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

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Facility Number:

10381

Facility Name:

Anaheim General Hospital

Address:

3350 W. Ball Road

City:

Anaheim

Hospital Owner/Licensee:

Pacific Health Corporation

Year of Reporting:

2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Anaheim General Hospital

Submission Date:

1/30/2012 9:04:01 AM

Report Year:

2011

10381

Anaheim General Hospital

Anaheim

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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 bulding 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        | Original Building / Additions | 3350 W. Ball Road          | Retrofit            | SPC5                         | 01/01/2015     | 01/01/2015                  |

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:

01

Original Building / Additions

Retrofit/Replacement  
Project:

Hazus-Submitted

| Facility<br>Number | Project<br>Number | Sub<br>Num | Scope | Date<br>in | Plan Approved<br>Date | Proj. Start<br>Date | Proj. Completed<br>Date | Status | CEQA<br>Review |
|--------------------|-------------------|------------|-------|------------|-----------------------|---------------------|-------------------------|--------|----------------|
| 10381              | HL001088          | 0          |       | 09/01/2000 | 10/31/2002            |                     |                         | OPEN   | No             |



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:

Original Building / Additions

**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**

89

**Total Beds this Building Per Service**

75

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              | Original Building / Additions | <input type="checkbox"/> |
| 02              | ICU Addition                  | <input type="checkbox"/> |
| 03              | OB/Gyn                        | <input type="checkbox"/> |

Report Year:

2011

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Anaheim

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Report Status: **Data Last Update:** 10/25/2011

**Submission Date:** 01/30/2012

**Print Date:** 1/30/2012 12:45 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:

Original Building / Additions

## Type of Service Provided

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

Building Number:  Building Name:

Configuration :

### Type of Service Provided

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

Building Number:

02

Building Name:

ICU Addition

Configuration

N/A

**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:

03

Building Name:

OB/Gyn

Configuration

N/A

**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

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: 02

Building Name: ICU Addition

**Type of Service Provided**

|  |                |                                 |  |   |   |
|--|----------------|---------------------------------|--|---|---|
| <input checked="" type="checkbox"/> Nursing                  | Inpatient Beds | <input type="text" value="70"/> | <input checked="" 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="12"/> | <input checked="" type="checkbox"/> Anesthesia               |   |   |
| <input checked="" type="checkbox"/> Pediatric/Adol<br>escent | Inpatient Beds | <input type="text" value="5"/>  | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Pharmaceutical           | <input checked="" type="checkbox"/> Emergency           | <input checked="" type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Intermediate<br>Care                | Inpatient Beds | <input type="text" value="0"/>  | <input checked="" type="checkbox"/> Dietetic                 | <input checked="" 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<br>Building                                  |                | <input type="text" value="87"/> |  |   |   |

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: 03

Building Name: OB/Gyn

**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:

02

Building Name:

ICU Addition

**Medical / Surgical (Include GYN)**Inpatient  
Bed

70

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

14

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

5

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

12

Inpatient  
Days

0

**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**

101

**Total Beds this  
Building Per  
Service**

12

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:

03

Building Name:

OB/Gyn

**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**