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

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Facility Number:

14370

Facility Name:

Children's Hospital of Orange County

Address:

455 S. Main St.

City:

Orange

Hospital Owner/Licensee:

CHOCO Realty Corporation

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Waldo Romero

Submission Date:

12/20/2013 4:15:34 PM

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

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|-----------|---------------|----------------------------|---------------------|------------------------------|----------------|-----------------------------|
| BLD-00273 | CHOC West     | 455 S. Main St.            | Replace             | SPC5                         | 01/01/2015     | 01/01/2015                  |

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

| Building No:    |                | BLD-00273 | CHOC West                                      | Retrofit/Replacement Project: | Yes-Submitted      |                  |                      |        |             |
|-----------------|----------------|-----------|--|-------------------------------|--------------------|------------------|----------------------|--------|-------------|
| Facility Number | Project Number | Sub Num   | Scope  | Date in                       | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 14370           | IL072072-0     | 0         | CONSTRUCTION OF 451,459 SF HEALTHCARE FACILITY | 9/25/2007<br>12:00:00<br>AM   |                    | 09/01/2009       | 09/28/2012           | ACTI   | No          |

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

Building Number: **BLD-00273**Building Name: **CHOC West****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 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 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 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="0"/>                       | <input type="checkbox"/> Obstetrical Cesarean/Deliv |
|  |                |                                |                |                                |  | <input 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: BLD-00273

Building Name: CHOC West

**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**

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

| Building Number | Building Name     | Building to be<br>Removed / Replaced / Rebuilt |
|-----------------|-------------------|--|
| BLD-00271       | CHOC North        | Remain   |
| BLD-00272       | Research Building | Remain   |
| BLD-00273       | CHOC West         | Replace  |
| BLD-05335       | CHOC Lobby        | Remain   |

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Report Status: **Data Last Update:** 12/20/2013

**Submission Date:** 12/20/2013

**Print Date:** 12/22/2013 1:50 PM

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Report Status: **Data Last Update:** 12/20/2013

**Submission Date:** 12/20/2013

**Print Date:** 12/22/2013 1:50 PM

Report Year:

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Report Status: **Data Last Update:** 12/20/2013

**Submission Date:** 12/20/2013

**Print Date:** 12/22/2013 1:50 PM

Report Year:

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Report Status: **Data Last Update:** 12/20/2013

**Submission Date:** 12/20/2013

**Print Date:** 12/22/2013 1:50 PM

Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per [Section 130061\(c\)\(2\)\(E\)](#)

Building  
Number:

BLD-00273

Building Name:

CHOC West

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Support Services

N/A

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-00273

Building Name:

CHOC West

### Type of Service Provided

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                 |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery          |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |   |
| <input type="checkbox"/> Skilled Nursing               | <input 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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00271

Building Name:

CHOC North

Configuration:

N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escent

Psychiatric  
Nursing

Obstetrical  
Ante/Postprtum

Intermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/Deliv

Obstetrical  
Recovery

Newborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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-00272

Building Name:

Research Building

Configuration:

N/A

**Type of Service Provided**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                  |  |  |
| <input 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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00273

Building Name:

CHOC West

Configuration:

N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escent

Psychiatric  
Nursing

Obstetrical  
Ante/Postprtum

Intermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/Deliv

Obstetrical  
Recovery

Newborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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:

BLD-05335

Building Name:

CHOC Lobby

Configuration:

N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escent

Psychiatric  
Nursing

Obstetrical  
Ante/Postprtum

Intermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/Deliv

Obstetrical  
Recovery

Newborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00271**Building Name: **CHOC North****Type of Service Provided**

|  |                |                                  |  |  |   |
|--|----------------|----------------------------------|--|--|---|
| <input type="checkbox"/> Nursing                             | Inpatient Beds | <input type="text" value="0"/>   | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv   | <input checked="" type="checkbox"/> Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> IntensiveCare            | Inpatient Beds | <input type="text" value="108"/> | <input type="checkbox"/> Anesthesia                |  |   |
| <input checked="" type="checkbox"/> Pediatric/Adol<br>escent | Inpatient Beds | <input type="text" value="130"/> | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Obstetrical<br>Recovery         | <input type="checkbox"/> Renal Dialysis                       |
| <input type="checkbox"/> Psychiatric<br>Nursing              | Inpatient Beds | <input type="text" value="0"/>   | <input type="checkbox"/> Radiological/<br>Imaging  | <input checked="" type="checkbox"/> Newborn/<br>WellBaby | <input type="checkbox"/> Outpatient<br>Surgery                |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum       | Inpatient Beds | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency                       | <input checked="" type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Intermediate<br>Care                | Inpatient Beds | <input type="text" value="0"/>   | <input type="checkbox"/> Dietetic                  | <input type="checkbox"/> Nuclear<br>Medicine             | <input checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Skilled Nursing                     | Inpatient Beds | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> Administration |  |   |
| Total Beds this Building                                     |                | <input type="text" value="238"/> |  |  |   |

**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, and SPC-5 per Section 130061(e)**

Building Number: **BLD-00272**

Building Name: **Research Building**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-05335**Building Name: **CHOC Lobby****Type of Service Provided**

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

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00271

Building Name:

CHOC North

**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 Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally 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**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00272

Building Name:

Research Building

**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 Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally 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**

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-05335

Building Name:

CHOC Lobby

**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 Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally 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**