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Office of Statewide Health Planning and Development
Facilities Development
Division
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:	13085		
Facility Name:	Provide	nce Tarzana Medical Center	
Address:	Address: 18321 Clark St.		
City:	Tarzana	A	
Hospital Owner/Lice	ensee:	Providence Health System - Southern California / 930000097	
Year of Repo	orting:	2017	
Contact 1 e-mail Add	dress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ado	dress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Subr	mitter:	Karl Wagner	
Submission	Date:	1/4/2018 10:06:28 AM	

Report	Year: 2017 130	085 Providence Tarzana Medical C	Center	Tarzana		Page:2 of 37
rebuild, 130060	retrofit or replace the b or 130061.5, for rebuild	ch are planned for rebuild, retrofit or rep ouilding to SPC2, SPC3, SPC4, SPC4D I, retrofit or replacement of the building been approved per Section 130061(c)(1	or SPC5 per 130 that the hospital	061(c)(1)(A). The de	eadline, as desc	ribed in Section
Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00169	Main Hospital	18321 Clark St.	Replace	SPC2	01/01/2020	06/28/2018
3LD- 00170	Patient Tower	18321 Clark St.	Retrofit	SPC2	01/01/2020	12/27/2019
BLD- 00171	Ancillary Wing	18321 Clark St.	Retrofit	SPC2	01/01/2020	01/11/2019

Report Year: 2017	13085 Providence Tarzana Medical C	enter	Tarzana	Page:3 of 37
	planned for rebuild, retrofit or replacement, t date or dates and projected Completion da ection 130061(c)(1)(E).			
Building No: BLD-00169	Main Hospital		etrofit/Replacement Yes-Su oject:	Ibmitted
Facility Project Sub Number Number Num	Scope		proved Projected Projected ate Start Date Completion Da	CEQA te Status Review
13085 1170010-19- 00	0 Building 1 Replacement & Renovation	8/21/2017	11/09/2018	ACTI No
	planned for rebuild, retrofit or replacement, t date or dates and projected Completion da ection 130061(c)(1)(E).			
Building No: BLD-00170	Patient Tower		etrofit/Replacement Yes-Su oject:	ubmitted
	planned for rebuild, retrofit or replacement, t date or dates and projected Completion da tection 130061(c)(1)(E).			
Building No: BLD-00171	Ancillary Wing		etrofit/Replacement Yes-Su oject:	Ibmitted
Facility Project Sub Number Number Num	Scope		pproved Projected Projected ate Start Date Completion Da	CEQA te Status Review
13085 l130018-19- 00	0 VSI for 13085: Ancillary Wing (BLD-00171, Bldg 03) SPC-2 Reclassificat	12/24/201 3	12/24/2013 07/01/2019	ACTI No
OSHPD FDD SB499 Report	Data Last Update: 01/04/2018	Submission Dat	e: 01/04/2018 Printed: 1/6/20	018 6:30 AM

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)				
Building Number: BLI	D-00169	Building Name:	Main Hospital	
Type of Service Provi	ided			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	X Outpatient Surgery
		Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Report	t	Data Last Update: 01/04/2018	Submission Date: 01/04/2018	Printed: 1/6/2018 6:30 AM

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Provide the number of inpatient t	peds and patient days per type of service pe	r building per Section 130061(c)(1)(F)
Building Number: BLD-00170	Building Name: Pat	tient Tower	
Type of Service Provided			
X Nursing Inpatient Beds	160 Inpatient 56210 Days	X Surgical	Obstetrical Recovery
X IntensiveCare Inpatient Beds	10 Inpatient Days 3650	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	18 Inpatient Days 6570	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Services	Surgery
	Total Beds this 188 Building	Obstetrical Cesarean/Deliv	Central Plant
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Provide the number of inpatie	ent beds and patient days per type of service per	building per Section 130061(c)(1)(F)
Building Number: BLD-0017	71 Building Name: Anc	illary Wing	
Type of Service Provided			
Nursing Inpati Beds		X Surgical	Obstetrical Recovery
X IntensiveCare Inpati Beds		X Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpati escent Beds		X Clinical Lab	X Emergency
Psychiatric Inpati Nursing Beds		X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Inpati Ante/Postprtum Beds		X Pharmaceutical	X Rehabilitation Therapy
Intermediate Inpati Care Beds			Renal Dialysis
Skilled Nursing Inpati Beds		X Support Services	Outpatient Surgery
Deus	Total Beds this 7 Building	Obstetrical Cesarean/Deliv	X Central Plant
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Provide the number of Inpatient beds and patie	ent days per type of unit per building per Section	130061(c)(1)(F)	
Building Number: BLD-00169 Buil	ding Name: Main Hospital		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0
Pediatric	intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0
Intensive Care	Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Coronary Care	Chemical Dependency	Total Beds this Total E Building Per Buildin Unit Servic	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0
OSHPD FDD SB499 Report Data Last U	Jpdate: 01/04/2018 Submission Date:	01/04/2018 Printed: 1/6/20	018 6:30 AM

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Provide the number of Inpatient	beds and patient days per type of un	it per building per Sectior	n 130061(c)(1)(F)	
Building Number: BLD-001	70 Building Name: Pati	ent Tower]
Medical / Surgical (Include G)	YN) Acute Respiratory	y Care	Acute Psychiatric	
Inpatient 150 Inpatient Bed Days	5475 Inpatient 0 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn /	GYN) Burn		Skilled Nursing	
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 18 Inpatient Bed Days	6588 Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 10 Inpatient Bed Days	3650 Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care	Chemical Dependency		Building Per	Total Beds this Building Per Service
Inpatient 10 Inpatient Bed Days	3650 Inpatient 0 Bed	Inpatient 0 Days	188	188

Report Year: 2017 13	Providence Tarzana Medical C	Center Ta	arzana	Page:9 of 37	
Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-00	0171 Building Name: And	illary Wing			
Medical / Surgical (Include (GYN) Acute Respiratory	y Care	Acute Psychiatric		
Inpatient 0 Inpatient Bed Days	t 0 Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	
Perinatal (excluse Newborn	/ GYN) Burn		Skilled Nursing		
Inpatient 0 Inpatient Bed Days	t 0 Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	
Pediatric	intensive Care Ne Nursery	wborn	Intermediate Card		
Inpatient 0 Inpatient Bed Days	t 0 Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	
Intensive Care	Rehabilitation Center		Int. Care / developme Disabled	nt	
Inpatient 7 Inpatient Bed Days	2555 Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	
Coronary Care	Chemical Dependency		Building Per E	Fotal Beds this Building Per Service	
Inpatient 0 Inpatient Bed Days	t 0 Inpatient 0 Bed	Inpatient 0 Days	7	7	

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00169	Main Hospital	Replace
BLD-00170	Patient Tower	Retrofit
BLD-00171	Ancillary Wing	Retrofit
BLD-00172	Service Building	Remain
BLD-00173	Cardiology Addition	Remain
BLD-00174	Admitting/Emergency	Remain
BLD-00175	Women's Pavilion	Remain
BLD-00176	Mechanical Building	Remain

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List ALL proposed ne	List ALL proposed new buildings to be constructed at this or another site.							
Building Number	Building Name	2		New Site				
N_1	New Building							
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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building	Number: BLD-001	69 Main Hospital		Removal 06/28/2 Date:	018			
Planned	Uses for the building	to be removed from acute care ser	vice:					
Planned	I use for building:							
Inpatient	services currently de	elivered in the building:						
	Nursing	X Surgical			ilitation			
	IntensiveCare	Anesthesia	Cesarean/De	eliv Theraț	у			
	Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal	Dialysis			
	Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	X Outpar Surger				
	Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centra	Il Plant			
	Intermediate Care	Dietetic	Nuclear Medicine	X Suppo Servic				
	Skilled Nursing	Administration						
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lo data reported for Sectio	on 130061(c	e)(2)(D).		

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lo data reporte	ed for Sectio	n 130061(c	c)(2)(D).		

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		nd beds will be relocated to a new, existi a Building Resolution of "Rebuild" or "R		
Building Bl Number:	LD-00169 Building Name:	Main Hospital		
Will general acute ca	are services and beds will be r	elocated to a new, Existing or retrofitted	building?	
Surgical	N/A]	
		nd beds will be relocated to a new, existi a Building Resolution of "Rebuild" or "R		
Building Bl Number:	LD-00169 Building Name:	Main Hospital		
Will general acute ca	are services and beds will be r	elocated to a new, Existing or retrofitted	building?	
Support Services	N/A]	
		nd beds will be relocated to a new, existi a Building Resolution of "Rebuild" or "R		
Building BI Number:	LD-00169 Building Name:	Main Hospital		
Will general acute ca	are services and beds will be r	elocated to a new, Existing or retrofitted	building?	
OutpatientSurgery	N/A]	
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lo data reporte	d for Sectio	n 130061(c)(3).		

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Report any general per Section 130061	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-00169 Building Name: Main Hospital								
Type of Service Provided								
		X Surgical	Obstetr Cesare	ical an/Deliv	Rehabilitation Therapy			
	Nursing	Anesthesia	_	_				
	IntensiveCare		Obstetr Recove		Renal Dialysis			
	Pediatric/Adol escent	Clinical Lab	Newbor WellBal		Outpatient Surgery			
	Psychiatric Nursing	Imaging						
		Pharmaceutical	Emerge	ency	Central Plant			
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicin		Support Services			
	Intermediate Care	Administration						
	Skilled Nursing							
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Report Year: 201	17 13085 Provid	lence Tarzana Medical Center	Tarzana	l	Page:18 of 37			
	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-00170 Buildin	g Name: Patient Tower						
Type of Service	e Provided							
		X Surgical	Obstetrica Cesarean/					
X	Nursing	Anesthesia	_		Dielusia			
X	IntensiveCare		Obstetrica Recovery		Dialysis			
X	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpat Surger	ient y			
	Psychiatric Nursing			y 🗌 Centra	l Plant			
	Obstetrical Ante/Postprtum		Nuclear Medicine	Suppor	rt			
	Intermediate Care	Administration						
	Skilled Nursing							
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Report any general per Section 130061	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-00171 Building Name: Ancillary Wing									
Type of Service	Type of Service Provided								
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabi Therap					
	Nursing	X Anesthesia							
X	IntensiveCare	X Clinical Lab	Obstetrical Recovery	Renal [Jaiysis				
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	Outpati Surgery					
	Psychiatric Nursing	Imaging							
_		X Pharmaceutical	X Emergency	X Central	Plant				
	Obstetrical Ante/Postprtum	X Dietetic	X Nuclear Medicine	X Suppor Service					
	Intermediate Care	Administration							
	Skilled Nursing								
OSHPD FDD SB499 Re	OSHPD FDD SB499 Report Data Last Update: 01/04/2018 Submission 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-00169 Building Name: Main Hospital										
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis							
Pediatric/Adol escent	Clinical Lab	Recovery								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant							
Intermediate Care	Dietetic									
Skilled Nursing	Administration	Nuclear Medicine	Support Services							
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-00170 Building Name: Patient Tower									
Configuration:	Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis		
	ediatric/Adol cent		Clinical Lab						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Dutpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate		Dietetic		Nuclear Medicine		Quarter		
	illed Nursing		Administration		Nuclear Medicine		Support Services		
OSHPD FDD SB499 F	Report Da	ta 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-00171	Building Na	me: Ancillary Wing					-	
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5									
Type of Service	Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant		
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support		
	killed Nursing		Administration				Support Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)									
Building Number:	BLD-00172	Building Nan	ne: Service Building						
Configuration:	Retrofit Conform	ning building to	NPC 4 or NPC 5						
Type of Service	Provided								
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	diatric/Adol cent		Clinical Lab						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support		
Ski	illed Nursing		Administration				Services		
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Report 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-00173	Building Na	me: Cardiology Additio	'n					
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		licevely				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant		
Int Ca	ermediate		Dietetic						
	illed Nursing		Administration		Nuclear Medicine		Support Services		
OSHPD FDD SB499 F	Report Da	ata 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-00174 Building Name: Admitting/Emergency										
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service	Provided									
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte Ca	ermediate re		Dietetic		Nuclear Medicine		Support			
Sk	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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	ner by retrofit or b				ach building will comply w be provided in each gener		
Building Number:	BLD-00175	Building Na	me: Women's Pavilior	١			
Configuration:	Retrofit Conform	ning building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		,		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support
Ski	illed Nursing		Administration				Services
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Report 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-00176 Building Name: Mechanical Building										
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant			
Int Ca	ermediate		Dietetic				0			
	illed Nursing		Administration		Nuclear Medicine		Support Services			
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Include information on 4D and SPC-5 per Sec			by type of S	Service provided by bu	ildings that are classified a	as SPC-2, SI	PC-3, SPC-4, SPC-
Building Number: BLI	D-00172	Building N	lame: Se	rvice Building]
Type of Service Prov	<u>/ided</u>						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sup Sup Ser	oport vices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					
OSHPD FDD SB499 Report	Da	ata Last Update:	01/04/2018	8 Submission D	ate: 01/04/2018 Pri	inted: 1/6/20	18 6:30 AM

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Include information or 4D and SPC-5 per Se	the number ction 130061	of inpatient beds b (e)	by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00173	Building Na	ame: Cardiology Addition		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate	Inpatient Beds	0	Dietetic	X Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			
OSHPD FDD SR499 Report	ח :	ata Last Undate:	01/04/2018 Submissio	n Date: 01/04/2018 Pr	inted: 1/6/2018 6:30 AM
OSHPD FDD SB499 Report	t D	ata Last Update:	01/04/2018 Submissio	n Date: 01/04/2018 Pr	inted: 1/6/2018 6:30 AM

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Include information on 4D and SPC-5 per Sec			by type of Service provide	d by buildings that are classified	l as SPC-2, SP	C-3, SPC-4, SPC-
Building Number: BLI	D-00174	Building N	lame: Admitting/Emerge	ncy		
Type of Service Prov	<u>/ided</u>					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	X Newborn/ WellBaby	Outp Surg	patient Jery
Obstetrical X Ante/Postprtum	Inpatient Beds	21	Pharmaceutic	al X Emergency	Cent	tral Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Supj Serv	
Skilled Nursing	Inpatient Beds	0	Administration	1		
Total Beds this Building		21				
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4 4D and SPC-5 per Section 130061(e)								
Building Number: BL	D-00175	Building N	ame: Wom	en's Pavilion]		
Type of Service Pro	vided								
X Nursing	Inpatient Beds	4	X S	Surgical	X Obstetrical Cesarean/Deliv		nabilitation erapy		
IntensiveCare	Inpatient Beds	0	X A	nesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Re	nal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby		tpatient gery		
Obstetrical X Ante/Postprtum	Inpatient Beds	29	□ P	harmaceutical	Emergency		ntral Plant		
Intermediate	Inpatient Beds	0		Vietetic	Nuclear Medicine		oport vices		
Skilled Nursing	Inpatient Beds	0	A	dministration					
Total Beds this Building		33							
OSHPD FDD SB499 Report	Da	ata Last Update:	01/04/2018	Submission Da	ate: 01/04/2018 P	rinted: 1/6/20	18 6:30 AM		

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Include information on 4D and SPC-5 per Se			by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00176	Building Na	me: Mechanical Building		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			
		ata Last Lindata:	01/04/2018 Submission	a Data: 01/01/2018 D	
OSHPD FDD SB499 Report	D	ata Last Update:	01/04/2018 Submission	n Date: 01/04/2018 Pr	inted: 1/6/2018 6:30 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4, AD and SPC-5 per Section 130061(e)									
Building Number: BLD-00172 Build	ding Name: Service Building								
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0						
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0						
Pediatric	Intensive Care Newborn Nursery	Intermediate Care							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0						
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0						
Coronary Care	Chemical Dependency		Beds this ing Per						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi							
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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-00173 Bu	ilding Name: Cardiology Addition			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0		
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)				
Building Number: BLD-00174 Building Number:	ding Name: Admitting/Emergency			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 21 Inpatient 7665 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 21 21		
OSHPD FDD SB499 Report Data Last U	Jpdate: 01/04/2018 Submission Date:	01/04/2018 Printed: 1/6/2018 6:30 AM		

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4, AD and SPC-5 per Section 130061(e)				
Building Number: BLD-00175 Buil	ding Name: Women's Pavilion			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 4 Inpatient 1460 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 29 Inpatient 10585 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service		
OSHPD FDD SB499 Report Data Last U	Ipdate: 01/04/2018 Submission Date:	01/04/2018 Printed: 1/6/2018 6:30 AM		

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)				
Building Number: BLD-00176 B	uilding Name: Mechanical Building			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0		
OSHPD FDD SB499 Report Data Las	st Update: 01/04/2018 Submission Date:	01/04/2018 Printed: 1/6/2018 6:30 AM		