
Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

11621

Facility Name:

Encino Hospital Medical Center

Address:

16237 Ventura Blvd.

City:

Encino

Hospital Owner/Licensee:

Prime Healthcare Services Encino, LLC

Year of Reporting:

2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Puchlik Design Associates

Submission Date:

1/29/2012 3:00:00 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	North Wing	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2013	12/01/2012
02	West Wing	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2013	12/01/2012
03	Main Tower / Basement / Mech Bldg	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2013	12/01/2012

For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No: Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11621	SL110746	0	VSI BLDG #1 NORTH WING	03/29/2011		02/01/2012	12/01/2012	OPEN	No

Building No: Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11621	SL110744	0	VSI BLDG #2 WEST WING	03/29/2011		02/01/2012	12/01/2012	OPEN	No

Building No: Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11621	HL091434	0	SPC-2 UPGRADES TO BUILDING #3	07/07/2009				OPEN	No
11621	HL101538	0	SB 499: VSI - BUILDING 3	06/30/2010		02/01/2012	02/01/2013	OPEN	No
11621	SL091334	0	MATERIALS TESTING PROGRAM - MAIN HOSPITAL TOWER (BLDG 3)	06/30/2009	02/18/2010			CLSD	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: North Wing

Type of Service Provided

<input type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	Obstetrical Recovery	
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="12"/>	Inpatient Days	<input type="text" value="529"/>	<input type="checkbox"/>	Anesthesia	<input type="checkbox"/>	Newborn/WellBaby	
<input type="checkbox"/>	Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Emergency	
<input checked="" type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="13"/>	Inpatient Days	<input type="text" value="4118"/>	<input type="checkbox"/>	Radiological/Imaging	<input type="checkbox"/>	Nuclear Medicine	
<input type="checkbox"/>	Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Rehabilitation Therapy	
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Dietetic	<input type="checkbox"/>	Renal Dialysis	
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Support Services	<input type="checkbox"/>	Outpatient Surgery	
			Total Beds this Building	<input type="text" value="25"/>			<input type="checkbox"/>	Obstetrical Cesarean/Deliv	<input type="checkbox"/>	Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: Building Name: **Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="25"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="25"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input checked="" type="checkbox"/> Central Plant

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

Building Number: 03

Building Name: Main Tower / Basement / Mech Bldg

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="62"/>	Inpatient Days	<input type="text" value="6419"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="10"/>	Inpatient Days	<input type="text" value="441"/>	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="28"/>	Inpatient Days	<input type="text" value="9704"/>	<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="100"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input checked="" type="checkbox"/> Central Plant

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

Building Number:

01

Building Name:

North Wing

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: 02

Building Name: West Wing

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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

Building Number: 03

Building Name: Main Tower / Basement / Mech Bldg

Medical / Surgical (Include GYN)

Inpatient Bed 62 Inpatient Days 6419

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 28 Inpatient Days 9704

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 10 Inpatient Days 441

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

100

Total Beds this Building Per Service

100

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

Building Number	Building Name	Building to be Removed
01	North Wing	<input type="checkbox"/>
02	West Wing	<input type="checkbox"/>
03	Main Tower / Basement / Mech Bldg	<input type="checkbox"/>

Report Year:

2011

11621

Encino Hospital Medical Center

Encino

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Report Status: **Data Last Update:** 01/12/2012

Submission Date: 01/29/2012

Print Date: 1/30/2012 12:46 PM

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:

01

Building Name:

North Wing

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Administration	
<input type="checkbox"/> Skilled Nursing			

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:

02

Building Name:

West Wing

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

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:

03

Building Name:

Main Tower / Basement / Mech Bldg

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input checked="" type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

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:

01

Building Name:

North Wing

Configuration

:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Pharmaceutical

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Dietetic

Nuclear Medicine

Support
ServicesIntermediate
Care

Administration

Skilled Nursing

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:

02

Building Name:

West Wing

Configuration

:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Pharmaceutical

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Dietetic

Nuclear Medicine

Support
ServicesIntermediate
Care

Administration

Skilled Nursing

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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Main Tower / Basement / Mech Bldg

Configuration
:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical
Cesarean/Deliv | <input type="checkbox"/> Rehabilitation
Therapy |
| <input checked="" type="checkbox"/> IntensiveCare | <input checked="" type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical
Recovery | <input checked="" type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol
escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/
WellBaby | <input checked="" type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Psychiatric
Nursing | <input checked="" type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Emergency | <input checked="" type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input checked="" type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input checked="" type="checkbox"/> Dietetic | | |
| <input checked="" type="checkbox"/> Skilled Nursing | <input checked="" type="checkbox"/> Administration | | |