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| Office of Statewide Health<br>Planning and Development |
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| Facilities Development<br>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:     | 12235   |   |
|----------------------|---------|---|
| Facility Name:       | PIH Hos | spital - Downey                               |
| Address:             | 11500 E | Brookshire Ave.                               |
| City:                | Downey  | /   |
| Hospital Owner/Lice  | ensee:  | Downey Regional Medical Center Hospital, Inc  |
| Year of Rep          | orting: | 2017  |
| Contact 1 e-mail Ad  | dress:  | [Confidential data left blank intentionally.] |
| Contact 2 e-mail Ad  | dress:  | [Confidential data left blank intentionally.] |
| Contact 3 e-mail Add | dress:: | [Confidential data left blank intentionally.] |
| Name of Sub          | mitter: | Downey Regional Medical Center                |
| Submission           | Date:   | 1/4/2018 9:52:41 AM                           |
|                      |         |   |

| Report Y               | Year: 2017 12235  | PIH Hospital - Downey  |                                       | Downey                        |                      | Page:2 of 58                   |
|------------------------|---|--|---------------------------------------|-------------------------------|----------------------|--------------------------------|
| rebuild, r<br>130060 ( | etrofit or replace the buildi<br>or 130061.5,for rebuild, ret | re planned for rebuild, retrofit or rep<br>ng to SPC2, SPC3, SPC4, SPC4D<br>rofit or replacement of the building t<br>approved per Section 130061(c)(1 | or SPC5 per 130<br>hat the hospital o | 061(c)(1)(A). The             | e deadline, as desc  | ribed in Section               |
| Bldg.<br>No.           | Building Name   | Alternate Building Address   | Building<br>Resolution                | Final SPC Rati<br>If Required | ng Extension<br>Date | Anticipated<br>Completion Date |
| BLD-<br>02203          | Original Nursing Tower  | 11500 Brookshire Ave.  | Retrofit                              | SPC2                          | 01/01/2020           | 12/31/2019                     |
| BLD-<br>02205          | Conference Room<br>Addition                                   | 11500 Brookshire Ave.  | Retrofit                              | SPC2                          | 01/01/2013           | 12/31/2019                     |
| BLD-<br>03220          | Original Nursing Tower<br>Canopy                              | 11500 Brookshire Ave.  | Replace                               | SPC2                          | 01/01/2013           | 12/31/2019                     |
| BLD-<br>06135          | Original Mechanical<br>Area                                   | 11500 Brookshire Ave.  | Replace                               | SPC2                          | 01/01/2013           | 12/31/2019                     |
|                        |   |  |                                       |                               |                      |                                |

| Report Year:       2017       122  | 235 PIH Hospital - Downey  |  | Downey  |                                     | Page:3 of          | 58             |
|--|--|--|---|-------------------------------------|--------------------|----------------|
| For each building which is plar<br>projected construction start da<br>status and approvals per Secti | nned for rebuild, retrofit or replacement, p<br>ate or dates and projected Completion da<br>ion 130061(c)(1)(E). | provide the project<br>te or dates per Sec | numbers, per Section<br>ction 130061(c)(1)(D) a | 130061(c)(1)(C)<br>and the most rec | The<br>ent project |                |
| Building No: BLD-02203   | Original Nursing Tower   |  | Retrofit/Replacement<br>Project:                | No                                  |                    |                |
| Facility Project Sub<br>Number Number Num S  | Scope  |  | Approved Projected<br>Date Start Date           | Projected<br>Completion Date        | Status             | CEQA<br>Review |
| 12235 IL082802-0 0   |  | 12/18/200<br>8                             | 12/01/2014                                      | 12/01/2017                          | PEND               | No             |
|  | nned for rebuild, retrofit or replacement, p<br>ate or dates and projected Completion da<br>ion 130061(c)(1)(E). | te or dates per Sec                        |   |                                     |                    |                |
| Facility Project Sub<br>Number Number Num S  | Scope  | Plan A                                     | Approved Projected<br>Date Start Date           | Projected<br>Completion Date        | Status             | CEQA<br>Review |
| 12235 IL082802-0 0   |  | 12/18/200<br>8                             | 12/01/2014                                      | 12/01/2017                          | PEND               | No             |
|  |  |  |   |                                     |                    |                |
| OSHPD FDD SB499 Report   | Data Last Update: 01/04/2018   | Submission D                               | ate: 01/04/2018                                 | Printed: 1/6/201                    | 8 6:30 AM          |                |

| Report Year: 2017                         | 12235 PIH Hospital - Downey  |                       | Downey                       |                              | Page:4 of | 58             |
|---|--|-----------------------|------------------------------|------------------------------|-----------|----------------|
|   | planned for rebuild, retrofit or replacement, p<br>date or dates and projected Completion dat<br>ection 130061(c)(1)(E). |                       |                              |                              |           |                |
| Building No: BLD-03220                    | Original Nursing Tower Canopy  |                       | trofit/Replacement<br>oject: | No                           |           |                |
| Facility Project Sub<br>Number Number Num | Scope  | Plan Ap<br>Date In Da |                              | Projected<br>Completion Date | Status    | CEQA<br>Review |
| 12235 IL082802-0 0                        | )  | 12/18/200<br>8        | 12/01/2014                   | 12/01/2017                   | PEND      | No             |
|   | planned for rebuild, retrofit or replacement, p<br>date or dates and projected Completion dat<br>ection 130061(c)(1)(E). |                       |                              |                              |           |                |
| Building No: BLD-06135                    | Original Mechanical Area   |                       | trofit/Replacement<br>oject: | No                           |           |                |
| Facility Project Sub<br>Number Number Num | Scope  | Plan Ap<br>Date In Da |                              | Projected<br>Completion Date | Status    | CEQA<br>Review |
| 12235 IL082802-0 0                        | )  | 12/18/200<br>8        | 12/01/2014                   | 12/01/2017                   | PEND      | No             |
|   |  |                       |                              |                              |           |                |
|   |  |                       |                              |                              |           |                |
|   |  |                       |                              |                              |           |                |
|   |  |                       |                              |                              |           |                |
|   |  |                       |                              |                              |           |                |
| OSHPD FDD SB499 Report                    | Data Last Update: 01/04/2018   | Submission Dat        | e: 01/04/2018                | Printed: 1/6/201             | 8 6:30 AM |                |

| Report Year: 2017  | 12235             | PIH Hospital - Downey                  | Downey                        | Page:5 of 58              |  |
|--|-------------------|--|-------------------------------|---------------------------|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) |                   |  |                               |                           |  |
| Building Number: BL  | D-02203           | Building Name:                         | Original Nursing Tower        |                           |  |
| Type of Service Prov   | <u>/ided</u>      |  |                               |                           |  |
| X Nursing  | Inpatient<br>Beds | 167 Inpatient 23174<br>Days            | X Surgical                    | Obstetrical<br>Recovery   |  |
| X IntensiveCare  | Inpatient<br>Beds | 18 Inpatient Days 0                    | Anesthesia                    | Newborn/<br>WellBaby      |  |
| X Pediatric/Adol<br>escent   | Inpatient<br>Beds | 14 Inpatient Days 0                    | Clinical Lab                  | Emergency                 |  |
| Psychiatric<br>Nursing   | Inpatient<br>Beds | 0 Inpatient Days 0                     | Radiological/<br>Imaging      | Nuclear<br>Medicine       |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0 Inpatient Days 0                     | Pharmaceutical                | Rehabilitation<br>Therapy |  |
| Intermediate<br>Care   | Inpatient<br>Beds | 0 Inpatient Days 0                     | X Administration              | Renal Dialysis            |  |
| Skilled Nursing  | Inpatient<br>Beds | 0 Inpatient Days 0                     | Support<br>Services           | Outpatient<br>Surgery     |  |
|  | Doub              | Total Beds this <b>199</b><br>Building | Obstetrical<br>Cesarean/Deliv | Central Plant             |  |
|  |                   |  |                               |                           |  |
| OSHPD FDD SB499 Repo   | rt                | Data Last Update: 01/04/2018           | Submission Date: 01/04/2018   | Printed: 1/6/2018 6:30 AM |  |

| Report Year: 2017        | 12235             | PIH Hospital - Downey                      | Downey                          | Page:6 of 58              |
|--------------------------|-------------------|--|---------------------------------|---------------------------|
| Provide the number of in | npatient be       | eds and patient days per type of service p | per building per Section 130061 | (c)(1)(F)                 |
| Building Number: BLD     |                   | Building Name:                             | Conference Room Addition        |                           |
|                          | Inpatient<br>Beds | 0 Inpatient 0<br>Days                      | Surgical                        | Obstetrical<br>Recovery   |
|                          | Inpatient<br>Beds | 0 Inpatient Days 0                         | Anesthesia                      | Newborn/<br>WellBaby      |
|                          | Inpatient<br>Beds | 0 Inpatient Days 0                         | Clinical Lab                    | Emergency                 |
|                          | Inpatient<br>Beds | 0 Inpatient Days 0                         | Radiological/<br>Imaging        | Nuclear<br>Medicine       |
|                          | Inpatient<br>Beds | 0 Inpatient Days 0                         | Pharmaceutical   Dietetic       | Rehabilitation<br>Therapy |
|                          | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Administration                | Renal Dialysis            |
|                          | Inpatient<br>Beds | 0 Inpatient Days 0                         | Support<br>Services             | Outpatient<br>Surgery     |
|                          |                   | Total Beds this <b>0</b><br>Building       | Obstetrical<br>Cesarean/Deliv   | Central Plant             |
|                          |                   |  |                                 |                           |
|                          |                   |  |                                 |                           |
|                          |                   |  |                                 |                           |
| OSHPD FDD SB499 Report   |                   | Data Last Update: 01/04/2018               | Submission Date: 01/04/2018     | Printed: 1/6/2018 6:30 AM |

| Report Year: 2017             | 12235             | PIH Hospital - Downey                    | Downey                          | Page:7 of 58              |
|-------------------------------|-------------------|--|---------------------------------|---------------------------|
| Provide the number of         | inpatient b       | eds and patient days per type of service | per building per Section 130061 | (c)(1)(F)                 |
| Building Number: BL           |                   | Building Name:                           | Driginal Nursing Tower Canopy   |                           |
| Nursing                       | Inpatient<br>Beds | 0 Inpatient 0<br>Days                    | Surgical                        | Obstetrical<br>Recovery   |
| IntensiveCare                 | Inpatient<br>Beds | 0 Inpatient Days 0                       | Anesthesia                      | Newborn/<br>WellBaby      |
| Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0 Inpatient Days 0                       | Clinical Lab                    | Emergency                 |
| Psychiatric<br>Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                       | Radiological/<br>Imaging        | Nuclear<br>Medicine       |
| Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                       | Pharmaceutical   Dietetic       | Rehabilitation<br>Therapy |
| Intermediate<br>Care          | Inpatient<br>Beds | 0 Inpatient Days 0                       |                                 | Renal Dialysis            |
| Skilled Nursing               | Inpatient<br>Beds | 0 Inpatient Days 0                       | X Support<br>Services           | Outpatient<br>Surgery     |
|                               |                   | Total Beds this <b>0</b><br>Building     | Obstetrical<br>Cesarean/Deliv   | Central Plant             |
|                               |                   |  |                                 |                           |
|                               |                   |  |                                 |                           |
|                               |                   |  |                                 |                           |
| OSHPD FDD SB499 Repor         | rt                | Data Last Update: 01/04/2018             | Submission Date: 01/04/2018     | Printed: 1/6/2018 6:30 AM |

| Report Year: 2017                                | 12235  | PIH Hospital - Downey                | Downey                        |                         | Page:8 of 58 |  |
|--|--|--------------------------------------|-------------------------------|-------------------------|--------------|--|
| Provide the number of in                         | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) |                                      |                               |                         |              |  |
| Building Number: BLD-<br>Type of Service Provide |  | Building Name:                       | Priginal Mechanical Area      |                         |              |  |
|  | npatient<br>3eds   | 0 Inpatient 0<br>Days                | Surgical                      | Obstetrical<br>Recovery |              |  |
|  | npatient<br>3eds   | 0 Inpatient Days 0                   | Anesthesia                    | Newborn/<br>WellBaby    |              |  |
|  | npatient<br>3eds   | 0 Inpatient Days 0                   | Clinical Lab                  | Emergency               |              |  |
|  | npatient<br>3eds   | 0 Inpatient Days 0                   | Radiological/<br>Imaging      | Nuclear<br>Medicine     |              |  |
|  | npatient<br>3eds   | 0 Inpatient Days 0                   | Pharmaceutical                | Rehabilitati<br>Therapy | on           |  |
|  | npatient<br>3eds   | 0 Inpatient Days 0                   |                               | Renal Dialy             | vsis         |  |
|  | npatient<br>3eds   | 0 Inpatient Days 0                   | Support<br>Services           | Outpatient<br>Surgery   |              |  |
| B  | beus   | Total Beds this <b>0</b><br>Building | Obstetrical<br>Cesarean/Deliv | X Central Pla           | nt           |  |
|  |  |                                      |                               |                         |              |  |
|  |  |                                      |                               |                         |              |  |
|  |  |                                      |                               |                         |              |  |
| OSHPD FDD SB499 Report                           |  | Data Last Update: 01/04/2018         | Submission Date: 01/04/2018   | Printed: 1/6/202        | 18 6:30 AM   |  |

| Report Year:       2017       12235       PIH H | ospital - Downey                                     | Downey Page:9 of 5   | 8 |
|---|--|--|---|
| Provide the number of Inpatient beds and pa     | tient days per type of unit per building per Section | on 130061(c)(1)(F)   |   |
| Building Number: BLD-02203 B                    | uilding Name: Original Nursing Tower                 |  |   |
| Medical / Surgical (Include GYN)                | Acute Respiratory Care                               | Acute Psychiatric  |   |
| Inpatient 147 Inpatient 2317<br>Bed Days 4      | Inpatient 0 Inpatient 0<br>Bed Days                  | Inpatient 0 Inpatient 0<br>Bed Days  |   |
| Perinatal (excluse Newborn / GYN)               | Burn   | Skilled Nursing  |   |
| Inpatient 20 Inpatient 0<br>Bed Days            | Inpatient 0 Inpatient 0<br>Bed Days                  | Inpatient 0 Inpatient 0<br>Bed Days  |   |
| Pediatric                                       | intensive Care Newborn<br>Nursery                    | Intermediate Card  |   |
| Inpatient 7 Inpatient 0<br>Bed Days             | Inpatient 7 Inpatient 0<br>Bed Days                  | Inpatient 0 Inpatient 0<br>Bed Days  |   |
| Intensive Care                                  | Rehabilitation<br>Center                             | Int. Care / development<br>Disabled  |   |
| Inpatient 8 Inpatient 0<br>Bed Days             | Inpatient 0 Inpatient 0<br>Bed Days                  | Inpatient 0 Inpatient 0<br>Bed Days  |   |
| Coronary Care                                   | Chemical<br>Dependency                               | Total Beds this Total Beds this<br>Building Per Building Per<br>Unit Service |   |
| Inpatient 10 Inpatient 0<br>Bed Days            | Inpatient 0 Inpatient 0<br>Bed Days                  | 199 199  |   |
|   |  |  |   |
| OSHPD FDD SB499 Report Data Las                 | st Update: 01/04/2018 Submission Date:               | 01/04/2018 Printed: 1/6/2018 6:30 AM   |   |

| Report Year: 20    | 017 12235 PIH Hosp             | ital - Downey                 |                         | Downey                                  | Page:10 of 58                              |
|--------------------|--------------------------------|-------------------------------|-------------------------|---|--|
| Provide the number | r of Inpatient beds and patier | nt days per type of uni       | t per building per Sect | ion 130061(c)(1)(F)                     |  |
| Building Number:   | BLD-02205 Build                | ling Name: Con                | ference Room Addition   | n                                       |  |
| Medical / Surgical | (Include GYN)                  | Acute Respiratory             | Care                    | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days            | Inpatient 0<br>Bed            | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)                 | Burn                          |                         | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days            | Inpatient 0<br>Bed            | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric          |                                | intensive Care Nev<br>Nursery | wborn                   | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days            | Inpatient 0<br>Bed            | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                                | Rehabilitation<br>Center      |                         | Int. Care / developn<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days            | Inpatient 0<br>Bed            | Inpatient 0<br>Days     | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                                | Chemical<br>Dependency        |                         | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0<br>Days            | Inpatient 0<br>Bed            | Inpatient 0<br>Days     | 0                                       | 0  |
|                    |                                |                               |                         |   |  |
|                    |                                |                               |                         |   |  |
| L                  |                                |                               |                         |   |  |

| ital - Downey   | Downey   | Page:11 of 58  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) |  |  |  |  |  |  |  |
| Building Number:     BLD-03220     Building Name:     Original Nursing Tower Canopy                             |  |  |  |  |  |  |  |
| Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric                                       |  |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatie<br>Bed Days  | nt 0   |  |  |  |  |  |
| Burn  | Skilled Nursing  |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatie<br>Bed Days  | nt 0   |  |  |  |  |  |
| intensive Care Newborn<br>Nursery   | Intermediate Card  |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatie<br>Bed Days  | nt 0   |  |  |  |  |  |
| Rehabilitation<br>Center  | Int. Care / development<br>Disabled  |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatien<br>Bed Days   | nt 0   |  |  |  |  |  |
| Chemical<br>Dependency  | Building Per Building  |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | 0  | 0  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   | t days per type of unit per building per Secti<br>ing Name: Original Nursing Tower Car<br>Acute Respiratory Care<br>Inpatient 0 Inpatient 0<br>Burn<br>Inpatient 0 Inpatient 0<br>Bed 0 Inpatient 0<br>intensive Care Newborn<br>Nursery<br>Inpatient 0 Inpatient 0<br>Rehabilitation<br>Center<br>Inpatient 0 Inpatient 0<br>Days 0<br>Chemical<br>Dependency<br>Inpatient 0 Inpatient 0<br>Days 0<br>Chemical<br>Dependency<br>Inpatient 0 Inpatient 0 | t days per type of unit per building per Section 130061(c)(1)(F)<br>ing Name: Original Nursing Tower Canopy<br>Acute Respiratory Care Acute Psychiatric<br>Inpatient 0 Inpatient 0 Inpatien 0 Inpatie<br>Bed 0 Inpatient 0 Inpatient 0 Inpatien<br>Bed 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient<br>Bed 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient<br>Bed 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient<br>Bed 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient<br>Bed 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient<br>Bed 0 Inpatient 0 In |  |  |  |  |  |

| Report Year: 20    | 17 12235 PIH Hosp   | ital - Downey                 |                     | Downey                                  | Page:12 of 58                              |  |  |  |
|--------------------|---|-------------------------------|---------------------|---|--|--|--|--|
| Provide the number | Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) |                               |                     |   |  |  |  |  |
| Building Number:   | Building Number:     BLD-06135     Building Name:     Original Mechanical Area                                  |                               |                     |   |  |  |  |  |
| Medical / Surgical | Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric                                       |                               |                     |   |  |  |  |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days   | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Perinatal (excluse | Newborn / GYN)  | Burn                          |                     | Skilled Nursing                         |  |  |  |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days   | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Pediatric          |   | intensive Care Nev<br>Nursery | vborn               | Intermediate Card                       |  |  |  |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days   | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Intensive Care     |   | Rehabilitation<br>Center      |                     | Int. Care / developr<br>Disabled        | nent                                       |  |  |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days   | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Coronary Care      |   | Chemical<br>Dependency        |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |  |  |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days   | Inpatient 0<br>Bed            | Inpatient 0<br>Days | 0                                       | 0  |  |  |  |
|                    |   |                               |                     |   |  |  |  |  |
|                    |   |                               |                     |   |  |  |  |  |

| Building  |                                   | Building to be               |  |
|-----------|-----------------------------------|------------------------------|--|
| Number    | Building Name                     | Removed / Replaced / Rebuilt |  |
| BLD-02203 | Original Nursing Tower            | Retrofit                     |  |
| 3LD-02204 | Original Surgery and Lab Building | Remain                       |  |
| 3LD-02205 | Conference Room Addition          | Retrofit                     |  |
| 3LD-02208 | ER/Surgery Addition               | Remain                       |  |
| 3LD-02209 | ICU/CCU                           | Remain                       |  |
| 3LD-02211 | Cath Lab                          | Remain                       |  |
| 3LD-02212 | 36 Bed Addition                   | Remain                       |  |
| 3LD-02213 | Building A, Mech. Equipment Bldg. | Remain                       |  |
| 3LD-02214 | Building B                        | Remain                       |  |
| 3LD-02215 | Building C                        | Remain                       |  |
| 3LD-02216 | Radiology Addition                | Remain                       |  |
| 3LD-02217 | ER Addition                       | Remain                       |  |
| 3LD-03220 | Original Nursing Tower Canopy     | Replace                      |  |
| BLD-06135 | Original Mechanical Area          | Replace                      |  |

| Report Year: | 2017 | 12235 | PIH Hospital - Downey | Downey | Page:14 of 58 |
|--------------|------|-------|-----------------------|--------|---------------|
|              |      |       |                       |        |               |

No proposed new buildings to be constructed at this or another site.

| Report Year: 2017  | 12235 PIH Hospital - Downey   | Downey                        |                       | Page:15 of 58 |  |  |  |
|--|---|-------------------------------|-----------------------|---------------|--|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:<br>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<br>replaced or rebuild buildings as well.<br>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<br>replaced or rebuild buildings as well.<br>The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) |   |                               |                       |               |  |  |  |
| Building Number: BLD-03  | Building Number:   BLD-03220   Original Nursing Tower Canopy   Removal Date:   12/31/2019 |                               |                       |               |  |  |  |
| Planned Uses for the buildir   | ng to be removed from acute care service:   |                               |                       |               |  |  |  |
| Planned use for building:  | Other Jurisdic  | ction:                        |                       |               |  |  |  |
| Other Usage:   | Canopy  |                               |                       |               |  |  |  |
| Inpatient services currently   | delivered in the building:  |                               |                       |               |  |  |  |
| Nursing  | Surgical  | Obstetrical<br>Cesarean/Deliv | Rehabilitatior        | 1             |  |  |  |
| IntensiveCare  | Anesthesia  |                               |                       |               |  |  |  |
| Pediatric/Adol<br>escent   | Clinical Lab  | Obstetrical<br>Recovery       | Renal Dialysi         | S             |  |  |  |
| Psychiatric<br>Nursing   | Radiological/<br>Imaging  | Newborn/<br>WellBaby          | Outpatient<br>Surgery |               |  |  |  |
| Obstetrical<br>Ante/Postprtum  | Pharmaceutical  | Emergency                     | Central Plant         |               |  |  |  |
| Intermediate<br>Care   | Dietetic  | Nuclear<br>Medicine           | X Support<br>Services |               |  |  |  |
| Skilled Nursing  | Administration  |                               |                       |               |  |  |  |
|  |   | Submission Data: 04/04/004    |                       | 18 C-20 AM    |  |  |  |
| OSHPD FDD SB499 Report   | Data Last Update: 01/04/2018  | Submission Date: 01/04/2018   | B Printed: 1/6/20     | 10 0.30 AIVI  |  |  |  |

| Report Year: 2017  | 12235 PIH Hospital - Downey            |                            | Downey                    | Page:16 of 58   |  |  |  |
|--|--|----------------------------|---------------------------|-----------------|--|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:<br>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<br>replaced or rebuild buildings as well.<br>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<br>replaced or rebuild buildings as well.<br>The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) |  |                            |                           |                 |  |  |  |
| Building Number:   BLD-06135   Original Mechanical Area   Removal Date:   12/31/2019   |  |                            |                           |                 |  |  |  |
| Planned Uses for the buildi  | ing to be removed from acute care serv | vice:                      |                           |                 |  |  |  |
| Planned use for building:  |  |                            |                           |                 |  |  |  |
| Inpatient services currently   | delivered in the building:             |                            |                           |                 |  |  |  |
| Nursing  | Surgical                               | Obstetrical<br>Cesarean/De | eliv Rehabilit<br>Therapy | ation           |  |  |  |
| Pediatric/Adol<br>escent   | Anesthesia                             | Obstetrical<br>Recovery    | Renal Di                  | alysis          |  |  |  |
| Psychiatric<br>Nursing   | Radiological/<br>Imaging               | Newborn/<br>WellBaby       | Outpatie<br>Surgery       | nt              |  |  |  |
| Obstetrical<br>Ante/Postprtum  | Pharmaceutical                         | Emergency                  | X Central F               | Plant           |  |  |  |
| Intermediate<br>Care   | Dietetic                               | Nuclear<br>Medicine        | Support<br>Services       |                 |  |  |  |
| Skilled Nursing  | Administration                         |                            |                           |                 |  |  |  |
| OSHPD FDD SB499 Report   | Data Last Update: 01/04/207            | 18 Submission Date         | e: 01/04/2018 Printed: 1  | /6/2018 6:30 AM |  |  |  |

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| No data reported for Sectio | n 130061(c)(2)(I | D).                 |        |               |
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|------------------------------|-------------|-----------------------|--------|---------------|
| No data reported for Section | on 130061(c | )(2)(D).              |        |               |
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|---|---|---|--------------------|
| Report whether the general acute care services a building sites or project numbers for buildings with |   |   |                    |
| Building BLD-03220 Building Name:   | Original Nursing Tower Canopy   |   |                    |
| Will general acute care services and beds will be   | relocated to a new, Existing or retrofitted   | building?   |                    |
| Support Services N/A  |   | ]   |                    |
| Report whether the general acute care services a building sites or project numbers for buildings with | nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "R | ng or retrofitted building and any co<br>eplace" per Section 130061(c)(2)(E | prresponding<br>=) |
| Building BLD-06135 Building Name:   | Original Mechanical Area  |   |                    |
| Will general acute care services and beds will be   | relocated to a new, Existing or retrofitted   | building?   |                    |
| CentralPlant N/A  |   | ]   |                    |
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| No data reported | lo data reported for Section 130061(c)(3). |       |                       |        |               |  |  |
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|--|-------------------------------|--------------------------------|-------------------------------|--------------------|---------------|--|--|
| Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4) |                               |                                |                               |                    |               |  |  |
| Building Number:   | BLD-02203 Building            | g Name: Original Nursing Tower |                               |                    |               |  |  |
| Type of Service  | e Provided                    |                                |                               |                    |               |  |  |
|  |                               | X Surgical                     | Obstetrical<br>Cesarean/Deliv | Rehabi<br>Therap   |               |  |  |
| X  | Nursing                       | Anesthesia                     |                               | Renal [            | Dialveis      |  |  |
| X  | IntensiveCare                 | Clinical Lab                   | Obstetrical<br>Recovery       |                    |               |  |  |
| X  | Pediatric/Adol<br>escent      | Radiological/                  | Newborn/<br>WellBaby          | Outpati<br>Surgery | ent<br>′      |  |  |
|  | Psychiatric<br>Nursing        | Imaging<br>Pharmaceutical      | Emergency                     | Central            | Plant         |  |  |
|  | Obstetrical<br>Ante/Postprtum | X Dietetic                     | Nuclear<br>Medicine           | Suppor<br>Service  | t             |  |  |
|  | Intermediate<br>Care          | X Administration               |                               |                    |               |  |  |
|  | Skilled Nursing               |                                |                               |                    |               |  |  |
|  |                               |                                |                               |                    |               |  |  |
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|--|-------------------------------|-----------------------------|-------------------------------|---------------------|---------------|--|--|--|
| Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4) |                               |                             |                               |                     |               |  |  |  |
| Building Number:   | BLD-02205 Buildin             | g Name: Conference Room Add | lition                        |                     |               |  |  |  |
| Type of Servic   | Type of Service Provided      |                             |                               |                     |               |  |  |  |
|  |                               | Surgical                    | Obstetrical<br>Cesarean/Deliv | Rehabil<br>Therapy  |               |  |  |  |
|  | Nursing                       | Anesthesia                  | _                             |                     |               |  |  |  |
|  | IntensiveCare                 |                             | Obstetrical<br>Recovery       | Renal D             | nalysis       |  |  |  |
|  | Pediatric/Adol<br>escent      |                             | Newborn/                      | Outpatie<br>Surgery | ent           |  |  |  |
|  | Psychiatric<br>Nursing        | Radiological/<br>Imaging    | WellBaby                      | _                   |               |  |  |  |
|  |                               | Pharmaceutical              | Emergency                     | Central             | Plant         |  |  |  |
|  | Obstetrical<br>Ante/Postprtum | Dietetic                    | Nuclear<br>Medicine           | Support<br>Service  |               |  |  |  |
|  | Intermediate<br>Care          | X Administration            |                               |                     |               |  |  |  |
|  | Skilled Nursing               |                             |                               |                     |               |  |  |  |
|  |                               |                             |                               |                     |               |  |  |  |
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| Report any general per Section 130061 |                               | tient service that is provided in any | general acute care hospital   | building that is rate | ed SPC-1      |
| Building Number:                      | BLD-03220 Building            | g Name: Original Nursing Tower        | Canopy                        |                       |               |
| Type of Service                       | e Provided                    |                                       |                               |                       |               |
|                                       |                               | Surgical                              | Obstetrical<br>Cesarean/Deliv | Rehabil<br>Therapy    |               |
|                                       | Nursing                       |                                       |                               |                       | ,             |
|                                       | IntensiveCare                 | Anesthesia                            | Obstetrical<br>Recovery       | Renal D               | Dialysis      |
|                                       | Pediatric/Adol                | Clinical Lab                          |                               | Outpatie              |               |
|                                       | escent                        | Radiological/<br>Imaging              | Newborn/<br>WellBaby          | Surgery               | 1             |
|                                       | Psychiatric<br>Nursing        | Pharmaceutical                        | Emergency                     | Central               | Plant         |
|                                       | Obstetrical<br>Ante/Postprtum | Dietetic                              | Nuclear<br>Medicine           | X Support<br>Service  |               |
|                                       | Intermediate<br>Care          | Administration                        |                               |                       |               |
|                                       | Skilled Nursing               |                                       |                               |                       |               |
|                                       |                               |                                       |                               |                       |               |
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| Report any general acute care hospital inpa<br>per Section 130061(c)(4) | tient service that is provided in any | general acute care hospital b | uilding that is rate | d SPC-1       |
| Building Number: BLD-06135 Buildin                                      | g Name: Original Mechanical Ar        | ea                            |                      |               |
| Type of Service Provided  |                                       |                               |                      |               |
|   | Surgical                              | Obstetrical<br>Cesarean/Deliv | Rehabili<br>Therapy  |               |
| Nursing   | Anesthesia                            | —                             |                      | ielusia       |
| IntensiveCare   |                                       | Obstetrical<br>Recovery       | Renal D              | laiysis       |
| Pediatric/Adol<br>escent  | Clinical Lab                          | Newborn/<br>WellBaby          | Outpatie<br>Surgery  |               |
| Psychiatric<br>Nursing  | Imaging                               |                               |                      |               |
| Obstetrical   | Pharmaceutical                        | Emergency                     | X Central            |               |
| Ante/Postprtum  | Dietetic                              | Nuclear<br>Medicine           | Support<br>Services  |               |
| Intermediate<br>Care  | Administration                        |                               |                      |               |
| Skilled Nursing   |                                       |                               |                      |               |
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|---|------------------------------|-------------------------------|----------------------|---------------|--|--|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) |                              |                               |                      |               |  |  |  |  |  |  |
| Building Number: BLD-02203 Building Name: Original Nursing Tower  |                              |                               |                      |               |  |  |  |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |                              |                               |                      |               |  |  |  |  |  |  |
| Type of Service Provided  |                              |                               |                      |               |  |  |  |  |  |  |
| Nursing   | Surgical                     | Obstetrical<br>Cesarean/Deliv | Rehabil<br>Therap    |               |  |  |  |  |  |  |
| IntensiveCare   | Anesthesia                   | Obstetrical<br>Recovery       | Renal D              | Dialysis      |  |  |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                 |                               |                      |               |  |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging     | Newborn/<br>WellBaby          | Outpation<br>Surgery |               |  |  |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical               | Emergency                     | Central              | Plant         |  |  |  |  |  |  |
| Intermediate<br>Care  | Dietetic                     |                               |                      |               |  |  |  |  |  |  |
| Skilled Nursing   | Administration               | Nuclear Medicine              | Suppor<br>Service    |               |  |  |  |  |  |  |
|   |                              |                               |                      |               |  |  |  |  |  |  |
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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: BLI  | D-02204           | Building Nan  | ne: Original Surgery a   | nd Lab B | Building          |                  |               |                           |  |
| Configuration: Ret  | trofit Non-Confo  | rming buildin | g to SPC 2 and NPC 3     | and remo | ove from          | service by 2030  |               |                           |  |
| Type of Service Pro   | vided             |               |                          |          |                   |                  |               |                           |  |
| Nursing   | 9                 |               | Surgical                 |          | Obstetr<br>Cesare | ical<br>an/Deliv |               | Rehabilitation<br>Therapy |  |
| Intensiv  | veCare            |               | Anesthesia               |          | Obstetr<br>Recove |                  |               | Renal Dialysis            |  |
| Pediatri<br>escent  | ic/Adol           |               | Clinical Lab             |          | 100000            | , y              |               |                           |  |
| Psychia<br>Nursing  |                   |               | Radiological/<br>Imaging |          | Newbo<br>WellBa   |                  |               | Outpatient<br>Surgery     |  |
| Obstetr<br>Ante/Po  | rical<br>ostprtum |               | Pharmaceutical           |          | Emerge            | ency             |               | Central Plant             |  |
| Interme<br>Care   | ediate            |               | Dietetic                 |          | Nuclea            | r Medicine       |               | Support                   |  |
| Skilled   | Nursing           |               | Administration           |          | TNUCIER           | integicine       |               | 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-02205                  | Building Na     | me: Conference Ro        | oom Additio | 1                             |          |                           |  |
| Configuration:  | N/A                        |                 |                          |             |                               |          |                           |  |
| Type of Service   | Provided                   |                 |                          |             |                               |          |                           |  |
| Nu  | ırsing                     |                 | Surgical                 |             | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |
|   | ensiveCare                 |                 | Anesthesia               |             | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |
|   | diatric/Adol<br>cent       |                 | Clinical Lab             | _           |                               | _        |                           |  |
|   | ychiatric<br>Irsing        |                 | Radiological/<br>Imaging |             | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |
|   | ostetrical<br>te/Postprtum |                 | Pharmaceutical           |             | Emergency                     |          | Central Plant             |  |
| Inte<br>Ca  | ermediate<br>are           |                 | Dietetic                 |             | Nuclear Medicine              |          | Support                   |  |
| Sk  | illed 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-02208  | Building Name: ER/Surgery Ad     | dition                    |                   |                           |  |  |  |  |
| Configuration: Retrofit Confo   | rming building to NPC 4 or NPC 5 |                           |                   |                           |  |  |  |  |
| Type of Service Provided  |                                  |                           |                   |                           |  |  |  |  |
| Nursing   | Surgical                         | Obstetrical<br>Cesarean/I | Deliv             | Rehabilitation<br>Therapy |  |  |  |  |
| IntensiveCare   | Anesthesia                       | Obstetrical<br>Recovery   |                   | Renal Dialysis            |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                     | Recovery                  |                   |                           |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging         | Newborn/<br>WellBaby      |                   | Outpatient<br>Surgery     |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical                   | Emergency                 |                   | Central Plant             |  |  |  |  |
| Intermediate<br>Care  | Dietetic                         | Nuclear Me                |                   | Support                   |  |  |  |  |
| 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-02209                   | Building Na      | me: ICU/CCU              |         |                               |          |                           |       |
| Configuration:  | Retrofit Conform            | ning building to | NPC 4 or NPC 5           |         |                               |          |                           |       |
| Type of Service   | Provided                    |                  |                          |         |                               |          |                           |       |
| Nu  | ırsing                      |                  | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |       |
|   | ensiveCare                  |                  | Anesthesia               |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |       |
|   | ediatric/Adol<br>cent       |                  | Clinical Lab             |         | ,                             |          |                           |       |
|   | ychiatric<br>Irsing         |                  | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |       |
|   | ostetrical<br>ite/Postprtum |                  | Pharmaceutical           |         | Emergency                     |          | Central Plant             |       |
| Inte<br>Ca  | ermediate<br>are            |                  | Dietetic                 |         | Nuclear Medicine              |          | Support                   |       |
| Sk  | illed Nursing               |                  | Administration           |         |                               |          | Services                  |       |
|   |                             |                  |                          |         |                               |          |                           |       |
| OSHPD FDD SB499 R   | Report                      | Data Last Updat  | te: 01/04/2018           | Submiss | ion Date: 01/04/2018          | Printed: | 1/6/2018 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-02211                  | Building Na      | me: Cath Lab             |         |                               |          |                           |  |
| Configuration:  | Retrofit Conform           | ning building to | NPC 4 or NPC 5           |         |                               |          |                           |  |
| Type of Service   | Provided                   |                  |                          |         |                               |          |                           |  |
| Nu  | rsing                      |                  | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |
|   | ensiveCare                 |                  | Anesthesia               |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |
|   | diatric/Adol<br>cent       |                  | Clinical Lab             |         | ,                             | _        |                           |  |
|   | ychiatric<br>Irsing        |                  | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |
|   | ostetrical<br>te/Postprtum |                  | Pharmaceutical           |         | Emergency                     |          | Central Plant             |  |
| Inte<br>Ca  | ermediate<br>Ire           |                  | Dietetic                 |         | Nuclear Medicine              |          | Support                   |  |
| Ski   | illed Nursing              |                  | Administration           |         |                               |          | Services                  |  |
|   |                            |                  |                          |         |                               |          |                           |  |
|   |                            |                  |                          |         |                               |          |                           |  |
| OSHPD FDD SB499 R   | Report                     | Data Last Updat  | e: 01/04/2018            | Submiss | ion Date: 01/04/2018          | Printed: | 1/6/2018 6:30 AM          |  |

| Report Year:       2017       12235 | PIH Hospital - Downey   | Downey                        |                    | Page:31 of 58    |
|-------------------------------------|---|-------------------------------|--------------------|------------------|
|                                     | I buildings on the hospital campus show<br>r by replacement and the type of service |                               |                    |                  |
| Building Number: BLD-02212          | Building Name: 36 Bed Addition  |                               |                    |                  |
| Configuration: Retrofit Confo       | prming building to NPC 4 or NPC 5   |                               |                    |                  |
| Type of Service Provided            |   |                               |                    |                  |
| Nursing                             | Surgical  | Obstetrical<br>Cesarean/Deliv | Rehat<br>Thera     | bilitation<br>Py |
| IntensiveCare                       | Anesthesia  | Obstetrical<br>Recovery       | Renal              | Dialysis         |
| Pediatric/Adol<br>escent            | Clinical Lab  | Receivery                     |                    |                  |
| Psychiatric<br>Nursing              | Radiological/<br>Imaging  | Newborn/<br>WellBaby          | Outpa<br>Surge     |                  |
| Obstetrical<br>Ante/Postprtum       | Pharmaceutical  | Emergency                     | Centra             | al Plant         |
| Intermediate<br>Care                | Dietetic  | Nuclear Medicine              |                    | ort              |
| Skilled Nursing                     | Administration  |                               | Servi              |                  |
|                                     |   |                               |                    |                  |
|                                     |   |                               |                    |                  |
| OSHPD FDD SB499 Report              | Data Last Update: 01/04/2018  | Submission Date: 01/04/2018   | 8 Printed: 1/6/207 | 18 6:30 AM       |

| Report Year: 20   | 12235                      | PIH Hospital    | - Downey                 |         | Downey                        |          | Page:32 of 58             |  |  |  |
|---|----------------------------|-----------------|--------------------------|---------|-------------------------------|----------|---------------------------|--|--|--|
| 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-02213 Building Name: Building A, Mech. Equipment Bldg.   |                            |                 |                          |         |                               |          |                           |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |                            |                 |                          |         |                               |          |                           |  |  |  |
| Type of Service   | Provided                   |                 |                          |         |                               |          |                           |  |  |  |
| Nu  | ırsing                     |                 | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |  |  |
|   | ensiveCare                 |                 | Anesthesia               |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |  |  |
|   | diatric/Adol<br>cent       |                 | Clinical Lab             |         | ,                             |          |                           |  |  |  |
|   | ychiatric<br>Irsing        |                 | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |  |  |
|   | ostetrical<br>te/Postprtum |                 | Pharmaceutical           |         | Emergency                     |          | Central Plant             |  |  |  |
| Inte<br>Ca  | ermediate<br>are           |                 | Dietetic                 |         | Nuclear Medicine              |          | Support                   |  |  |  |
| Sk  | illed Nursing              |                 | Administration           |         |                               |          | Services                  |  |  |  |
|   |                            |                 |                          |         |                               |          |                           |  |  |  |
|   |                            |                 |                          |         |                               |          |                           |  |  |  |
| OSHPD FDD SB499 F   | Report I                   | Data Last Updat | e: 01/04/2018            | Submiss | ion Date: 01/04/2018          | Printed: | 1/6/2018 6:30 AM          |  |  |  |

| Report Year: 20   | 17 12235                   | PIH Hospital     | - Downey                 |         | Downey   | Downey   |                           |  |
|-------------------|----------------------------|------------------|--------------------------|---------|--|----------|---------------------------|--|
|                   | ner by retrofit or b       |                  |                          |         | ach building will comply v<br>be provided in each gene |          |                           |  |
| Building Number:  | BLD-02214                  | Building Na      | me: Building B           |         |  |          |                           |  |
| Configuration:    | Retrofit Conform           | ning building to | NPC 4 or NPC 5           |         |  |          |                           |  |
| Type of Service   | Provided                   |                  |                          |         |  |          |                           |  |
| Nu                | rsing                      |                  | Surgical                 |         | Obstetrical<br>Cesarean/Deliv                          |          | Rehabilitation<br>Therapy |  |
| Inte              | ensiveCare                 |                  | Anesthesia               |         | Obstetrical<br>Recovery                                |          | Renal Dialysis            |  |
|                   | diatric/Adol<br>cent       |                  | Clinical Lab             |         |  |          |                           |  |
|                   | ychiatric<br>Irsing        |                  | Radiological/<br>Imaging |         | Newborn/<br>WellBaby                                   |          | Outpatient<br>Surgery     |  |
|                   | ostetrical<br>te/Postprtum |                  | Pharmaceutical           |         | Emergency  |          | Central Plant             |  |
| Inte<br>Ca        | ermediate<br>Ire           |                  | Dietetic                 |         | Nuclear Medicine                                       |          | Support                   |  |
| Ski               | illed Nursing              |                  | Administration           |         |  |          | Services                  |  |
|                   |                            |                  |                          |         |  |          |                           |  |
|                   |                            |                  |                          |         |  |          |                           |  |
| OSHPD FDD SB499 R | Report                     | Data Last Updat  | e: 01/04/2018            | Submiss | ion Date: 01/04/2018                                   | Printed: | 1/6/2018 6:30 AM          |  |

| Report Year: 20   | 17 12235                   | PIH Hospital     | - Downey                 |         | Downey   | Downey   |                           |  |
|-------------------|----------------------------|------------------|--------------------------|---------|--|----------|---------------------------|--|
|                   | ner by retrofit or b       |                  |                          |         | ach building will comply v<br>be provided in each gene |          |                           |  |
| Building Number:  | BLD-02215                  | Building Na      | me: Building C           |         |  |          |                           |  |
| Configuration:    | Retrofit Conform           | ning building to | NPC 4 or NPC 5           |         |  |          |                           |  |
| Type of Service   | Provided                   |                  |                          |         |  |          |                           |  |
| Nu                | rsing                      |                  | Surgical                 |         | Obstetrical<br>Cesarean/Deliv                          |          | Rehabilitation<br>Therapy |  |
| Inte              | ensiveCare                 |                  | Anesthesia               |         | Obstetrical<br>Recovery                                |          | Renal Dialysis            |  |
|                   | diatric/Adol<br>cent       |                  | Clinical Lab             |         |  |          |                           |  |
|                   | ychiatric<br>Irsing        |                  | Radiological/<br>Imaging |         | Newborn/<br>WellBaby                                   |          | Outpatient<br>Surgery     |  |
|                   | ostetrical<br>te/Postprtum |                  | Pharmaceutical           |         | Emergency  |          | Central Plant             |  |
| Inte<br>Ca        | ermediate<br>Ire           |                  | Dietetic                 |         | Nuclear Medicine                                       |          | Support                   |  |
| Ski               | illed Nursing              |                  | Administration           |         |  |          | Services                  |  |
|                   |                            |                  |                          |         |  |          |                           |  |
|                   |                            |                  |                          |         |  |          |                           |  |
| OSHPD FDD SB499 R | Report                     | Data Last Updat  | e: 01/04/2018            | Submiss | ion Date: 01/04/2018                                   | Printed: | 1/6/2018 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-02216  | Building Name: Radiology Add | dition                  |                    |                           |  |  |  |  |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5   |                              |                         |                    |                           |  |  |  |  |  |
| Type of Service Provided  |                              |                         |                    |                           |  |  |  |  |  |
| Nursing   | Surgical                     | Obstetrica<br>Cesarean/ |                    | Rehabilitation<br>Therapy |  |  |  |  |  |
| IntensiveCare   | Anesthesia                   | Obstetrica<br>Recovery  | u 🗌                | Renal Dialysis            |  |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                 |                         |                    |                           |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging     | Newborn/<br>WellBaby    |                    | Outpatient<br>Surgery     |  |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical               | Emergenc                | y                  | Central Plant             |  |  |  |  |  |
| Intermediate<br>Care  | Dietetic                     | Nuclear M               | edicine            | Support                   |  |  |  |  |  |
| Skilled Nursing   | Administration               |                         |                    | Services                  |  |  |  |  |  |
|   |                              |                         |                    |                           |  |  |  |  |  |
| OSHPD FDD SB499 Report  | Data Last Update: 01/04/2018 | Submission Date: 0      | 1/04/2018 Printed: | 1/6/2018 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-02217  | Building Na           | me: ER Addition          |         |                               |          |                           |  |  |
| Configuration:  | juration: Retrofit Conforming building to NPC 4 or NPC 5 |                       |                          |         |                               |          |                           |  |  |
| Type of Service   | Provided   |                       |                          |         |                               |          |                           |  |  |
| Nu  | rsing  |                       | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |  |
| Inte  | ensiveCare   |                       | Anesthesia               |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |  |
|   | diatric/Adol<br>cent                                     |                       | Clinical Lab             |         | ,                             |          |                           |  |  |
|   | ychiatric<br>Irsing                                      |                       | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |  |
|   | ostetrical<br>te/Postprtum                               |                       | Pharmaceutical           |         | Emergency                     |          | Central Plant             |  |  |
| Inte<br>Ca  | ermediate<br>Ire   |                       | Dietetic                 |         | Nuclear Medicine              |          | Support                   |  |  |
| Ski   | illed Nursing  |                       | Administration           |         |                               |          | Services                  |  |  |
|   |  |                       |                          |         |                               |          |                           |  |  |
|   |  |                       |                          |         |                               |          |                           |  |  |
| OSHPD FDD SB499 R   | Report   | Data Last Updat       | e: 01/04/2018            | Submiss | ion Date: 01/04/2018          | Printed: | 1/6/2018 6:30 AM          |  |  |

| Report Year: 20   | 12235                       | PIH Hospital     | - Downey  |          | Downe                      | ey              | Page:37 d                 | of 58 |
|-------------------|-----------------------------|------------------|---|----------|----------------------------|-----------------|---------------------------|-------|
|                   | her by retrofit or          |                  | hospital campus show<br>and the type of service |          |                            |                 |                           | g     |
| Building Number:  | BLD-03220                   | Building Na      | me: Original Nursing                            | Tower Ca | nopy                       |                 |                           |       |
| Configuration:    | N/A                         |                  |   |          |                            |                 |                           |       |
| Type of Service   | Provided                    |                  |   |          |                            |                 |                           |       |
| Nu                | ırsing                      |                  | Surgical  |          | Obstetrical<br>Cesarean/De | liv             | Rehabilitation<br>Therapy |       |
|                   | ensiveCare                  |                  | Anesthesia                                      |          | Obstetrical<br>Recovery    |                 | Renal Dialysis            |       |
|                   | ediatric/Adol<br>cent       |                  | Clinical Lab                                    |          | ,,                         |                 |                           |       |
|                   | ychiatric<br>Irsing         |                  | Radiological/<br>Imaging                        |          | Newborn/<br>WellBaby       |                 | Outpatient<br>Surgery     |       |
|                   | ostetrical<br>ite/Postprtum |                  | Pharmaceutical                                  |          | Emergency                  |                 | Central Plant             |       |
| Inte<br>Ca        | ermediate                   |                  | Dietetic  |          | Nuclear Medi               |                 | Quanat                    |       |
|                   | illed Nursing               |                  | Administration                                  |          | Nuclear Mea                |                 | Support<br>Services       |       |
|                   |                             |                  |   |          |                            |                 |                           |       |
|                   | Conort                      |                  | 01/01/2012                                      | Cubasi-  | ion Doto: 01/0             | 4/2040          |                           |       |
| OSHPD FDD SB499 F | Report                      | Data Last Update | e: 01/04/2018                                   | Submiss  | ion Date: 01/04            | 4/2018 Printed: | : 1/6/2018 6:30 AM        |       |

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|-------------------|----------------------------|------------------|--------------------------|------------|---|----------|---------------------------|--|
|                   | ner by retrofit or         |                  |                          |            | ach building will comply<br>be provided in each ger |          |                           |  |
| Building Number:  | BLD-06135                  | Building Nar     | me: Original Mecha       | nical Area |   |          |                           |  |
| Configuration:    | N/A                        |                  |                          |            |   |          |                           |  |
| Type of Service   | Provided                   |                  |                          |            |   |          |                           |  |
| Nu                | irsing                     |                  | Surgical                 |            | Obstetrical<br>Cesarean/Deliv                       |          | Rehabilitation<br>Therapy |  |
|                   | ensiveCare                 |                  | Anesthesia               |            | Obstetrical<br>Recovery                             |          | Renal Dialysis            |  |
|                   | diatric/Adol<br>cent       |                  | Clinical Lab             |            |   |          |                           |  |
|                   | ychiatric<br>Irsing        |                  | Radiological/<br>Imaging |            | Newborn/<br>WellBaby                                |          | Outpatient<br>Surgery     |  |
|                   | ostetrical<br>te/Postprtum |                  | Pharmaceutical           |            | Emergency   |          | Central Plant             |  |
| Inte<br>Ca        | ermediate<br>Ire           |                  | Dietetic                 |            | Nuclear Medicine                                    |          | Support                   |  |
| Sk                | illed Nursing              |                  | Administration           |            |   |          | Services                  |  |
|                   |                            |                  |                          |            |   |          |                           |  |
|                   |                            |                  |                          |            |   |          |                           |  |
| OSHPD FDD SB499 R | Report                     | Data Last Update | e: 01/04/2018            | Submiss    | ion Date: 01/04/2018                                | Printed: | 1/6/2018 6:30 AM          |  |

| Report Year: 2017                           | 12235 PIH         | Hospital - Dov  | wney        |                           | Downey                        |              | Page:39 of 58         |
|---|-------------------|-----------------|-------------|---------------------------|-------------------------------|--------------|-----------------------|
| Include information on 4D and SPC-5 per Sec |                   | patient beds by | y type of S | Service provided by build | dings that are classified as  | s SPC-2, SI  | PC-3, SPC-4, SPC-     |
| Building Number: BLI                        | D-02204           | Building Na     | me: Ori     | ginal Surgery and Lab E   | Building                      |              | ]                     |
| Type of Service Prov                        | vided             |                 |             |                           |                               |              |                       |
| Nursing                                     | Inpatient<br>Beds | 0               | X           | Surgical                  | Obstetrical<br>Cesarean/Deliv |              | nabilitation<br>erapy |
| X IntensiveCare                             | Inpatient<br>Beds | 0               | X           | Anesthesia                |                               |              |                       |
| Pediatric/Adol<br>X escent                  | Inpatient<br>Beds | 0               | X           | Clinical Lab              | Obstetrical<br>Recovery       | Rei          | nal Dialysis          |
| Psychiatric<br>Nursing                      | Inpatient<br>Beds | 0               |             | Radiological/<br>Imaging  | Newborn/<br>WellBaby          |              | patient<br>gery       |
| Obstetrical<br>Ante/Postprtum               | Inpatient<br>Beds | 0               |             | Pharmaceutical            | Emergency                     | Cer          | ntral Plant           |
| Intermediate                                | Inpatient<br>Beds | 0               |             | Dietetic                  | Nuclear<br>Medicine           |              | oport<br>vices        |
| Skilled Nursing                             | Inpatient<br>Beds | 0               |             | Administration            |                               |              |                       |
| Total Beds this<br>Building                 |                   | 0               |             |                           |                               |              |                       |
|   |                   |                 |             |                           |                               |              |                       |
| OSHPD FDD SB499 Report                      | Data L            | ast Update:     | 01/04/2018  | 3 Submission Da           | te: 01/04/2018 Prir           | nted: 1/6/20 | 18 6:30 AM            |

| Report Year: 2017                           | 12235             | PIH Hospital - D | owney        |                          | Downey                         |               | Page:40 of 58         |
|---|-------------------|------------------|--------------|--------------------------|--------------------------------|---------------|-----------------------|
| Include information on 4D and SPC-5 per Sec |                   |                  | by type of S | Service provided by b    | uildings that are classified a | as SPC-2, S   | PC-3, SPC-4, SPC-     |
| Building Number: BLI                        | D-02208           | Building N       | Name: ER     | X/Surgery Addition       |                                |               | ]                     |
| Type of Service Prov                        | <u>/ided</u>      |                  |              |                          |                                |               |                       |
| Nursing                                     | Inpatient<br>Beds | 0                | X            | Surgical                 | Obstetrical<br>Cesarean/Deliv  |               | habilitation<br>erapy |
| IntensiveCare                               | Inpatient<br>Beds | 0                | X            | Anesthesia               |                                |               |                       |
| Pediatric/Adol<br>X escent                  | Inpatient<br>Beds | 20               | X            | Clinical Lab             | Obstetrical<br>Recovery        | Re            | nal Dialysis          |
| Psychiatric<br>Nursing                      | Inpatient<br>Beds | 0                |              | Radiological/<br>Imaging | Newborn/<br>WellBaby           |               | tpatient<br>rgery     |
| Obstetrical<br>Ante/Postprtum               | Inpatient<br>Beds | 0                |              | Pharmaceutical           | Emergency                      |               | ntral Plant           |
| Intermediate                                | Inpatient<br>Beds | 0                |              | Dietetic                 | Nuclear<br>Medicine            | X Su<br>Se    | pport<br>rvices       |
| Skilled Nursing                             | Inpatient<br>Beds | 0                |              | Administration           |                                |               |                       |
| Total Beds this<br>Building                 |                   | 20               |              |                          |                                |               |                       |
|   |                   |                  |              |                          |                                |               |                       |
| OSHPD FDD SB499 Report                      | D                 | ata Last Update: | 01/04/2018   | 3 Submission I           | Date: 01/04/2018 Pr            | inted: 1/6/20 | 18 6:30 AM            |

| Report Year:     | 2017                  | 12235                        | PIH Hospital - D | owney        |                          | Downey                        |                | Page:41 of 58           |
|------------------|-----------------------|------------------------------|------------------|--------------|--------------------------|-------------------------------|----------------|-------------------------|
|                  |                       | the number o<br>tion 130061( |                  | by type of S | Service provided by b    | uildings that are classified  | as SPC-2, S    | SPC-3, SPC-4, SPC-      |
| Building Nu      | imber: BLI            | D-02209                      | Building I       | Name: ICI    | J/CCU                    |                               |                |                         |
| <u>Type of S</u> | ervice Prov           | <u>vided</u>                 |                  |              |                          |                               |                |                         |
| Nurs             | ing                   | Inpatient<br>Beds            | 0                |              | Surgical                 | Obstetrical<br>Cesarean/Deliv |                | ehabilitation<br>nerapy |
| X Inter          | siveCare              | Inpatient<br>Beds            | 18               |              | Anesthesia               |                               |                |                         |
| Pedia<br>esce    | atric/Adol<br>nt      | Inpatient<br>Beds            | 0                |              | Clinical Lab             | Obstetrical<br>Recovery       | R              | enal Dialysis           |
| Psyc             | hiatric<br>ing        | Inpatient<br>Beds            | 0                |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          |                | utpatient<br>urgery     |
|                  | etrical<br>/Postprtum | Inpatient<br>Beds            | 0                |              | Pharmaceutical           | Emergency                     |                | entral Plant            |
| Inter<br>Care    | mediate               | Inpatient<br>Beds            | 0                |              | Dietetic                 | Nuclear<br>Medicine           |                | upport<br>ervices       |
| Skille           | ed Nursing            | Inpatient<br>Beds            | 0                |              | Administration           |                               |                |                         |
| Tota<br>Build    | l Beds this<br>ling   |                              | 18               |              |                          |                               |                |                         |
|                  | 2400 Poport           |                              | ata Last Undata: | 01/04/2018   | 3 Submission             | Date: 01/04/2018 P            | rintod: 1/6/2  | 018 6:30 AM             |
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| Report Year: 2017                             | 12235                            | PIH Hospital - D        | owney         |                          | Downey                        |               | Page:42 of 58           |
|---|----------------------------------|-------------------------|---------------|--------------------------|-------------------------------|---------------|-------------------------|
| Include information or<br>4D and SPC-5 per Se | n the number c<br>ection 130061( | of inpatient beds<br>e) | by type of \$ | Service provided by b    | uildings that are classified  | as SPC-2, S   | SPC-3, SPC-4, SPC-      |
| Building Number: BI                           | _D-02211                         | Building N              | lame: Ca      | th Lab                   |                               |               |                         |
| Type of Service Pro                           | vided                            |                         |               |                          |                               |               |                         |
| Nursing                                       | Inpatient<br>Beds                | 0                       |               | Surgical                 | Obstetrical<br>Cesarean/Deliv |               | ehabilitation<br>nerapy |
| IntensiveCare                                 | Inpatient<br>Beds                | 0                       |               | Anesthesia               |                               |               |                         |
| Pediatric/Adol<br>escent                      | Inpatient<br>Beds                | 0                       |               | Clinical Lab             | Obstetrical<br>Recovery       | Re Re         | enal Dialysis           |
| Psychiatric                                   | Inpatient<br>Beds                | 0                       | X             | Radiological/<br>Imaging | Newborn/<br>WellBaby          |               | utpatient<br>urgery     |
| Obstetrical<br>Ante/Postprtun                 | Inpatient<br>Beds                | 0                       |               | Pharmaceutical           | Emergency                     | Ce            | entral Plant            |
| Intermediate                                  | Inpatient<br>Beds                | 0                       |               | Dietetic                 | Nuclear<br>Medicine           | X Su<br>Se    | upport<br>ervices       |
| Skilled Nursing                               | Inpatient<br>Beds                | 0                       |               | Administration           |                               |               |                         |
| Total Beds this<br>Building                   |                                  | 0                       |               |                          |                               |               |                         |
|   |                                  |                         | 04/04/204     | 8 Submission             | Deto: 01/04/2019              | rintod: 1/6/0 | 018 6:20 AM             |
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| Report Y | ear: 2017  | 12235             | PIH Hospital - D | owney        |                          | Downey                          |                 | Page:43 of 58         |
|----------|--|-------------------|------------------|--------------|--------------------------|---------------------------------|-----------------|-----------------------|
|          | de information on<br>nd SPC-5 per <mark>Sec</mark> |                   |                  | by type of S | Service provided by b    | uildings that are classified    | as SPC-2, S     | PC-3, SPC-4, SPC-     |
| Buildi   | ng Number: BLI                                     | D-02212           | Building N       | Name: 36     | Bed Addition             |                                 |                 | ]                     |
| Тур      | e of Service Prov                                  | vided             |                  |              |                          |                                 |                 |                       |
| X        | Nursing  | Inpatient<br>Beds | 3                | X            | Surgical                 | X Obstetrical<br>Cesarean/Deliv |                 | habilitation<br>erapy |
| X        | IntensiveCare                                      | Inpatient<br>Beds | 3                | X            | Anesthesia               |                                 |                 |                       |
|          | Pediatric/Adol<br>escent                           | Inpatient<br>Beds | 0                |              | Clinical Lab             | X Obstetrical<br>Recovery       | Re Re           | nal Dialysis          |
|          | Psychiatric<br>Nursing                             | Inpatient<br>Beds | 0                |              | Radiological/<br>Imaging | X Newborn/<br>WellBaby          |                 | itpatient<br>rgery    |
| X        | Obstetrical<br>Ante/Postprtum                      | Inpatient<br>Beds | 10               | ×            | Pharmaceutical           | Emergency                       |                 | ntral Plant           |
|          | Intermediate<br>Care                               | Inpatient<br>Beds | 0                |              | Dietetic                 | Nuclear<br>Medicine             | X Su<br>Se      | pport<br>rvices       |
|          | Skilled Nursing                                    | Inpatient<br>Beds | 0                |              | Administration           |                                 |                 |                       |
|          | Total Beds this<br>Building                        |                   | 16               |              |                          |                                 |                 |                       |
|          | DD SB499 Report                                    |                   | ata Last Update: | 01/04/2018   | 3 Submission             | Date: 01/04/2018 F              | Printed: 1/6/20 | 118 6·30 AM           |
|          | DD 30499 Kep0ll                                    | Da                | ala Lasi Upuale. | 01/04/2010   |                          |                                 | 1/0/20          |                       |

| Report Year: 2017                           | 12235 PIH                          | Hospital - Do  | wney         |                          | Downey                        |           | Page:44 of 58             |
|---|------------------------------------|----------------|--------------|--------------------------|-------------------------------|-----------|---------------------------|
| Include information on 4D and SPC-5 per Sec | the number of in<br>tion 130061(e) | patient beds b | by type of S | ervice provided by bui   | ldings that are classified a  | s SPC-2   | e, SPC-3, SPC-4, SPC-     |
| Building Number: BLI                        | D-02213                            | Building Na    | ame: Bui     | lding A, Mech. Equipm    | ent Bldg.                     |           |                           |
| Type of Service Prov                        | <u>vided</u>                       |                |              |                          |                               |           |                           |
| Nursing                                     | Inpatient<br>Beds                  | 0              |              | Surgical                 | Obstetrical<br>Cesarean/Deliv |           | Rehabilitation<br>Therapy |
| IntensiveCare                               | Inpatient<br>Beds                  | 0              |              | Anesthesia               |                               |           |                           |
| Pediatric/Adol<br>escent                    | Inpatient<br>Beds                  | 0              |              | Clinical Lab             | Obstetrical<br>Recovery       |           | Renal Dialysis            |
| Psychiatric<br>Nursing                      | Inpatient<br>Beds                  | 0              |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          |           | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum               | Inpatient<br>Beds                  | 0              |              | Pharmaceutical           | Emergency                     | X         | Central Plant             |
| Intermediate                                | Inpatient<br>Beds                  | 0              |              | Dietetic                 | Nuclear<br>Medicine           | X         | Support<br>Services       |
| Skilled Nursing                             | Inpatient<br>Beds                  | 0              |              | Administration           |                               |           |                           |
| Total Beds this<br>Building                 |                                    | 0              |              |                          |                               |           |                           |
|   |                                    |                |              |                          |                               |           |                           |
| OSHPD FDD SB499 Report                      | Data I                             | _ast Update:   | 01/04/2018   | Submission Da            | ate: 01/04/2018 Pri           | nted: 1/6 | 6/2018 6:30 AM            |

| Report Year: 2017                         | 12235                           | PIH Hospital - D         | owney           |                      | Downey                        |              | Page:45 of 58             |
|---|---------------------------------|--------------------------|-----------------|----------------------|-------------------------------|--------------|---------------------------|
| Include information of 4D and SPC-5 per S | on the number of ection 130061( | of inpatient beds<br>(e) | by type of Serv | ice provided by bu   | uildings that are classified  | as SPC-2,    | SPC-3, SPC-4, SPC-        |
| Building Number:                          | BLD-02214                       | Building N               | lame: Buildin   | g B                  |                               |              |                           |
| Type of Service P                         | ovided                          |                          |                 |                      |                               |              |                           |
| Nursing                                   | Inpatient<br>Beds               | 0                        | Su Su           | ırgical              | Obstetrical<br>Cesarean/Deliv |              | Rehabilitation<br>Therapy |
| IntensiveCare                             | Inpatient<br>Beds               | 0                        | An An           | esthesia             |                               |              |                           |
| Pediatric/Adol                            | Inpatient<br>Beds               | 0                        | Cli             | nical Lab            | Obstetrical<br>Recovery       | E F          | Renal Dialysis            |
| Psychiatric<br>Nursing                    | Inpatient<br>Beds               | 0                        |                 | diological/<br>aging | Newborn/<br>WellBaby          |              | Dutpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtu              | Inpatient<br>m Beds             | 0                        | Ph              | armaceutical         | Emergency                     | X            | Central Plant             |
| Intermediate                              | Inpatient<br>Beds               | 0                        | L Die           | etetic               | Nuclear<br>Medicine           | X            | Support<br>Services       |
| Skilled Nursin                            | g<br>Inpatient<br>Beds          | 0                        | Ad Ad           | ministration         |                               |              |                           |
| Total Beds thi<br>Building                | S                               | 0                        |                 |                      |                               |              |                           |
|   | .et D                           | ata Laat Lindata:        | 01/04/2018      | Submission I         | Date: 01/04/2018 P            | rintod: 1/6  | 2018 6:30 AM              |
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| Report Year: 2017                         | 12235                             | PIH Hospital - D         | owney        |                          | Downey                        |              | Page:46 of 58             |
|---|-----------------------------------|--------------------------|--------------|--------------------------|-------------------------------|--------------|---------------------------|
| Include information of 4D and SPC-5 per S | on the number o<br>ection 130061( | of inpatient beds<br>(e) | by type of S | ervice provided by I     | buildings that are classified | d as SPC-2   | , SPC-3, SPC-4, SPC-      |
| Building Number:                          | BLD-02215                         | Building N               | lame: Buil   | ding C                   |                               |              |                           |
| Type of Service Pr                        | ovided                            |                          |              |                          |                               |              |                           |
| Nursing                                   | Inpatient<br>Beds                 | 0                        |              | Surgical                 | Obstetrical<br>Cesarean/Deliv |              | Rehabilitation<br>Therapy |
| IntensiveCare                             | Inpatient<br>Beds                 | 0                        |              | Anesthesia               |                               |              |                           |
| Pediatric/Adol                            | Inpatient<br>Beds                 | 0                        |              | Clinical Lab             | Obstetrical<br>Recovery       |              | Renal Dialysis            |
| Psychiatric<br>Nursing                    | Inpatient<br>Beds                 | 0                        |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          |              | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtu              | Inpatient<br>m Beds               | 0                        |              | Pharmaceutical           | Emergency                     | X            | Central Plant             |
| Intermediate                              | Inpatient<br>Beds                 | 0                        |              | Dietetic                 | Nuclear<br>Medicine           | X            | Support<br>Services       |
| Skilled Nursin                            | g<br>Inpatient<br>Beds            | 0                        |              | Administration           |                               |              |                           |
| Total Beds thi<br>Building                | s                                 | 0                        |              |                          |                               |              |                           |
|   |                                   |                          | 01/04/2018   | Submissior               | Date: 01/04/2018              | Drintod: 1/6 | /2018 6:30 AM             |
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| Report Year: 2017                              | 12235 F           | PIH Hospital - Do | owney        |                          | Downey                         |             | Page:47 of 58           |
|--|-------------------|-------------------|--------------|--------------------------|--------------------------------|-------------|-------------------------|
| Include information on<br>4D and SPC-5 per Sec |                   |                   | by type of S | ervice provided by bu    | ildings that are classified as | s SPC-2, \$ | SPC-3, SPC-4, SPC-      |
| Building Number: BL                            | D-02216           | Building N        | ame: Rac     | liology Addition         |                                |             |                         |
| Type of Service Pro                            | vided             |                   |              |                          |                                |             |                         |
| Nursing  | Inpatient<br>Beds | 0                 |              | Surgical                 | Obstetrical<br>Cesarean/Deliv  |             | ehabilitation<br>nerapy |
| IntensiveCare                                  | Inpatient<br>Beds | 0                 |              | Anesthesia               |                                |             |                         |
| Pediatric/Adol<br>escent                       | Inpatient<br>Beds | 0                 |              | Clinical Lab             | Obstetrical<br>Recovery        | R           | enal Dialysis           |
| Psychiatric<br>Nursing                         | Inpatient<br>Beds | 0                 | X            | Radiological/<br>Imaging | Newborn/<br>WellBaby           |             | utpatient<br>urgery     |
| Obstetrical<br>Ante/Postprtum                  | Inpatient<br>Beds | 0                 |              | Pharmaceutical           | Emergency                      |             | entral Plant            |
| Intermediate                                   | Inpatient<br>Beds | 0                 |              | Dietetic                 | X Nuclear<br>Medicine          | X So<br>So  | upport<br>ervices       |
| Skilled Nursing                                | Inpatient<br>Beds | 0                 |              | Administration           |                                |             |                         |
| Total Beds this<br>Building                    |                   | 0                 |              |                          |                                |             |                         |
| OSHPD FDD SB499 Report                         |                   | ta Last Update:   | 01/04/2018   | Submission D             | ate: 01/04/2018 Prir           | nted: 1/6/2 |                         |
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| Report Year: 2017                         | 12235                               | PIH Hospital - D        | owney         |                          | Downey                        |                | Page:48 of 58           |
|---|-------------------------------------|-------------------------|---------------|--------------------------|-------------------------------|----------------|-------------------------|
| Include information of 4D and SPC-5 per S | on the number of<br>Section 130061( | of inpatient beds<br>e) | by type of \$ | Service provided by I    | buildings that are classified | d as SPC-2, S  | SPC-3, SPC-4, SPC-      |
| Building Number:                          | BLD-02217                           | Building N              | lame: EF      | R Addition               |                               |                |                         |
| Type of Service P                         | rovided                             |                         |               |                          |                               |                |                         |
| Nursing                                   | Inpatient<br>Beds                   | 0                       |               | Surgical                 | Obstetrical<br>Cesarean/Deliv |                | ehabilitation<br>nerapy |
| IntensiveCare                             | lnpatient<br>Beds                   | 0                       |               | Anesthesia               |                               |                |                         |
| Pediatric/Ado                             | Inpatient<br>Beds                   | 0                       |               | Clinical Lab             | Obstetrical<br>Recovery       |                | enal Dialysis           |
| Psychiatric<br>Nursing                    | Inpatient<br>Beds                   | 0                       | X             | Radiological/<br>Imaging | Newborn/<br>WellBaby          |                | utpatient<br>urgery     |
| Obstetrical<br>Ante/Postprtu              | Inpatient<br>m Beds                 | 0                       |               | Pharmaceutical           | X Emergency                   |                | entral Plant            |
| Intermediate                              | Inpatient<br>Beds                   | 0                       |               | Dietetic                 | Nuclear<br>Medicine           | X Su<br>Se     | upport<br>ervices       |
| Skilled Nursin                            | g<br>Inpatient<br>Beds              | 0                       |               | Administration           |                               |                |                         |
| Total Beds th<br>Building                 | s                                   | 0                       |               |                          |                               |                |                         |
|   | vet D                               |                         | 04/04/204     | 8 Submissior             | Date: 01/04/2018              | Drintod: 1/2/2 | 018 6:20 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-02204 Build   | Iing Name: Original Surgery and Lab B                                     | Building                                |                       |  |  |
| Medical / Surgical (Include GYN)   | Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric |   |                       |  |  |
| Inpatient 0 Inpatient 23174<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatien<br>Bed Days        | t0                    |  |  |
| Perinatal (Exclude Newborn / GYN)  | Burn  | Skilled Nursing                         |                       |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatien<br>Bed Days        | t0                    |  |  |
| Pediatric  | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                       |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatien<br>Bed Days        | t 0                   |  |  |
| Intensive Care   | Rehabilitation<br>Center  | Int. Care / Developmentally<br>Disabled |                       |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                                       | Inpatient 0 Inpatien<br>Bed Days        | t 0                   |  |  |
| Coronary Care  | Chemical Dependency   | Building Per Build                      | Beds this<br>ling Per |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                                       | Unit Servi                              | 0                     |  |  |
|  |   |   |                       |  |  |
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| Report Year: 2017 12235 PIH Hos  | pital - Downey                      | Downey                                  | Page:50 of 58           |  |
|--|-------------------------------------|---|-------------------------|--|
| 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-02208 Buil  | ding Name: ER/Surgery Addition      |   |                         |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care              | Acute Psychiatric                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Perinatal (Exclude Newborn / GYN)  | Burn                                | Skilled Nursing                         |                         |  |
| Inpatient 20 Inpatient 2166<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Pediatric  | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Intensive Care   | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Coronary Care  | Chemical Dependency                 | Building Per Build                      | l Beds this<br>ding Per |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Unit Serv                               | 20                      |  |
|  |                                     |   |                         |  |
|  |                                     |   |                         |  |
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| Report Year: 2017 12235 PIH Hosp   | bital - Downey   | Downey                                  | Page:51 of 58           |  |  |  |
|--|--|---|-------------------------|--|--|--|
| 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-02209 Build   | ding Name: ICU/CCU                                     |   |                         |  |  |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care                                 | Acute Psychiatric                       |                         |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                    | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |  |  |
| Perinatal (Exclude Newborn / GYN)  | Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing |   |                         |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                    | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |  |  |
| Pediatric  | Intensive Care Newborn<br>Nursery                      | Intermediate Care                       |                         |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                    | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |  |  |
| Intensive Care   | Rehabilitation<br>Center                               | Int. Care / Developmentally<br>Disabled |                         |  |  |  |
| Inpatient 8 Inpatient 2327<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                    | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |  |  |
| Coronary Care  | Chemical Dependency                                    | Building Per Build                      | l Beds this<br>ding Per |  |  |  |
| Inpatient 10 Inpatient 2896<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                    | Unit Serv                               | 18                      |  |  |  |
|  |  |   |                         |  |  |  |
|  |  |   |                         |  |  |  |
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| Report Year: 2017 12235 PIH Hosp   | oital - Downey                      | Downey                                  | Page:52 of 58           |  |
|--|-------------------------------------|---|-------------------------|--|
| 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-02211 Buil  | ding Name: Cath Lab                 |   |                         |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care              | Acute Psychiatric                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient <u>0</u> Inpatier<br>Bed Days | nt 0                    |  |
| Perinatal (Exclude Newborn / GYN)  | Burn                                | Skilled Nursing                         |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient <u>0</u> Inpatier<br>Bed Days | nt 0                    |  |
| Pediatric  | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Intensive Care   | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Coronary Care  | Chemical Dependency                 | Building Per Build                      | l Beds this<br>ding Per |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Unit Serv                               | 0                       |  |
|  |                                     |   |                         |  |
|  |                                     |   |                         |  |
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| Report Year:201712235PIH Hosp  | ital - Downey                       | Downey                                  | Page:53 of 58           |  |
|--|-------------------------------------|---|-------------------------|--|
| 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-02212 Build   | ing Name: 36 Bed Addition           |   |                         |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care              | Acute Psychiatric                       |                         |  |
| Inpatient 16 Inpatient 10878<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Perinatal (Exclude Newborn / GYN)  | Burn                                | Skilled Nursing                         |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Pediatric  | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Intensive Care   | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled | ,                       |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Coronary Care  | Chemical Dependency                 | Building Per Build                      | l Beds this<br>ding Per |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Unit Serv                               | 16                      |  |
|  |                                     |   |                         |  |
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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-02213     Building Name:     Building A, Mech. Equipment Bldg.  |                                     |   |                         |  |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care              | Acute Psychiatric                       |                         |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | t 0                     |  |  |
| Perinatal (Exclude Newborn / GYN)  | Burn                                | Skilled Nursing                         |                         |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | t O                     |  |  |
| Pediatric  | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                         |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | t O                     |  |  |
| Intensive Care   | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled |                         |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | t O                     |  |  |
| Coronary Care  | Chemical Dependency                 | Building Per Build                      | l Beds this<br>ling Per |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Unit Serv                               | 0                       |  |  |
|  |                                     |   |                         |  |  |
|  |                                     |   |                         |  |  |
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| Report Year: 2017 12235 PIH Hosp   | bital - Downey                      | Downey                                  | Page:55 of 58           |  |
|--|-------------------------------------|---|-------------------------|--|
| 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-02214 Build   | ding Name: Building B               |   |                         |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care              | Acute Psychiatric                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Perinatal (Exclude Newborn / GYN)  | Burn                                | Skilled Nursing                         |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Pediatric  | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Intensive Care   | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled | ,                       |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Coronary Care  | Chemical Dependency                 | Building Per Build                      | l Beds this<br>ding Per |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Unit Serv                               | 0                       |  |
|  |                                     |   |                         |  |
|  |                                     |   |                         |  |
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| Report Year: 2017 12235 PIH Hosp  | Dital - Downey                      | Downey                                  | Page:56 of 58           |  |
|---|-------------------------------------|---|-------------------------|--|
| 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-4, SPC-4D and SPC-5 per Section 130061(e) |                                     |   |                         |  |
| Building Number: BLD-02215 Build  | ding Name: Building C               |   |                         |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care              | Acute Psychiatric                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Perinatal (Exclude Newborn / GYN)   | Burn                                | Skilled Nursing                         |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Pediatric   | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Intensive Care  | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled | ,                       |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Coronary Care   | Chemical Dependency                 | Building Per Buil                       | l Beds this<br>ding Per |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Unit Serv                               | 0                       |  |
|   |                                     |   |                         |  |
|   |                                     |   |                         |  |
| OSHPD FDD SB499 Report Data Last U  | pdate: 01/04/2018 Submission Date:  | 01/04/2018 Printed: 1/6/2               | 018 6:30 AM             |  |

| Report Year: 2017 12235 PIH Hos  | pital - Downey                      | Downey                                  | Page:57 of 58           |  |
|--|-------------------------------------|---|-------------------------|--|
| 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-02216 Buil  | ding Name: Radiology Addition       |   |                         |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care              | Acute Psychiatric                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Perinatal (Exclude Newborn / GYN)  | Burn                                | Skilled Nursing                         |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Pediatric  | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                         |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | nt 0                    |  |
| Intensive Care   | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled | ,                       |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatier<br>Bed Days        | nt 0                    |  |
| Coronary Care  | Chemical Dependency                 | Building Per Build                      | l Beds this<br>ding Per |  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Unit Serv                               | 0                       |  |
|  |                                     |   |                         |  |
|  |                                     |   |                         |  |
| OSHPD FDD SB499 Report Data Last U   | Jpdate: 01/04/2018 Submission Date  | e: 01/04/2018 Printed: 1/6/2            | 018 6:30 AM             |  |

|  | I - Downey   | Downey                                  | Page:58 of 58           |  |  |
|--|--|---|-------------------------|--|--|
| 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-02217 Building  | g Name: ER Addition                                    |   |                         |  |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care                                 | Acute Psychiatric                       |                         |  |  |
|  | Inpatient 0 Inpatient 0<br>Bed Days                    | Inpatient 0 Inpatien<br>Bed Days        | t 0                     |  |  |
| Perinatal (Exclude Newborn / GYN)  | Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing |   |                         |  |  |
|  | Inpatient 0 Inpatient 0<br>Bed Days                    | Inpatient 0 Inpatien<br>Bed Days        | t 0                     |  |  |
|  | Intensive Care Newborn<br>Nursery                      | Intermediate Care                       |                         |  |  |
|  | Inpatient 0 Inpatient 0<br>Bed Days                    | Inpatient 0 Inpatien<br>Bed Days        | t                       |  |  |
|  | Rehabilitation<br>Center                               | Int. Care / Developmentally<br>Disabled |                         |  |  |
|  | Inpatient 0 Inpatient 0<br>Bed Days                    | Inpatient 0 Inpatien<br>Bed Days        | tO                      |  |  |
| Coronary Care  | Chemical Dependency                                    | Building Per Build                      | l Beds this<br>ling Per |  |  |
|  | Inpatient 0 Inpatient 0<br>Bed Days                    | Unit Serv                               | 0                       |  |  |
|  |  |   |                         |  |  |
| OSHPD FDD SB499 Report Data Last Upda  | ate: 01/04/2018 Submission Date                        | e: 01/04/2018 Printed: 1/6/20           |                         |  |  |