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| Office of Statewide Health Planning and Development |
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| 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: | 12023 | |
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| Facility Name: | Providence Little Company Of Mary Medical Center San Pedro | |
| Address: | 1300 W. 7th St. | |
| City: | San Pedro | |
| | | |
| Hospital Owner/Lice | nsee: Providence Health System - Southern California / 930000142 | |
| Year of Repo | orting: 2017 | |
| Contact 1 e-mail Add | dress: [Confidential data left blank intentionally.] | |
| Contact 2 e-mail Add | dress: [Confidential data left blank intentionally.] | |
| Contact 3 e-mail Add | Iress:: [Confidential data left blank intentionally.] | |
| Name of Subn | nitter: Karl Wagner | |
| Submission | Date: 1/16/2018 11:16:57 AM | |
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| Bidg. Alternate Building Address Building Resolution Final SPC Rating If Required Extension Date Anticipat Completion BLD- 01/01/2020 01/01/2020 01/01/2019 | Report Ye | ear: 2017 12023 | Providence Little Company Of M Center San Pedro | lary Medical | San Pedro | | Page:2 of 42 |
|--|---|--------------------|--|--------------|-----------|------------|--------------------------------|
| No.Building NameAlternate Building AddressResolutionIf RequiredDateCompletionBLD- 01216West Wing & Entrance Canopy1300 W. 7th St.RetrofitSPC201/01/202001/01/2019BLD- Central Wing Tower1300 W. 7th St.RetrofitSPC201/01/202001/01/2019 | 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 | | | | | | |
| 01216 Canopy BLD- Central Wing Tower 1300 W. 7th St. Retrofit SPC2 01/01/2020 01/01/2019 | | Building Name | Alternate Building Address | | | | Anticipated Completion Date |
| | | | 1300 W. 7th St. | Retrofit | SPC2 | 01/01/2020 | 01/01/2019 |
| | | Central Wing Tower | 1300 W. 7th St. | Retrofit | SPC2 | 01/01/2020 | 01/01/2019 |
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| Report Year: 2017 12023 Providence Little Company Of Ma Center San Pedro | ary Medica | I San Pedro | Page:3 | 8 of 42 |
|--|------------|--|-------------------------------------|----------------|
| For each building which is planned for rebuild, retrofit or replacement, projected construction start date or dates and projected Completion date status and approvals per Section $130061(c)(1)(E)$. | | | | ect |
| Building No: BLD-01216 West Wing & Entrance Canopy | | Retrofit/Replacemen Project: | t Yes-Submitted | |
| Facility Project Sub Number Number Num Scope | Date In | Plan Approved Projected Date Start Date | Projected Completion Date Status | CEQA Review |
| 12023 IL103344-0 0 VSI BLDG. #2 BLD-01216 Providence Little Company of Mary, San Pedro | 3/29/2011 | 03/20/20 | 13 05/08/2014 AG | CTI No |
| For each building which is planned for rebuild, retrofit or replacement, projected construction start date or dates and projected Completion date status and approvals per Section $130061(c)(1)(E)$. | | | | ect |
| Building No: BLD-03147 Central Wing Tower | | Retrofit/Replacemen Project: | t Yes-Submitted | |
| Facility Project Sub Number Number Num Scope | Date In | Plan Approved Projected Date Start Date | Projected Completion Date Status | CEQA Review |
| 12023 IL081740-0 0 Voluntary Seismic Improvements BLDG #1T | 8/20/2008 | 03/20/20 | 13 04/15/2014 AG | CTI No |
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| OSHPD FDD SB499 Report Data Last Update: 01/16/2018 | Submi | ssion Date: 01/16/2018 | Printed: 1/17/2018 6:30 | ΔΜ |

| Report Year: 2017 12023 | Providence Little Company Of Mary M Center San Pedro | San Pedro | Page:4 of 42 | | | |
|--|--|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | |
| Building Number: BLD-01216 | Building Name: | Vest Wing & Entrance Canopy | | | | |
| Type of Service Provided | | | | | | |
| X Nursing Inpatient Beds | 104 Inpatient 37960 Days | X Surgical | Obstetrical Recovery | | | |
| X IntensiveCare Inpatient Beds | 12 Inpatient Days 4380 | Anesthesia | Newborn/ WellBaby | | | |
| Pediatric/Adol Inpatient escent Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | | | |
| Psychiatric Inpatient Nursing Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Inpatient Days 0 | Pharmaceutical X Dietetic | Rehabilitation Therapy | | | |
| Intermediate Inpatient Care Beds | 0 Inpatient Days 0 | X Administration | Renal Dialysis | | | |
| Skilled Nursing Inpatient | 0 Inpatient Days 0 | X Support Services | Outpatient Surgery | | | |
| | Total Beds this 116 Building | Cesarean/Deliv | Central Plant | | | |
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| OSHPD FDD SB499 Report Data Last Update: 01/16/2018 Submission Date: 01/16/2018 Printed: 1/17/2018 6:30 AM | | | | | | |

| Report Year: 2017 12023 | Providence Little Company Of Mary Me Center San Pedro | edical San Pedro | Page:5 of 42 |
|--|--|-------------------------------|-----------------------------|
| Provide the number of inpatient I | peds and patient days per type of service pe | er building per Section 13006 | 1(c)(1)(F) |
| Building Number: BLD-03147 | Building Name: Ce | entral Wing Tower | |
| Type of Service Provided | | _ | |
| X Nursing Inpatient Beds | 20 Inpatient 7300 Days | Surgical | Obstetrical Recovery |
| IntensiveCare Inpatient Beds | 0 Inpatient Days 0 | X Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol Inpatient escent Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency |
| Psychiatric Inpatient Nursing Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| X Obstetrical Inpatient Ante/Postprtum Beds | 14 Inpatient Days 5110 | X Pharmaceutical | X Rehabilitation Therapy |
| Intermediate Inpatient Care Beds | 0 Inpatient Days 0 | | Renal Dialysis |
| Skilled Nursing Inpatient Beds | 0 Inpatient Days 0 | X Support Services | X Outpatient Surgery |
| | Total Beds this 34 Building | Cesarean/Deliv | X Central Plant |
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| OSHPD FDD SB499 Report | Data Last Update: 01/16/2018 S | ubmission Date: 01/16/2018 | Printed: 1/17/2018 6:30 AM |

| Report Year: 2017 12023 Provid Center | ence Little Company Of Mary Medical Sa r San Pedro | n Pedro Page:6 of 42 |
|--|---|--|
| Provide the number of Inpatient beds and pat | tient days per type of unit per building per Section | 130061(c)(1)(F) |
| Building Number: BLD-01216 Bu | uilding Name: West Wing & Entrance Canop | У |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 104 Inpatient 3796 Bed Days 0 | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled |
| Inpatient 12 Inpatient 4380 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per Unit Service |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | 116 116 |
| OSHPD FDD SB499 Report Data Las | t Update: 01/16/2018 Submission Date: 0 | 01/16/2018 Printed: 1/17/2018 6:30 AM |

| Report Year: 2017 12023 P | rovidence Little Company Of Mary Medical | San Pedro Page:7 of 42 | | | | | |
|---|--|--|--|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | |
| Building Number: BLD-03147 | Building Number: BLD-03147 Building Name: Central Wing Tower | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 14 Inpatient 5110 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 20 Inpatient 7300 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per Unit Service | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | 34 34 | | | | | |
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| Report Year: | 2 |
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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-01215 | Central Wing North | Remain | | |
| BLD-01216 | West Wing & Entrance Canopy | Retrofit | | |
| BLD-01217 | East Wing | Remain | | |
| BLD-01218 | Laboratory Addition | Remain | | |
| BLD-01219 | Conference Center | Remain | | |
| BLD-03147 | Central Wing Tower | Retrofit | | |
| BLD-03148 | Central Wing South | Remain | | |
| BLD-03149 | Central Wing Stair Tower | Remain | | |
| BLD-03150 | West Wing Elevator Tower | Remain | | |
| BLD-05177 | Drop-Off Canopy | Remain | | |
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| Report Year: | 2017 | 12023 | Providence Little Company C Center San Pedro | of Mary Medical | San Pedro | Page:9 of 42 |
|-----------------|-------------|---------------|---|-----------------|-----------|--------------|
| No proposed nev | w buildings | s to be const | ructed at this or another site. | | | |
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| Report Year: | 2017 | 12023 | Providence Little Company Of Mary Medical Center San Pedro | San Pedro | Page:10 of 42 |
|------------------|--------------|------------|---|-----------|---------------|
| No data reported | d for Sectio | n 130061 (| c)(2)(A) , (B), or (C) | | |
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| Report Year: | 2017 | 12023 | Providence Little Company Of Mary Medical Center San Pedro | San Pedro | Page:11 of 42 |
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| No data reported | d for Sectic | on 130061(c | | | |
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| Report Year: | 2017 | 12023 | Providence Little Compa Center San Pedro | ny Of Mary Medical | San Pedro | Page:12 of 42 |
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| No data reported | for Sectior | n 130061(c) | (2)(D). | | | |
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| Report Year: | 2017 | 12023 | Providence Little Conter San Pedro | Company Of Mary | Medical | San Pedro | | Page:13 of 42 | |
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| No data report | ed for wheth | er the gene | ral acute care servio | ces and beds will b | be relocated to a | new, existing or | retrofitted building | and any | |
| corresponding | building site | s or project | numbers for buildin | gs with a Building | Resolution of "R | lebuild" or "Repla | ce" per Section 130 | 061(c)(2)(E). | |
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| Report Year: | 2017 | 12023 | Providence Little Company Of Mary Medical Center San Pedro | San Pedro | Page:14 of 42 |
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| No data reporte | d for Section | | | | |
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| Report Year: 2017 12023 Provide Center | ence Little Company Of Mary Mec | lical San Pedro | | Page:15 of 42 | | | |
|--|---------------------------------|-------------------------------|-------------------|------------------|--|--|--|
| 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-01216 Building | g Name: West Wing & Entrance | e Canopy | | | | | |
| Type of Service Provided | | | | | | | |
| | X Surgical | Obstetrical Cesarean/Deliv | | vilitation by | | | |
| X Nursing | Anesthesia | Obstetrical | Repal | Dialysis | | | |
| X IntensiveCare | Clinical Lab | Recovery | | | | | |
| Pediatric/Adol escent | Radiological/ | Newborn/ WellBaby | Outpa Surge | | | | |
| Psychiatric Nursing | Imaging Pharmaceutical | Emergency | Centra | al Plant | | | |
| Obstetrical Ante/Postprtum | X Dietetic | Nuclear Medicine | X Suppo Servic | | | | |
| Intermediate Care | X Administration | | | | | | |
| Skilled Nursing | | | | | | | |
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| OSHPD FDD SB499 Report Data Last | t Update: 01/16/2018 Su | bmission Date: 01/16/2018 | Printed: 1/17/ | 2018 6:30 AM | | | |

| Report Year: 201 | | lence Little Company Of Mary Medic r San Pedro | cal San Pedro | | Page:16 of 42 |
|---------------------------------------|-------------------------------|---|-------------------------------|-----------------------|---------------|
| Report any general per Section 130061 | acute care hospital inpa | tient service that is provided in any | general acute care hospital | building that is rate | ed SPC-1 |
| Building Number: | BLD-03147 Buildin | g Name: Central Wing Tower | | | |
| Type of Service | e Provided | | | | |
| | | Surgical | Obstetrical Cesarean/Deliv | X Rehabi Therap | |
| X | Nursing | | | | |
| | IntensiveCare | X Anesthesia | Obstetrical Recovery | Renal [| Dialysis |
| | Pediatric/Adol | Clinical Lab | Recovery | | ont |
| | escent | Radiological/ | Newborn/ WellBaby | X Outpati Surgery | |
| | Psychiatric | Imaging | , | | |
| | Nursing | X Pharmaceutical | Emergency | X Central | Plant |
| X | Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | X Suppor Service | |
| | Intermediate Care | Administration | | | |
| | Skilled Nursing | | | | |
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| OSHPD FDD SB499 R | eport Data Las | t Update: 01/16/2018 Subi | mission Date: 01/16/2018 | Printed: 1/17/2 | 018 6:30 AM |

| Report Year: 2017 12023 | Providence Little Company Of Ma Center San Pedro | ry Medical San Pedro | Page:17 of 42 | | | | | | |
|---|---|-------------------------------|----------------------------|--|--|--|--|--|--|
| 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-01215 Building Name: Central Wing North | | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | |
| Pediatric/Adol escent | Clinical Lab | Receivery | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | | | | | | |
| | Dietetic | | | | | | | | |
| Care Skilled Nursing | Administration | Nuclear Medicine | Support Services | | | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 01/16/2018 | Submission Date: 01/16/2018 | Printed: 1/17/2018 6:30 AM | | | | | | |

| Report Year: 20 | | Providence L Center San P | ittle Company Of Mary M Pedro | ledical | San Pedro | | Page:18 of 42 | |
|---|-----------------------------|------------------------------|----------------------------------|---------|-------------------------------|----------|---------------------------|--|
| 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-01216 Building Name: West Wing & Entrance Canopy | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | |
| Type of Service | Provided | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | |
| | ediatric/Adol cent | | Clinical Lab | | , | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | |
| Inte Ca | ermediate | | Dietetic | | | | | |
| | illed Nursing | | Administration | | Nuclear Medicine | | Support Services | |
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| OSHPD FDD SB499 F | Report Da | ta Last Update | e: 01/16/2018 | Submiss | on Date: 01/16/2018 | Printed: | 1/17/2018 6:30 AM | |

| Report Year: 20 | 12023 | Providence L Center San P | ittle Company Of Mary Pedro | Medical | San Pedro | | Page:19 of 42 | |
|---|----------------------------|------------------------------|--|---------|-------------------------------|----------|---------------------------|--|
| | ner by retrofit or by | uildings on the | hospital campus showi and the type of service | | | | | |
| Building Number: | BLD-01217 | Building Na | me: East Wing | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | |
| Type of Service | Provided | | | | | | | |
| Nu | irsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | |
| | diatric/Adol cent | | Clinical Lab | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | |
| Inte Ca | ermediate re | | Dietetic | | Nuclear Medicine | | Support | |
| Ski | illed Nursing | | Administration | | | | Services | |
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| OSHPD FDD SB499 R | Report [| Data Last Update | e: 01/16/2018 | Submiss | ion Date: 01/16/2018 | Printed: | 1/17/2018 6:30 AM | |

| Report Year: 20 | 12023 | Providence L Center San F | ittle Company Of Mary | Medical | San Pedro | | Page:20 of 42 | | | |
|---|----------------------------|--|--------------------------|---------|-------------------------------|----------|---------------------------|--|--|--|
| 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-01218 Building Name: Laboratory Addition | | | | | | | | | | |
| Configuration: | Retrofit Conform | Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | |
| Type of Service | Provided | | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | |
| | diatric/Adol cent | | Clinical Lab | | , | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | |
| Inte Ca | ermediate Ire | | Dietetic | | Nuclear Medicine | | Support | | | |
| Ski | illed Nursing | | Administration | | | | Services | | | |
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| Report Year: 20 | 12023 | Providence L Center San F | ittle Company Of Mary | Medical | San Pedro | | Page:21 of 42 | | |
|---|----------------------------|------------------------------|--------------------------|---------|-------------------------------|----------|---------------------------|--|--|
| 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-01219 Building Name: Conference Center | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service | Provided | | | | | | | | |
| Nu | irsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | |
| - | diatric/Adol cent | | Clinical Lab | | , | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | |
| Inte Ca | ermediate Ire | | Dietetic | | Nuclear Medicine | | Support | | |
| Sk | illed Nursing | | Administration | | | | Services | | |
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| OSHPD FDD SB499 R | Report | Data Last Updat | e: 01/16/2018 | Submiss | ion Date: 01/16/2018 | Printed: | 1/17/2018 6:30 AM | | |

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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-03147 Building Name: Central Wing Tower | | | | | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | |
| - | ediatric/Adol cent | | Clinical Lab | | , | | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | |
| Int Ca | ermediate | | Dietetic | _ | | | | | | | | |
| | illed Nursing | | Administration | | Nuclear Medicine | | Support Services | | | | | |
| | | | | | | | | | | | | |
| OSHPD FDD SB499 F | Poport Dr | ata Last Updat | e: 01/16/2018 | Submics | ion Date: 01/16/2018 | Drintad | 1/17/2018 6:30 AM | | | | | |
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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-03148 Building Name: Central Wing South | | | | | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | |
| - | ediatric/Adol cent | | Clinical Lab | | , | | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | |
| Inte Ca | ermediate | | Dietetic | | Nuclear Medicine | | Quartert | | | | | |
| | illed Nursing | | Administration | | | | 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-03149 Building Name: Central Wing Stair Tower | | | | | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | | |
| Nu | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | |
| | diatric/Adol cent | | Clinical Lab | | | | | | | | | |
| | ychiatric rsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | |
| | stetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | |
| | ermediate | | Dietetic | | | | | | | | | |
| | illed Nursing | | Administration | | Nuclear Medicine | | Support Services | | | | | |
| | | | | | | | | | | | | |
| OSHPD FDD SB499 R | Report Da | ita Last Updat | e: 01/16/2018 | Submiss | ion Date: 01/16/2018 | Printed: | 1/17/2018 6:30 AM | | | | | |

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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-03150 Building Name: West Wing Elevator Tower | | | | | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | |
| | ediatric/Adol cent | | Clinical Lab | | | | | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | |
| Inte Ca | ermediate | | Dietetic | _ | | | | | | | | |
| | illed Nursing | | Administration | | Nuclear Medicine | | Support Services | | | | | |
| | | | | | | | | | | | | |
| OSHPD FDD SB499 F | Report Da | ita Last Updat | e: 01/16/2018 | Submiss | ion Date: 01/16/2018 | Printed: | 1/17/2018 6:30 AM | | | | | |

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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-05177 | Building Na | me: Drop-Off Canopy | | | | | | | | |
| Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | |
| Nu | Irsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| - | diatric/Adol cent | | Clinical Lab | | | | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | |
| Inte Ca | ermediate | | Dietetic | | | | | | | | |
| | illed Nursing | | Administration | | Nuclear Medicine | | Support Services | | | | |
| | | | | | | | | | | | |
| OSHPD FDD SB499 R | Report Da | ata Last Updat | e: 01/16/2018 | Submiss | ion Date: 01/16/2018 | Printed: | 1/17/2018 6:30 AM | | | | |

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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: BL | D-01215 | Building Na | ame: Ce | ntral Wing North | | |] | | | | |
| Type of Service Prov | <u>/ided</u> | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | X | Surgical | Obstetrical Cesarean/Deliv | | nabilitation erapy | | | | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rei | nal Dialysis | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | | tpatient gery | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X | Pharmaceutical | Emergency | Cer | ntral Plant | | | | |
| Intermediate | Inpatient Beds | 0 | X | Dietetic | X Nuclear Medicine | X Sup Ser | oport vices | | | | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | | | |
| Total Beds this Building | | 0 | | | | | | | | | |
| | | | | | | | | | | | |
| OSHPD FDD SB499 Report | Data | Last Update: | 01/16/2018 | 3 Submission D | Pate: 01/16/2018 Pri | nted: 1/17/2 | 018 6:30 AM | | | | |

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|---|-------------------|-------------------------------------|------------|--------------------------|----------|-------------------------------|------------|---------------------------|
| Include information or 4D and SPC-5 per Se | | of inpatient beds | | ervice provided by b | puilding | s that are classified | as SPC-: | 2, SPC-3, SPC-4, SPC- |
| Building Number: BL | .D-01217 | Building N | Jame: East | tWing | | | | |
| Type of Service Pro | vided | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Adol | Inpatient Beds | 0 | | Clinical Lab | X | Obstetrical Recovery | | Renal Dialysis |
| Psychiatric X Nursing | Inpatient Beds | 25 | | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery |
| Obstetrical X Ante/Postprtum | Inpatient Beds | 8 | | Pharmaceutical | X | Emergency | | Central Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 33 | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Report | D | ata Last Update: | 01/16/2018 | Submission | Date: | 01/16/2018 P | rinted: 1/ | 17/2018 6:30 AM |

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|---|-------------------|------------------------------------|------------|--------------------------|--------------------------------|-------------|-------------------------|
| Include information on 4D and SPC-5 per Sec | the number of | inpatient beds t | | Service provided by b | uildings that are classified a | as SPC-2, | SPC-3, SPC-4, SPC- |
| Building Number: BLI | D-01218 | Building Na | ame: Lat | ooratory Addition | | | |
| Type of Service Prov | vided | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | | ehabilitation herapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | X | Clinical Lab | Obstetrical Recovery | R R | enal 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 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Data | a Last Update: | 01/16/2018 | 3 Submission | Date: 01/16/2018 Pri | inted: 1/17 | /2018 6:30 AM |

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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: BLI | D-01219 | Building N | ame: Co | nference Center | | | | | | | | |
| Type of Service Prov | <u>vided</u> | | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | F | Renal Dialysis | | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | Dutpatient Surgery | | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | | Central Plant | | | | | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | | Support Services | | | | | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | | | | |
| Total Beds this Building | | 0 | | | | | | | | | | |
| | | | | | | | | | | | | |
| OSHPD FDD SB499 Report | Dat | a Last Update: | 01/16/2018 | 3 Submission | Date: 01/16/2018 Pr | inted: 1/17 | 7/2018 6:30 AM | | | | | |

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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-4, AD and SPC-5 per Section 130061(e) | | | | | | | | | | | |
| Building Number: BLI | D-03148 | Building Na | ame: Ce | ntral Wing South | | | | | | | | |
| 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 | X | Clinical Lab | Obstetrical Recovery | F | Renal Dialysis | | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | | Dutpatient 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 | | | | | | | | | | |
| | | | | | | | | | | | | |
| OSHPD FDD SB499 Report | Dat | a Last Update: | 01/16/2018 | 3 Submission I | Date: 01/16/2018 Pri | nted: 1/17 | 7/2018 6:30 AM | | | | | |

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|---|-------------------|------------------|------------|--------------------------|-------------------------------|-----------|---------------------------|
| Include information on 4D and SPC-5 per Sec | the number of | inpatient beds b | | ervice provided by build | dings that are classified as | SPC-2 | , SPC-3, SPC-4, SPC- |
| Building Number: BLI | D-03149 | Building Na | ame: Ce | ntral Wing Stair Tower | | | |
| 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 | | Dutpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | |
| Total Beds this Building | | 0 | | | | | |
| | | | | | | | |
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|--|-------------------|------------------------------------|------------|--------------------------|--------------------------------|-------------|---------------------------|--|
| Include information on 4D and SPC-5 per Sec | the number of | inpatient beds | | Service provided by b | uildings that are classified a | as SPC-2, | SPC-3, SPC-4, SPC- | |
| Building Number: BLI | D-03150 | Building N | lame: We | est Wing Elevator Tov | ver | | | |
| 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 | F | enal Dialysis | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | Dutpatient Gurgery | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | | Central Plant | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X s | 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 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: BLI | D-05177 | Building N | ame: Dro | op-Off 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 | F | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | Dutpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | | Central Plant |
| Intermediate | 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) | | | | | | |
| Building Number: BLD-01215 Build | ling Name: Central Wing North | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 | | | |
| Coronary Care | Chemical Dependency | | Beds this ing Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days 0 | Unit Servi | ce 0 | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data Last Up | odate: 01/16/2018 Submission Date: | 01/16/2018 Printed: 1/17/2 | 018 6:30 AM | | | |

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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-01217 Buil | ding Name: East Wing | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 25 Inpatien Bed Days | t 9125 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 8 Inpatient 2920 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | Beds this ling Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Servi | ce 33 | | | |
| | | | | | | |
| | | | | | | |
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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-01218 Build | ing Name: Laboratory Addition | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ıt 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ıt0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | it 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ling Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
| | | | | | | |
| | | | | | | |
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| | | an Pedro | Page:38 of 42 | | | |
|--|-------------------------------------|---|-----------------------|--|--|--|
| 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-01219 Build | ling Name: Conference Center | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t O | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | Beds this ling Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| | | | | | | |
| OSHPD FDD SB499 Report Data Last Up | odate: 01/16/2018 Submission Date: | 01/16/2018 Printed: 1/17/2 | 2018 6:30 AM | | | |

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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-03148 Build | Iing Name: Central Wing South | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | Beds this ling Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| OSHPD FDD SB499 Report Data Last Up | odate: 01/16/2018 Submission Date: | 01/16/2018 Printed: 1/17/2 | 2018 6:30 AM | | | |

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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-03149 Build | ing Name: Central Wing Stair Tower | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | it O | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient <u>0</u> Inpatien Bed Days | it O | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | it O | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ling Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| OSHPD FDD SB499 Report Data Last Up | odate: 01/16/2018 Submission Date: | 01/16/2018 Printed: 1/17/2 | 2018 6:30 AM | | | |

| | | San Pedro | Page:41 of 42 | | | |
|--|-------------------------------------|---|-------------------------|--|--|--|
| 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-03150 Buil | ding Name: West Wing Elevator Tower | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | ıt 0 | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | it 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt O | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | t 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| OSHPD FDD SB499 Report Data Last L | Jpdate: 01/16/2018 Submission Date: | 01/16/2018 Printed: 1/17/2 | 2018 6:30 AM | | | |

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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-05177 Build | Ing Name: Drop-Off Canopy | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ot O | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ot O | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt O | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | | |
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| OSHPD FDD SB499 Report Data Last Up | odate: 01/16/2018 Submission Date: | 01/16/2018 Printed: 1/17/2 | 2018 6:30 AM | | | |