     X   Obstetrical   Ante/Postprtum   X   Dietetic   Nuclear   Medicine   Support   Services     Intermediate   X   Administration   Administration   Administration   Administration   Central Plant   Central Plant     X   Dietetic   Nuclear   Support   Services   Central Plant     X   Dietetic   Administration   Central Plant     X   Dietetic   Central Plant    |   | escent          |   |                | X |           | Ш | Surgery        |  |
| Pharmaceutical   Emergency   Central Plant     X   Obstetrical   Nuclear   Support   Services     Intermediate   X   Administration   Administration   Administration   Administration   Central Plant     Nuclear   Medicine   Support   Services     Administration   X   Administration   Administration   Central Plant     Nuclear   Medicine   Support   Services     Nuclear   Medicine   Services   Central Plant     Nuclear   Medicine   Support   Services     Nuclear   Medicine   Services   Central Plant     Nuclear   Medicine   Support   Services     Nuclear   Medicine   Support   Services     Nuclear   Medicine   Services   Services   Services     Nuclear   Medicine   Services   Service | X   |                 |   | Imaging        |   |           |   |                |  |
| Ante/Postprtum  X Dietetic  Nuclear Medicine  Support Services  Intermediate Care  X Administration  |   | rvaroning       |   | Pharmaceutical |   | Emergency |   | Central Plant  |  |
| Intermediate Care X Administration   | X   |                 |   |                |   |           |   | Support        |  |
| Care  X Administration   |   |                 | X | Dietetic       |   | Medicine  |   | Services       |  |
|  |   |                 |   | Adadatatat     |   |           |   |                |  |
| Skilled Nursing  |   |                 |   | Auministration |   |           |   |                |  |
|  |   | Skilled Nursing |   |                |   |           |   |                |  |

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|--|-------------------------------|---------------------------|---------------|-------------------------------|--|---------------------------|--|--|
| Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4) |                               |                           |               |                               |  |                           |  |  |
| Building Number: BLD-01784 Building Name: Juncture Building  |                               |                           |               |                               |  |                           |  |  |
| Type of Service  | Provided                      |                           |               |                               |  |                           |  |  |
|  |                               | Surgical                  |               | Obstetrical<br>Cesarean/Deliv |  | Rehabilitation<br>Therapy |  |  |
|  | Nursing                       | Anesthesia                |               |                               |  | Ranal Dialysis            |  |  |
|  | IntensiveCare                 | Clinical Lat              | <u></u> Б     | Obstetrical<br>Recovery       |  | Renal Dialysis            |  |  |
|  | Pediatric/Adol escent         |                           |               | Newborn/                      |  | Outpatient<br>Surgery     |  |  |
|  | Psychiatric<br>Nursing        | Radiologica               | ai/ v         | VellBaby                      |  |                           |  |  |
|  | -                             | Pharmaceu                 | utical E      | Emergency                     |  | Central Plant             |  |  |
|  | Obstetrical<br>Ante/Postprtum | X Dietetic                |               | Nuclear<br>Medicine           |  | Support<br>Services       |  |  |
|  | Intermediate<br>Care          | X Administrat             | tion          |                               |  |                           |  |  |
|  | Skilled Nursing               |                           |               |                               |  |                           |  |  |
|  |                               |                           |               |                               |  |                           |  |  |
|  |                               |                           |               |                               |  |                           |  |  |
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| eport Year: 201                       | 6 11844 G                     | lendale Memorial H     | lospital and Health C    | Center  | Glendale                      |            | Page:20 of                | 32 |
|---------------------------------------|-------------------------------|------------------------|--------------------------|---------|-------------------------------|------------|---------------------------|----|
| Report any general per Section 130061 |                               | l inpatient service th | nat is provided in any   | general | acute care hospital           | building t | hat is rated SPC-1        |    |
| Building Number:                      | BLD-01785 Bu                  | uilding Name: Pa       | atient Tower             |         |                               |            |                           |    |
| Type of Service                       | Provided                      |                        |                          |         |                               |            |                           |    |
|                                       |                               |                        | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |            | Rehabilitation<br>Therapy |    |
| X                                     | Nursing                       |                        | Anesthesia               |         |                               |            | B 18:1 :                  |    |
| X                                     | IntensiveCare                 |                        |                          | Ш       | Obstetrical<br>Recovery       |            | Renal Dialysis            |    |
|                                       | Pediatric/Adol escent         | X                      | Clinical Lab             | X       | Newborn/                      |            | Outpatient<br>Surgery     |    |
|                                       | Psychiatric                   |                        | Radiological/<br>Imaging |         | WellBaby                      |            |                           |    |
|                                       | Nursing                       |                        | Pharmaceutical           |         | Emergency                     |            | Central Plant             |    |
| X                                     | Obstetrical<br>Ante/Postprtum |                        | Dietetic                 |         | Nuclear<br>Medicine           | X          | Support<br>Services       |    |
|                                       | Intermediate<br>Care          | X                      | Administration           |         |                               |            |                           |    |
| X                                     | Skilled Nursing               |                        |                          |         |                               |            |                           |    |
|                                       |                               |                        |                          |         |                               |            |                           |    |
|                                       |                               |                        |                          |         |                               |            |                           |    |
|                                       |                               |                        |                          |         |                               |            |                           |    |
|                                       |                               |                        |                          |         |                               |            |                           |    |

| on of all buildings on the etrofit or by replacemen | t and the type of service t             | g how ea  | ach building will comply with<br>be provided in each general   | the SP<br>acute ca   | C-5/NPC-4 or 5<br>are hospital building  |
|---|---|---|--|--|--|
| )1783 Building Na                                   | O. 4. T.                                |   |  |  |  |
|   | ame: South Tower                        |   |  |  |  |
| it Non-Conforming build                             | ing to SPC 2 and NPC 3                  | and rem   | ove from service by 2030   |  |  |
| led   |   |   |  |  |  |
|   | Surgical                                |   | Obstetrical<br>Cesarean/Deliv  |  | Rehabilitation<br>Therapy  |
| Care  | Anesthesia                              |   | Obstetrical  |  | Renal Dialysis   |
| Adol  | Clinical Lab                            |   | Recovery   |  |  |
| с   | Radiological/<br>Imaging                |   | Newborn/<br>WellBaby   |  | Outpatient<br>Surgery  |
|   | Pharmaceutical                          |   | Emergency  |  | Central Plant  |
| ate   | Dietetic                                |   | Lineigency   |  | Communition  |
| ursing  | Administration                          |   | Nuclear Medicine   |  | Support<br>Services  |
| eCC///  | eCare  c/Adol  tric  cal stprtum  diate | Surgical  Anesthesia  C/Adol Clinical Lab  Radiological/ Imaging Pharmaceutical  Clinical Lab  Radiological/ Imaging Administration | Surgical  Anesthesia  C/Adol  Clinical Lab  Radiological/ Imaging  Pharmaceutical  Cal stprtum  Dietetic  Administration | Surgical Obstetrical Cesarean/Deliv  Anesthesia Obstetrical Recovery  C/Adol Clinical Lab  Tric Radiological/ Imaging Newborn/ WellBaby  Pharmaceutical  cal stprtum Emergency  diate Administration | Surgical Obstetrical Cesarean/Deliv  PeCare Anesthesia Obstetrical Recovery  C/Adol Clinical Lab  Bric Radiological/ Newborn/ WellBaby  Pharmaceutical  Cal Stprtum Emergency Muclear Medicine  Administration |

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|------------------|---------------------------|----------------|--------------------------|----------|--|----|-------------------------|
|                  | er by retrofit or by i    |                |                          |          | ach building will comply woe provided in each genera |    |                         |
| Building Number: | BLD-01784                 | Building Nar   | me: Juncture Building    |          |  |    |                         |
| Configuration:   | Retrofit Non-Confo        | orming buildin | ng to SPC 2 and NPC 3    | and rem  | ove from service by 2030                             |    |                         |
| Type of Service  | Provided                  |                |                          |          |  |    |                         |
| Nui              | rsing                     |                | Surgical                 |          | Obstetrical<br>Cesarean/Deliv                        |    | ehabilitation<br>nerapy |
| Inte             | ensiveCare                |                | Anesthesia               |          | Obstetrical<br>Recovery                              | R  | enal Dialysis           |
|                  | diatric/Adol<br>cent      |                | Clinical Lab             |          | recovery   |    |                         |
|                  | ychiatric<br>rsing        |                | Radiological/<br>Imaging |          | Newborn/<br>WellBaby                                 |    | utpatient<br>urgery     |
|                  | stetrical<br>te/Postprtum |                | Pharmaceutical           |          | Emergency  | Пс | entral Plant            |
|                  | ermediate                 |                | Dietetic                 |          |  |    |                         |
| Car<br>Ski       | re<br>lled Nursing        |                | Administration           |          | Nuclear Medicine                                     |    | Support<br>Services     |
|                  |                           | ı              |                          |          |  |    |                         |
|                  |                           |                |                          |          |  |    |                         |
|                  |                           |                |                          |          |  |    |                         |

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|                  | ner by retrofit or by      |                |                          |           | ach building will comply wi<br>be provided in each genera |     |                           |
| Building Number: | BLD-01785                  | Building Nar   | ne: Patient Tower        |           |   |     |                           |
| Configuration:   | Retrofit Non-Confo         | orming buildir | ng to SPC 2 and NPC 3    | and rem   | ove from service by 2030                                  |     |                           |
| Type of Service  | Provided                   |                |                          |           |   |     |                           |
| Nu               | rsing                      |                | Surgical                 |           | Obstetrical<br>Cesarean/Deliv                             |     | Rehabilitation<br>Therapy |
| Inte             | ensiveCare                 |                | Anesthesia               |           | Obstetrical<br>Recovery                                   | ☐ R | Renal Dialysis            |
|                  | diatric/Adol<br>cent       |                | Clinical Lab             |           |   |     |                           |
|                  | ychiatric<br>Irsing        |                | Radiological/<br>Imaging |           | Newborn/<br>WellBaby                                      |     | Outpatient<br>Surgery     |
|                  | estetrical<br>te/Postprtum |                | Pharmaceutical           |           | Emergency   |     | Central Plant             |
|                  | ermediate                  |                | Dietetic                 |           | • •   |     |                           |
| Ca               | illed Nursing              |                | Administration           |           | Nuclear Medicine  |     | Support<br>Services       |
|                  |                            | •              |                          |           |   |     |                           |
|                  |                            |                |                          |           |   |     |                           |
|                  |                            |                |                          |           |   |     |                           |

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|---|-------------------------------|-------------------------------|---|-----------------------------|---|--------------------------------------|---------------------------------|
| Report the fina<br>requirements v<br>per Section 13 | vhether by retrofit or by     | ildings on the<br>replacement | hospital campus show<br>and the type of service | ving how e<br>e that will l | ach building will comply<br>be provided in each gen | with the SPC-5/<br>eral acute care h | NPC-4 or 5<br>nospital building |
| Building Numb                                       | er: BLD-01786                 | Building Na                   | me: Heart and Emer                              | gency Cer                   | nter  |                                      |                                 |
| Configuration                                       | n: Retrofit Conform           | ing building to               | NPC 4 or NPC 5                                  |                             |   |                                      |                                 |
| Type of Ser   | vice Provided                 |                               |   |                             |   |                                      |                                 |
|   | Nursing                       | X                             | Surgical  |                             | Obstetrical<br>Cesarean/Deliv                       |                                      | habilitation<br>erapy           |
| X   | IntensiveCare                 | X                             | Anesthesia                                      |                             | Obstetrical<br>Recovery                             | Re                                   | nal Dialysis                    |
|   | Pediatric/Adol<br>escent      |                               | Clinical Lab                                    |                             | Recovery  |                                      |                                 |
|   | Psychiatric<br>Nursing        | X                             | Radiological/<br>Imaging                        |                             | Newborn/<br>WellBaby                                |                                      | tpatient<br>rgery               |
|   | Obstetrical<br>Ante/Postprtum | X                             | Pharmaceutical                                  | X                           | Emergency   | ☐ Ce                                 | ntral Plant                     |
|   | Intermediate<br>Care          |                               | Dietetic  |                             |   |                                      |                                 |
|   | Skilled Nursing               |                               | Administration                                  | X                           | Nuclear Medicine                                    |                                      | ipport<br>ervices               |
|   |                               | •                             |   |                             |   |                                      |                                 |
|   |                               |                               |   |                             |   |                                      |                                 |
|   |                               |                               |   |                             |   |                                      |                                 |

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|---|-------------------------------|--|--|----------|---|--------------------------------------|---------------------------------|
| Report the fina<br>requirements<br>per Section 13 | whether by retrofit or b      | uildings on the ho<br>y replacement ar | ospital campus showing the type of service the | g how ea | ach building will comply<br>be provided in each gen | with the SPC-5/<br>eral acute care h | NPC-4 or 5<br>nospital building |
| Building Numl                                     | ber: BLD-01787                | Building Name                          | e: Central Plant                               |          |   |                                      |                                 |
| Configuratio                                      | n: Retrofit Conform           | ning building to N                     | PC 4 or NPC 5                                  |          |   |                                      |                                 |
| Type of Se  | rvice Provided                |  |  |          |   |                                      |                                 |
|   | Nursing                       |  | Surgical                                       |          | Obstetrical<br>Cesarean/Deliv                       |                                      | habilitation<br>erapy           |
|   | IntensiveCare                 |  | Anesthesia                                     |          | Obstetrical<br>Recovery                             | Re                                   | nal Dialysis                    |
|   | Pediatric/Adol escent         |  | Clinical Lab                                   |          | Recovery  |                                      |                                 |
|   | Psychiatric<br>Nursing        |  | Radiological/<br>maging                        |          | Newborn/<br>WellBaby                                |                                      | tpatient<br>rgery               |
|   | Obstetrical<br>Ante/Postprtum | f                                      | Pharmaceutical                                 |          | Emergency   | X Ce                                 | ntral Plant                     |
|   | Intermediate                  |  | Dietetic                                       |          | Linergency  | <u> </u>                             | illiai Fiaili                   |
|   | Care Skilled Nursing          |  | Administration                                 |          | Nuclear Medicine                                    |                                      | ipport<br>ervices               |
|   |                               | I                                      |  |          |   |                                      |                                 |
|   |                               |  |  |          |   |                                      |                                 |
|   |                               |  |  |          |   |                                      |                                 |

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|                  | ner by retrofit or by |                | hospital campus showir<br>and the type of service |           |                               |     |                          |
| Building Number: | BLD-01788             | Building Nar   | me: Mechanical Buildi                             | ng        |                               |     |                          |
| Configuration:   | Retrofit Conformir    | ng building to | NPC 4 or NPC 5                                    |           |                               |     |                          |
| Type of Service  | Provided              |                |   |           |                               |     |                          |
| Nu               | ırsing                |                | Surgical  |           | Obstetrical<br>Cesarean/Deliv |     | tehabilitation<br>herapy |
| Into             | ensiveCare            |                | Anesthesia  |           | Obstetrical<br>Recovery       | R   | tenal Dialysis           |
|                  | diatric/Adol<br>cent  |                | Clinical Lab                                      |           | Recovery                      |     |                          |
|                  | ychiatric<br>ırsing   |                | Radiological/<br>Imaging                          |           | Newborn/<br>WellBaby          |     | Outpatient<br>ourgery    |
|                  | ostetrical            |                | Pharmaceutical                                    |           |                               |     |                          |
| An               | te/Postprtum          |                |   |           | Emergency                     | X C | entral Plant             |
| Into Ca          | ermediate<br>ire      |                | Dietetic  |           | Nuclear Medicine              |     | Support                  |
| Sk               | illed Nursing         |                | Administration                                    |           |                               |     | Services                 |
|                  |                       |                |   |           |                               |     |                          |
|                  |                       |                |   |           |                               |     |                          |
|                  |                       |                |   |           |                               |     |                          |

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| Include information on 4D and SPC-5 per Sec | the number of<br>tion 130061( | of inpatient beds be<br>e) | y type of S | Service provided by b    | ouildir | ngs that are classified a     | s SPC-2 | 2, SPC-3, SPC-4, SPC-     |
| Building Number: BLE                        | D-01786                       | Building Na                | ame: He     | art and Emergency (      | Cente   | er                            |         |                           |
| Type of Service Prov                        | <u>rided</u>                  |                            |             |                          |         |                               |         |                           |
| Nursing                                     | Inpatient<br>Beds             | 0                          | X           | Surgical                 | [       | Obstetrical<br>Cesarean/Deliv |         | Rehabilitation<br>Therapy |
| X IntensiveCare                             | Inpatient<br>Beds             | 24                         | X           | Anesthesia               |         |                               |         |                           |
| Pediatric/Adol escent                       | Inpatient<br>Beds             | 0                          |             | Clinical Lab             | [       | Obstetrical<br>Recovery       |         | Renal Dialysis            |
| Psychiatric Nursing                         | Inpatient<br>Beds             | 0                          | X           | Radiological/<br>Imaging | [       | Newborn/<br>WellBaby          |         | Outpatient<br>Surgery     |
| Obstetrical Ante/Postprtum                  | Inpatient<br>Beds             | 0                          | X           | Pharmaceutical           | [       | X Emergency                   |         | Central Plant             |
| Intermediate Care                           | Inpatient<br>Beds             | 0                          |             | Dietetic                 | [       | X Nuclear<br>Medicine         | X       | Support<br>Services       |
| Skilled Nursing                             | Inpatient<br>Beds             | 0                          |             | Administration           |         |                               |         |                           |
| Total Beds this<br>Building                 |                               | 24                         |             |                          |         |                               |         |                           |
|   |                               |                            |             |                          |         |                               |         |                           |
|   |                               |                            |             |                          |         |                               |         |                           |

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| Include information on<br>4D and SPC-5 per Sec |                   |                  | type of Service provided by b | uildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL                            | D-01787           | Building Nar     | me: Central Plant             |                                |                              |
| Type of Service Pro                            | vided             |                  |                               |                                |                              |
| Nursing  | Inpatient<br>Beds | 0                | Surgical                      | Obstetrical Cesarean/Deliv     | Rehabilitation Therapy       |
| IntensiveCare                                  | Inpatient<br>Beds | 0                | Anesthesia                    |                                |                              |
| Pediatric/Adol escent                          | Inpatient<br>Beds | 0                | Clinical Lab                  | Obstetrical Recovery           | Renal Dialysis               |
| Psychiatric Nursing                            | Inpatient<br>Beds | 0                | Radiological/<br>Imaging      | Newborn/<br>WellBaby           | Outpatient Surgery           |
| Obstetrical Ante/Postprtum                     | Inpatient<br>Beds | 0                | Pharmaceutical                | Emergency                      | X Central Plant              |
| Intermediate Care                              | Inpatient<br>Beds | 0                | Dietetic                      | Nuclear<br>Medicine            | X Support<br>Services        |
| Skilled Nursing                                | Inpatient<br>Beds | 0                | Administration                |                                |                              |
| Total Beds this<br>Building                    |                   | 0                |                               |                                |                              |
|  |                   |                  |                               |                                |                              |
|  |                   |                  |                               |                                |                              |

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| Include information on<br>4D and SPC-5 per Sec |                   |                  | type of Service provided by b | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL                            | D-01788           | Building Nar     | me: Mechanical Building       |                                 |                              |
| Type of Service Pro                            | vided             |                  |                               |                                 |                              |
| Nursing  | Inpatient<br>Beds | 0                | Surgical                      | Obstetrical Cesarean/Deliv      | Rehabilitation Therapy       |
| IntensiveCare                                  | Inpatient<br>Beds | 0                | Anesthesia                    |                                 |                              |
| Pediatric/Adol escent                          | Inpatient<br>Beds | 0                | Clinical Lab                  | Obstetrical Recovery            | Renal Dialysis               |
| Psychiatric Nursing                            | Inpatient<br>Beds | 0                | Radiological/<br>Imaging      | Newborn/<br>WellBaby            | Outpatient<br>Surgery        |
| Obstetrical Ante/Postprtum                     | Inpatient<br>Beds | 0                | Pharmaceutical                | Emergency                       | X Central Plant              |
| Intermediate<br>Care                           | Inpatient<br>Beds | 0                | Dietetic                      | Nuclear<br>Medicine             | Support Services             |
| Skilled Nursing                                | Inpatient<br>Beds | 0                | Administration                |                                 |                              |
| Total Beds this<br>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) |                       |                           |                          |   |            |  |  |  |  |  |
|------------------------------------|-----------------------|---------------------------|--------------------------|---|------------|--|--|--|--|--|
| Building Number:                   | BLD-01786             | Building Name:            | Heart and Emergency Cent | ter   |            |  |  |  |  |  |
| Medical / Surgical (In             | clude GYN)            | Acute Respira             | tory Care                | Acute Psychiatric   |            |  |  |  |  |  |
| Inpatient 0<br>Bed                 | Inpatient<br>Days     | 0 Inpatient Bed           | 0 Inpatient 0 Days       | Inpatient 0 Inpatient Days                                  | )]         |  |  |  |  |  |
| Perinatal (Exclude No              | ewborn / GYN)         | Burn                      |                          | Skilled Nursing   |            |  |  |  |  |  |
| Inpatient 0<br>Bed                 | Inpatient<br>Days     | 0 Inpatient Bed           | 0 Inpatient 0 Days       | Inpatient 0 Inpatient Days                                  | )]         |  |  |  |  |  |
| Pediatric                          |                       | Intensive Card<br>Nursery | e Newborn                | Intermediate Care   |            |  |  |  |  |  |
| Inpatient 0<br>Bed                 | Inpatient Days        | 0 Inpatient Bed           | 0 Inpatient 0 Days       | Inpatient 0 Inpatient 0 Days                                | )          |  |  |  |  |  |
| Intensive Care                     |                       | Rehabilitation<br>Center  |                          | Int. Care / Developmentally<br>Disabled                     |            |  |  |  |  |  |
| Inpatient 12<br>Bed                | Inpatient 304<br>Days | 3 Inpatient Bed           | 0 Inpatient 0 Days       | Inpatient 0 Inpatient 0 Bed Days                            | )          |  |  |  |  |  |
| Coronary Care                      |                       | Chemical Dep              | endency                  | Total Beds this Total Beds thi<br>Building Per Building Per | s          |  |  |  |  |  |
| Inpatient 12<br>Bed                | Inpatient 197<br>Days | Inpatient Bed             | 0 Inpatient 0 Days       | Unit Service 24   | <u>‡</u> ] |  |  |  |  |  |

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