

Report Year:

2011

10391

Anaheim General Hospital - Buena Park
Campus

Buena Park

Page:1 of 9

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

Facility Number:

10391

Facility Name:

Anaheim General Hospital - Buena Park Campus

Address:

5742 Beach Blvd.

City:

Buena Park

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:

Bob Freeman, Architect

Submission Date:

1/30/2012 9:05:38 AM

Report Year:

2011

10391

Anaheim General Hospital - Buena Park
Campus

Buena Park

Page:2 of 9

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	5742 Beach Blvd.	Retrofit	SPC2	01/01/2013	01/01/2015

Report Year:

2011

10391

Anaheim General Hospital - Buena Park
Campus

Buena Park

Page:3 of 9

Report Status: **Data Last Update:** 01/27/2012

Submission Date: 01/30/2012

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

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: Original Building

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 checked="" type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="31"/>	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 checked="" type="checkbox"/>	Administration	<input type="checkbox"/>	Renal Dialysis
<input checked="" type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="11"/>	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="42"/>					
						<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: Original Building

Medical / Surgical (Include GYN)

Inpatient Bed 0 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 11 Inpatient Days 228

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 31 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn
Nursery**

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 790

Intensive Care

Inpatient Bed 0 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**

42

**Total Beds this
Building Per
Service**

42

Report Year:

2011

10391

Anaheim General Hospital - Buena Park
Campus

Buena Park

Page:6 of 9

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	<input type="checkbox"/>



Report Year:

2011

10391

Anaheim General Hospital - Buena Park
Campus

Buena Park

Page:7 of 9



Report Status: **Data Last Update:** 01/27/2012

Submission Date: 01/30/2012

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:

Original Building

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input 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 checked="" type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input 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 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:

Original Building

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