Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

| Provide the Hospital | Owner and | Year of Report per Section 130061(e) | |
|----------------------------|-----------|---|---|
| Facility Number: | 11858 | | |
| Facility Name: | Methodi | st Hospital of Southern California |] |
| Address: | 300 W. I | Huntington Dr. |] |
| City: | Arcadia | |] |
| | | | |
| Hospital Owner/Licensee: | | METHODIST HOSPITAL OF SOUTHERN CALIFORNIA / 930000103 | |
| Year of Rep | oorting: | 2016 | |
| Contact 1 e-mail Ac | ddress: | [Confidential data left blank intentionally.] |] |
| Contact 2 e-mail Ac | ddress: | [Confidential data left blank intentionally.] |] |
| Contact 3 e-mail Address:: | | [Confidential data left blank intentionally.] |] |
| Name of Sub | omitter: | JOE LABRIE |] |
| Submission | n Date: | 1/5/2017 7:46:00 AM | |
| | | | |
| | | | |

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|---------------|----------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD- 00359 | East Wing | 300 W. Huntington Dr. | Rebuild | SPC5 | 01/01/2019 | 12/31/2018 |
| BLD- 00362 | West Wing | 300 W. Huntington Dr. | Rebuild | SPC5 | 01/01/2019 | 12/31/2018 |
| BLD- 00364 | Pavilion East & West | 300 W. Huntington Dr. | Replace | SPC2 | 01/01/2019 | 12/31/2018 |

Report Year: 11858 Methodist Hospital of Southern California Page:3 of 63 2016 Arcadia 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: **East Wing** Retrofit/Replacement BLD-00359 No Project: Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 OPEN No 11858 S142762-19 11/26/201 10/8/2015 12/01/2014 -00 12:00:00 4 AM For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). **Building No:** BLD-00362 West Wing No Retrofit/Replacement Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Number Number Num Scope Date Start Date Review Date In 0 OPEN No 11858 S142763-19 11/26/201 10/8/2015 12/01/2014 -00 12:00:00 AM

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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).

-00

BLD-00364 Pavilion East & West No Building No: Retrofit/Replacement Project: Facility Project Plan Approved Projected CEQA Projected Sub Completion Date Status Number Number Num Scope Date Start Date Review Date In 11858 S142816-19 0 12/4/2014 10/12/2015 06/01/2015 12/31/2015 PEND No

> 12:00:00 AM

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|----------------------------|-------------------|---|--------------------------------|------------------------|
| Provide the number o | f inpatient bed | ds and patient days per type of service p | per building per Section 13006 | 61(c)(1)(F) |
| Building Number: BL | _D-00359 | Building Name: | ast Wing | |
| Type of Service Prov | <u>/ided</u> | | | |
| X Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby |
| X Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery |
| | Deus | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant |
| | | | | |
| | | | | |
| | | | | |

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|---|---------------------|--|-------------------------------|------------------------|--|--|--|--|
| Provide the number | of inpatient be | ds and patient days per type of service pe | er building per Section 13006 | 61(c)(1)(F) | | | | |
| Building Number: BLD-00362 Building Name: West Wing | | | | | | | | |
| Type of Service Pro | ovided | | | | | | | |
| X Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | | | | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | | |
| Obstetrical Ante/Postprtun | Inpatient n Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis | | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery | | | | |
| | | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant | | | | |
| | | | | | | | | |
| | | | | | | | | |

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|---------------------------------------|---------------------|--|-------------------------------|-----------------------------|
| Provide the number | of inpatient be | ds and patient days per type of service pe | er building per Section 13006 | 1(c)(1)(F) |
| Building Number: Type of Service Pro | | Building Name: Pa | avilion East & West | |
| X Nursing | Inpatient Beds | 20 Inpatient 6800 Days | Surgical | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| Obstetrical Ante/Postprtun | Inpatient n Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | X Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration X Support | Renal Dialysis |
| X Skilled Nursing | J Inpatient Beds | 26 Inpatient Days 3591 | Services | Outpatient Surgery |
| | | Total Beds this Building 46 | Obstetrical Cesarean/Deliv | Central Plant |
| | | | | |
| | | | | |
| | | | | |

Report Year: 2016 11858 Methodist Hospital of Southern California Arcadia Page:8 of 63 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00359 **Building Number: Building Name:** East 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 Inpatient 0 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 Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2016 11858 Methodist Hospital of Southern California Arcadia Page:9 of 63 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00362 West Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 11858 Methodist Hospital of Southern California Arcadia Page:10 of 63 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00364 **Building Number: Building Name:** Pavilion East & West 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 3591 Inpatient Inpatient Inpatient Inpatient 0 Inpatient 26 Inpatient Bed Days Days Bed Days Bed intensive Care Newborn **Pediatric Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 20 Inpatient 6800 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 46 Inpatient 46 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 Number | Building Name | Building to be Removed / Replaced / Rebuilt |
|--------------------|----------------------------------|--|
| BLD-00358 | Main Hospital | Remain |
| BLD-00359 | East Wing | Rebuild |
| BLD-00360 | Utility Building / Central Plant | Remain |
| BLD-00362 | West Wing | Rebuild |
| BLD-00364 | Pavilion East & West | Replace |
| BLD-00365 | Hoefflin Wing | Remain |
| BLD-00366 | Surgical Wing | Remain |
| BLD-00367 | Patient Tower | Remain |
| BLD-03711 | Electrical Equipment Building | Remain |
| BLD-05461 | North Tower | Remain |
| BLD-05514 | Tower Lobby | Remain |
| BLD-05634 | Generator Building | Remain |
| BLD-05635 | Switchgear Building | Remain |
| BLD-05636 | Switchgear Shed | Remain |
| BLD-05848 | Berger Tower Patient Canopy | Remain |

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|--------------------|---|------------------|---------------|
| List ALL propos | sed new buildings to be constructed at this or another site |). | |
| Building Number | Building Name | New Site | |
| N_1 | North Tower | | |
| | | | |

| Report Ye | ear: 2016 118 | 358 Me | thodist Hospital of | Southern Califor | nia | rcadia | | Page:13 of 63 |
|--|---|--------------|--------------------------|------------------|-------------------------------|--------|------------------------|---------------|
| The proje replaced of The plant replaced of | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | |
| Building Number: BLD-00359 East Wing Removal Date: | | | | | | | | |
| Planned l | Jses for the building t | o be remov | ed from acute care | e service: | | | | |
| Planned | use for building: Me | dical Office | Building | Jurisdiction: | OSHPD | | | |
| Inpatient : | services currently deli | ivered in th | e building: | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | , [| Rehabilitation Therapy | |
| X | IntensiveCare Pediatric/Adol escent | | Anesthesia Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | 3 |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support Services | |
| | Skilled Nursing | | Administration | | | | | |

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|--|---|------------------|--|-------------------|--|------------------|--|---------------|
| The proje replaced of The plant replaced of | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | |
| Building N | Number: BLD-00 | 0362 | West Wing | 9 | | Removal Date: | 12/31/2018 | |
| Planned l | Jses for the buildin | ng to be remov | ed from acute care | e service: | | | | |
| Planned | use for building: | Medical Office | Building | Jurisdiction: | OSHPD | | | |
| Inpatient s | Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing | delivered in the | e building: Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration | | Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine | , | Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant Support Services | 5 |
| | | _ | | | | | | |
| | | | | | | | | |

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|--|--|-------------------------------------|----------------------------------|----------|--|------------------|--|---------------|--|
| The proje replaced of The plant replaced of | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | | |
| Building N | Number: BLD-00364 | | Pavilion East & Wes | st | | Removal Date: | 12/31/2018 | | |
| Planned l | Jses for the building to I | oe removed fron | n acute care service: | | | | | | |
| Planned | use for building: Media | cal Office Buildin | g Jurisdict | tion: | OSHPD | 7 | | | |
| Inpatient : | Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum | Surgio Anestl Clinica Radiol Imagir | al nesia al Lab ogical/ | | Obstetrical Cesarean/Del Obstetrical Recovery Newborn/ WellBaby | iv | Rehabilitation Therapy Renal Dialysi Outpatient Surgery Central Plant | is | |
| | Intermediate Care | Dieteti | С | | Nuclear Medicine | | X Support Services | | |
| X | Skilled Nursing | Admin | istration | | | | | | |
| | | | | | | | | | |

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| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00362 Building Name: West Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00359 Building Name: East Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00359 Building Name: East Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Padiatric N/A | Report Year: 2016 | Methodist Ho | ospital of Southern California | Arcadia | Page:18 of 63 |
|--|--|--|---|---|---------------|
| Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00359 Building Name: East Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building and any corresponding or "Replace" per Section 130061(c)(2)(E) | | | | | |
| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00359 Building Name: East Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building BLD-00359 Building Name: East Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? | Number: | | <u> </u> | | |
| Building Sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building Name: East Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? | | | elocated to a new, Existing or retrofitted | building? | |
| Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? | | | | | |
| Building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? | Number: Will general acute care serv | vices and beds will be re | | building? | |
| Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? | Report whether the general building sites or project nun | l acute care services an nbers for buildings with | d beds will be relocated to a new, existi a Building Resolution of "Rebuild" or "R | ng or retrofitted building and any cor eplace" per Section 130061(c)(2)(E) | responding |
| i colatile | Number: | vices and beds will be re | | building? | |

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|---|-----------------------------|---------------|
| Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of | | |
| Building Number: BLD-00364 Building Name: Pavilion East & West | | |
| Will general acute care services and beds will be relocated to a new, Existi | ng or retrofitted building? | |
| Nursing N/A | | |
| Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of | | |
| Building Number: BLD-00364 Building Name: Pavilion East & West | | |
| Will general acute care services and beds will be relocated to a new, Existi | ng or retrofitted building? | |
| Skilled Nursing N/A | | |
| Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of | | |
| Building Name: Pavilion East & West Number: | | |
| Will general acute care services and beds will be relocated to a new, Existi | ng or retrofitted building? | |
| Support Services N/A | | |
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|---|---------------------------|---|-----------|---------------|--|--|--|--|--|--|
| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) | | | | | | | | | | |
| Building Name: Pavilion East & West Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? | | | | | | | | | | |
| | N/A | relocated to a new, Existing or retrofitted | building? | | | | | | | |
| Therapy | | | • | | | | | | | |
| | | and beds will be relocated to a new, existi h a Building Resolution of "Rebuild" or "R | | responding | | | | | | |
| Building BLD- Number: | -00364 Building Name: | Pavilion East & West | | | | | | | | |
| Will general acute care | services and beds will be | relocated to a new, Existing or retrofitted | building? | | | | | | | |
| Skilled Nursing | N/A | |] | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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| ding Number: | | g Name: Ea | ast Wing | | |
|-----------------|-------------------------------|------------|----------------|----------------------|-----------------------|
| Type of Service | D | | | | |
| | Provided | | Surgical | Obstetrical | Rehabilitation |
| [c] | Nursing | | Cangloan | Cesarean/Deliv | Therapy |
| [X] | IntensiveCare | | Anesthesia | Obstetrical | Renal Dialysis |
| | Pediatric/Adol | | Clinical Lab | Recovery | O to the d |
| X | escent | | Radiological/ | Newborn/ WellBaby | Outpatient Surgery |
| | Psychiatric Nursing | | Imaging | | 0 / 15/ |
| | | | Pharmaceutical | Emergency | Central Plant |
| | Obstetrical Ante/Postprtum | | Dietetic | Nuclear Medicine | Support Services |
| | Intermediate Care | | Administration | | |
| | Skilled Nursing | | | | |
| | | | | | |
| | | | | | |

| lding Number: | BLD-00362 Buildi | ng Name: W | est Wing | | | | |
|-----------------|------------------------|------------|----------------|---|-------------------------------|---------------------------|--|
| Type of Service | e Provided | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| X | Nursing | | Anesthesia | | | Renal Dialysis | |
| | IntensiveCare | | Clinical Lab | Ш | Obstetrical Recovery | Renai Dialysis | |
| | Pediatric/Adol escent | | Radiological/ | | Newborn/ WellBaby | Outpatient Surgery | |
| | Psychiatric Nursing | | Imaging | | · | | |
| | Obstetrical | | Pharmaceutical | | Emergency | Central Plant | |
| | Ante/Postprtum | | Dietetic | | Nuclear Medicine | Support Services | |
| | Intermediate Care | | Administration | | | | |
| | Skilled Nursing | | | | | | |

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|-------------------------------|---------|-------------------------------|-----------|------------------|--------------------------|---------|-------------------------------|------------|---------------------------|----|
| Report any g per Section 1 | | | tal inpat | tient service th | nat is provided in any | general | acute care hospital | building t | hat is rated SPC-1 | |
| Building Num | nber: | BLD-00364 | Building | g Name: Pa | avilion East & West | | | | | |
| Type of S | Service | Provided | | | | | | | | |
| | | | | | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | |
| | X | Nursing | | | Anesthesia | | | | Danal Dialysis | |
| | | IntensiveCare | | | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | |
| | | Pediatric/Adol escent | | | | | Newborn/ | | Outpatient Surgery | |
| | | Psychiatric Nursing | | | Radiological/ Imaging | | WellBaby | | | |
| | | - | | | Pharmaceutical | | Emergency | | Central Plant | |
| | | Obstetrical Ante/Postprtum | 1 | | Dietetic | | Nuclear Medicine | X | Support Services | |
| | | Intermediate Care | | | Administration | | | | | |
| | X | 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-00358 | Building Name: Main Hospital | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2030 | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | | |
| IntensiveCare | Anesthesia | Obstetrical | Renal Dialysis | | | | | | | | |
| Pediatric/Adol escent | Clinical Lab | Recovery | | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | | | | | | | | |
| Intermediate Care | Dietetic | | | | | | | | | | |
| Skilled Nursing | Administration | Nuclear Medicine | Support Services | | | | | | | | |
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|---|------------------|----------------------------|------|-------------------------------|-----|------------------------|--|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | | | |
| Building Number: BLD-00 | Building Na | me: East Wing | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Service Provide | d | | | | | | | | | | |
| Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation erapy | | | | | |
| IntensiveCa | re | Anesthesia | | Obstetrical Recovery | Re | enal Dialysis | | | | | |
| Pediatric/Ac escent | ol | Clinical Lab | | Recovery | | | | | | | |
| Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | utpatient irgery | | | | | |
| Obstetrical | | Pharmaceutical | | | | | | | | | |
| Ante/Postpr | tum | | | Emergency | Ce | entral Plant | | | | | |
| Intermediate Care | | Dietetic | П | Nuclear Medicine | | upport | | | | | |
| Skilled Nurs | ing | Administration | _ | | — s | ervices | | | | | |
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|---|--|--|---|----------------------------|---------------------------------------|------------------------------------|----------------------------------|--|--|--|--|--|--|
| Report the fin requirements per Section 1 | whether by retrofit or | buildings on the hospital by replacement and the | campus showing how type of service that wi | v each bui ill be provi | lding will comply ded in each gene | with the SPC-5, eral acute care | /NPC-4 or 5 hospital building | | | | | | |
| Building Num | Building Number: BLD-00360 Building Name: Utility Building / Central Plant | | | | | | | | | | | | |
| Configuration: N/A | | | | | | | | | | | | | |
| Type of Se | ervice Provided | | | | | | | | | | | | |
| | Nursing | Surgica | al | Obste Cesar | trical ean/Deliv | | ehabilitation erapy | | | | | | |
| | IntensiveCare | Anesth | esia | Obste Recov | | Re | enal Dialysis | | | | | | |
| | Pediatric/Adol escent | Clinica | l Lab | NOON | Ciy | | | | | | | | |
| | Psychiatric Nursing | Radiole Imagin | ogical/ | Newb WellB | | | utpatient irgery | | | | | | |
| | Obstetrical Ante/Postprtum | Pharm | aceutical | Emerg | nencv | □ Ce | entral Plant | | | | | | |
| | Intermediate | Dietetic | c | , | , o. i.e. | | | | | | | | |
| | Care Skilled Nursing | Admini | istration | Nucle | ar Medicine | | upport ervices | | | | | | |
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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-0 | 0362 Building Na | ame: West Wing | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | |
| Type of Service Provid | led | | | | | | | | | | |
| Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | | | | |
| IntensiveC | Care | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis | | | | | |
| Pediatric/A escent | Adol | Clinical Lab | | recovery | | | | | | | |
| Psychiatric Nursing | , | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery | | | | | |
| Obstetrica | | Pharmaceutical | | | | | | | | | |
| Ante/Postp | ortum | | | Emergency | Ce | ntral Plant | | | | | |
| Intermedia Care | ate | Dietetic | | Nuclear Medicine | | upport | | | | | |
| Skilled Nu | rsing | Administration | | | Se | ervices | | | | | |
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| requirements wheth | 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: | Building Number: BLD-00364 Building Name: Pavilion East & West | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| Into | ensiveCare | | Anesthesia | | Obstetrical Recovery | F | Renal Dialysis | | | | | |
| | diatric/Adol cent | | Clinical Lab | | Recovery | | | | | | | |
| | ychiatric ırsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Gurgery | | | | | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | |
| | ermediate | | Dietetic | | | | | | | | | |
| Ca | illed Nursing | | Administration | | Nuclear Medicine | | Support Services | | | | | |
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|---|-------------------------------|--|--|---|---|---------------------------------|
| Report the fir requirements per Section 1 | whether by retrofit or b | uildings on the hospital campus y replacement and the type of | s showing how each b service that will be pro | uilding will compl ovided in each ge | y with the SPC-5/ neral acute care h | NPC-4 or 5 nospital building |
| Building Nun | nber: BLD-00365 | Building Name: Hoefflin W | /ing | | | |
| Configurati | on: N/A | | | | | |
| Type of S | ervice Provided | | | | | |
| | Nursing | Surgical | | tetrical arean/Deliv | | habilitation erapy |
| | IntensiveCare | Anesthesia | | stetrical overy | Re | nal Dialysis |
| | Pediatric/Adol escent | Clinical Lab | T.CC | overy | | |
| | Psychiatric Nursing | Radiological/ Imaging | | vborn/ IBaby | | tpatient rgery |
| | Obstetrical Ante/Postprtum | Pharmaceutica | | ergency | П с | ntral Plant |
| | Intermediate | Dietetic | | ergency | | mia i iam |
| | Care Skilled Nursing | Administration | | lear Medicine | | ipport ervices |
| | Called Haloling | | | | | |

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|---|--|---|--|---|--|---|
| configuration of all buil nether by retrofit or by 061(c)(5) | dings on the replacement | hospital campus show and the type of service | ing how e that will | each building will comply be provided in each geno | with the SF eral acute c | PC-5/NPC-4 or 5 are hospital building |
| r: BLD-00366 | Building Na | me: Surgical Wing | | | | |
| N/A | | | | | | |
| ice Provided | | | | | | |
| Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| Obstetrical Ante/Postprtum | | Pharmaceutical | | F | | Control Plant |
| Intermediate | | Dietetic | | Emergency | | Central Plant |
| Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |
| | nether by retrofit or by 1061(c)(5) r: BLD-00366 N/A ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate | nether by retrofit or by replacement 061(c)(5) r: BLD-00366 Building Na N/A ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate | nether by retrofit or by replacement and the type of service 061(c)(5) r: BLD-00366 | nether by retrofit or by replacement and the type of service that will 1061(c)(5) r: BLD-00366 Building Name: Surgical Wing N/A ice Provided Nursing Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Dietetic | resther by retrofit or by replacement and the type of service that will be provided in each generation (061(c)(5)) r: BLD-00366 | r: BLD-00366 Building Name: Surgical Wing N/A Ice Provided |

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|---|-------------------------------|--------------------------------------|--|-------------------------|---|--------------------------------------|---------------------------------|
| Report the fir requirements per Section 1 | whether by retrofit or b | uildings on the h y replacement a | nospital campus showing the type of service to | ng how e that will t | ach building will comply be provided in each gen | with the SPC-5/ eral acute care h | NPC-4 or 5 nospital building |
| Building Num | ber: BLD-00367 | Building Nam | ne: Patient Tower | | | | |
| Configuration | on: N/A | | | | | | |
| Type of So | ervice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Receivery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | F | | at at Disast |
| | | | Dietetic | | Emergency | Ce | ntral Plant |
| | Intermediate Care | | | | Nuclear Medicine | | upport ervices |
| | Skilled Nursing | | Administration | | | | |
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|---|-------------------------------|--------------|--------------------------|---------|-------------------------------|------|-----------------------|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | | |
| Building Number: BLD-03711 Building Name: Electrical Equipment Building | | | | | | | | | | |
| Configuration: N/A | | | | | | | | | | |
| Type of Se | ervice Provided | | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | П co | ntral Plant | | | |
| | Intermediate | | Dietetic | | Emergency | | illiai Fiaili | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | upport ervices | | | |
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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 Num | nber: BLD-05461 | Building Name: North Tower | | | | | | | | |
| Configuration: N/A | | | | | | | | | | |
| Type of S | ervice Provided | | | | | | | | | |
| | Nursing | Surgical | Obste Cesa | etrical rean/Deliv | Reha Thera | bilitation apy | | | | |
| | IntensiveCare | Anesthesia | Obste Reco | | Rena | l Dialysis | | | | |
| | Pediatric/Adol escent | Clinical Lab | 11000 | voly | | | | | | |
| | Psychiatric Nursing | Radiological/ Imaging | Newb WellE | | Outpa Surge | | | | | |
| | Obstetrical Ante/Postprtum | Pharmaceutical | ☐ Emor | gency | Contr | al Plant | | | | |
| | Intermediate | Dietetic | | gency | Centi | ai Fiaill | | | | |
| | Care | A Lucianian | Nucle | ear Medicine | Supp Serv | | | | | |
| | Skilled Nursing | Administration | | | | | | | | |
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|---|-------------------------------|-----------------------------|---|-----------------------------|--|--------------------------------|--|
| eport the final equirements wher Section 130 | hether by retrofit or by | dings on the replacement | hospital campus show and the type of service | ving how e e that will l | ach building will comply be provided in each geno | with the SPC eral acute car | s-5/NPC-4 or 5 re hospital building |
| uilding Numbe | er: BLD-05514 | Building Na | me: Tower Lobby | | | | |
| Configuration: | N/A | | | | | | |
| Type of Serv | vice 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 | | _ | | |
| _ | 7 mon ospitam | | Dietetic | Ш | Emergency | | Central Plant |
| | Intermediate Care | | Dictorio | | Nuclear Medicine | | Support Services |
| | Skilled Nursing | | Administration | | | | 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-05634 Building Name: Generator Building | | | | | | | | | | |
| Configuration: N/A | | | | | | | | | | |
| Type of S | ervice Provided | | | | | | | | | |
| | Nursing | Surgical | Obste Cesa | etrical rean/Deliv | Reha Thera | bilitation IPY | | | | |
| | IntensiveCare | Anesthesia | Obste Reco | | Rena | l Dialysis | | | | |
| | Pediatric/Adol escent | Clinical Lab | Neco | very | | | | | | |
| | Psychiatric Nursing | Radiological/ Imaging | Newb WellE | | Outpa Surge | | | | | |
| | Obstetrical Ante/Postprtum | Pharmaceutical | ☐ Emor | gency | Contr | al Plant | | | | |
| | Intermediate | Dietetic | | gency | Centi | ai Fiaiit | | | | |
| | Care | Administration | Nucle | ear Medicine | Supp Serv | | | | | |
| | Skilled Nursing | / Administration | | | | | | | | |
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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: | Building Number: BLD-05635 Building Name: Switchgear Building | | | | | | | | | | |
| Configuration: | Configuration: N/A | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| Into | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| | diatric/Adol cent | | Clinical Lab | | recovery | | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | |
| Into Ca | ermediate ire | | Dietetic | | Nuclear Medicine | | Support | | | | |
| Sk | illed Nursing | | Administration | | | | Services | | | | |
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|---|---|--------------|---------------------------|-------|-------------------------------|----|-----------------------|--|--|--|
| requirements | 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-05636 Building Name: Switchgear Shed | | | | | | | | | | |
| Configuration: N/A | | | | | | | | | | |
| Type of S | ervice Provided | | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | ntral Plant | | | |
| | Intermediate | | Dietetic | _ | Emergency | | mia i iam | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | ipport ervices | | | |
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| requirements | 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 Num | Building Number: BLD-05848 Building Name: Berger Tower Patient Canopy | | | | | | | | | | |
| Configuration: N/A | | | | | | | | | | | |
| Type of Se | ervice Provided | | | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy | | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient gery | | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | ntral Plant | | | | |
| | Intermediate | | Dietetic | | | | mar i am | | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | pport ervices | | | | |
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| | Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) | | | | | | | | | |
| Building Number: BLD-00358 Building Name: Main Hospital | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | | habilitation erapy | | | |
| X IntensiveCare | Inpatient Beds | 9 | | Anesthesia | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Re | nal Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | tpatient rgery | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | ☐ Ce | ntral Plant | | | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Sup Se | pport rvices | | | |
| Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | | | |
| Total Beds this Building | | 9 | | | | | | | | |
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|--|-------------------|--------------------|------------------------------|-------------------------------|------------------------------|
| Include information on 4D and SPC-5 per Sec | | | type of Service provided by | buildings that are classified | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-00360 | Building Nar | me: Utility Building / Centr | al Plant | |
| 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 | 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 infor 4D and SPC | | | | by type of S | Service provided by | buildii | ngs that are classified a | s SPC-2 | 2, SPC-3, SPC-4, SPC- |
| Building Nur | mber: BLD | -00365 | Building Na | ame: Ho | efflin Wing | | | | |
| Type of Se | ervice Provi | ided | | | | | | | |
| Nursi | ng | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X Intens | siveCare | Inpatient Beds | 20 | | Anesthesia | | | | |
| Pedia escer | atric/Adol at | Inpatient Beds | 0 | X | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis |
| Psych Nursi | niatric ng | Inpatient Beds | 0 | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| Obste | etrical Postprtum | Inpatient Beds | 0 | | Pharmaceutical | [| Emergency | | Central Plant |
| Intern Care | nediate | Inpatient Beds | 0 | | Dietetic | | X Nuclear Medicine | X | Support Services |
| Skille | d Nursing | Inpatient Beds | 0 | X | Administration | | | | |
| Total Buildi | Beds this ng | | 20 | | | | | | |
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| Include information on 4D and SPC-5 per Sec | | | type of Service provided by | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-00366 | Building Nar | me: Surgical Wing | | |
| Type of Service Prov | vided | | | | |
| Nursing | Inpatient Beds | 0 | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | X Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | 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 | | | |
| | | | | | |
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| eport Year: 2016 | 11858 | Methodist Hospital | of Southern California | Arcadia | Page:44 of 63 |
|--|-------------------|--------------------|-----------------------------|-----------------------------------|------------------------------|
| 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-00367 | Building Nar | me: Patient Tower | | |
| Type of Service Pro | vided | | | | |
| X Nursing | Inpatient Beds | 144 | Surgical | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X IntensiveCare | Inpatient Beds | 17 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | X Obstetrical Recovery | X Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | X Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 24 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | X Administration | | |
| Total Beds this Building | | 185 | | | |
| | | | | | |
| | | | | | |

| eport Year: 2016 | 11858 | Methodist Hospital | of Southern California | Arcadia | Page:45 of 63 |
|--|-------------------|--------------------|-----------------------------|---------------------------------|------------------------------|
| Include information on 4D and SPC-5 per Sec | | | type of Service provided by | / buildings that are classified | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-03711 | Building Nar | me: Electrical Equipment | Building | |
| 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 | 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 | 11858 | Methodist Hospital | of Southern California | Arcadia | Page:46 of 63 |
|--|-------------------|--------------------|-----------------------------|---------------------------------|------------------------------|
| 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: BLI | D-05461 | Building Nar | ne: North Tower | | |
| Type of Service Prov | <u>rided</u> | | | | |
| Nursing | Inpatient Beds | 120 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 20 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | X Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X Pharmaceutical | X Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | X Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 140 | | | |
| | | | | | |
| | | | | | |

| eport Year: 2016 | 11858 | Methodist Hospital | of Southern California | Arcadia | Page:47 of 63 |
|--|-------------------|--------------------|-------------------------------|---------------------------------|------------------------------|
| Include information on 4D and SPC-5 per Sec | | | type of Service provided by t | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-05514 | Building Nar | me: Tower Lobby | | |
| 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 | | | |
| | | | | | |
| | | | | | |

| eport Year: 2016 | 11858 | Methodist Hospital | of Southern California | Arcadia | Page:48 of 63 |
|--|-------------------|--------------------|-------------------------------|---------------------------------|------------------------------|
| Include information on 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-05634 | Building Nar | me: Generator Building | | |
| 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 | 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 | | | by type of Service provided by b | uildings that are classified a | s SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BLI | D-05635 | Building N | lame: Switchgear Building | | |
| Type of Service Prov | <u>rided</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 | | | by type of Service provided by b | uildings that are classified a | s SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-05636 | Building N | ame: Switchgear Shed | | |
| Type of Service Pro | <u>vided</u> | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | X Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |

| port Year: 2016 | 11858 N | Methodist Hospital | of Southern California | Arcadia | Page:51 of 63 |
|--|-------------------|--------------------|-----------------------------|---------------------------------|------------------------------|
| 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-05848 | Building Nar | me: Berger Tower Patient | Canopy | |
| 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 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-00358 **Building Name:** Main Hospital **Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 0 Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Davs Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 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 Days Bed Bed Days 9 9

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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 Section 130061(e) | | |
|------------------------------------|--|---|
| Building Number: BLD-00360 | Building Name: Utility Building / Central Pl | ant |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient 0 Days | Unit Service 0 |

Report Year: 2016 11858 Methodist Hospital of Southern California Arcadia Page:54 of 63 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-00365 Hoefflin Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 1346 Inpatient Inpatient 10l 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **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 10 Inpatient 1719 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days

Inpatient

Days

Total Beds this

20

Building Per

Unit

0

Total Beds this

20

Building Per

Service

OSHPD FDD SB499 Report Data Last Update: 01/05/2017 Submission Date: 01/05/2017 Printed: 1/7/2017 6:30 AM

0

Chemical Dependency

Inpatient

Bed

Coronary Care

Inpatient

Days

Inpatient

Bed

Report Year: 2016 11858 Methodist Hospital of Southern California Arcadia Page:55 of 63 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-00366 Surgical Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 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

11858

Methodist Hospital of Southern California

Arcadia

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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 Section 130061(e) | | | | | | |
|--|-------------------------------------|---|--|--|--|--|
| Building Number: BLD-00367 Buil | Iding Name: Patient Tower | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 144 Inpatient 27769 Bed Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 24 Inpatient 5114 Bed Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Days | Inpatient 17 Inpatient 944 Bed Days | Inpatient 0 Inpatient 0 Days | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Building Per Building Per | | | | |
| Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service | | | | |
| Bed Days | Bed Lays Lays | 185 185 | | | | |

Report Year: 2016 11858 Methodist Hospital of Southern California Arcadia Page:57 of 63 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-03711 Electrical Equipment 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**

Inpatient

Days

Building Per

ol

Unit

0

Building Per

0

Service

OSHPD FDD SB499 Report Data Last Update: 01/05/2017 Submission Date: 01/05/2017 Printed: 1/7/2017 6:30 AM

0

Inpatient

Bed

Inpatient

Bed

Inpatient

Days

Report Year:

2016

11858

Methodist Hospital of Southern California

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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 Section 130061(e) | | | | | |
|------------------------------------|-------------|-----------------------------------|---------|----------------------------------|---------------------------------|
| Building Number: BLD-05 | Buildi | ng Name: North Towe | er | | |
| Medical / Surgical (Include 0 | GYN) | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 120 Inpatient Days | tient 23141 | Inpatient 0 Inpat Bed Days | | | Inpatient 0 Days |
| Perinatal (Exclude Newborn | / GYN) | Burn | ; | Skilled Nursing | |
| Inpatient 0 Inpatient Days | tient 0 | Inpatient 0 Inpat Bed Days | | | Inpatient 0 Days |
| Pediatric | | Intensive Care Newborn Nursery | 1 | Intermediate Care | |
| Inpatient 0 Inpatient Days | tient 0 | Inpatient 0 Inpat Bed Days | | | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / Developm Disabled | entally |
| Inpatient 10 Inpatient Days | tient 1719 | Inpatient 0 Inpat Bed Days | | | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per | Total Beds this Building Per |
| Inpatient 10 Inpatient Days | tient 2558 | Inpatient 0 Inpat Bed Days | tient 0 | Unit 140 | Service 140 |
| | | | | | |

Report Year: 2016 11858 Methodist Hospital of Southern California Arcadia Page:59 of 63 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-05514 Tower Lobby **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 11858 Methodist Hospital of Southern California Arcadia Page:60 of 63 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-05634 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

Report Year: 2016 11858 Methodist Hospital of Southern California Arcadia Page:61 of 63 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-05635 Switchgear 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 11858 Methodist Hospital of Southern California Arcadia Page:62 of 63 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-05636 Switchgear Shed **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 11858 Methodist Hospital of Southern California Arcadia Page:63 of 63 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-05848 Berger Tower Patient Canopy **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0

Bed

Bed

Days

Days

ol

0