

Report Year:

2012

11527

Helford Clinical Research Hospital At City Of Hope

Duarte

Page:1 of 38

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

Facility Number:

11527

Facility Name:

Helford Clinical Research Hospital At City Of Hope

Address:

1500 E. Duarte Rd.

City:

Duarte

Hospital Owner/Licensee:

City of Hope National Medical Center

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

David Wade

Submission Date:

10/10/2012 11:41:44 AM

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-00650 | Northwest     | 1500 E. Duarte Rd.         | Retrofit            | SPC2                         | 01/01/2020     | 01/01/2020                  |
| BLD-00651 | Machris       | 1500 E. Duarte Rd.         | Retrofit            | SPC2                         | 01/01/2020     | 01/01/2020                  |

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-00650 | Northwest | Retrofit/Replacement Project: | Hazus-Submitted             |                  |                      |        |             |
|-----------------|----------------|-----------|-----------|-------------------------------|-----------------------------|------------------|----------------------|--------|-------------|
| Facility Number | Project Number | Sub Num   | Scope     | Date in                       | Plan Approved Date          | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 11527           | HL980988-0     | 0         |           | 6/16/1998<br>12:00:00<br>AM   | 8/16/2001<br>12:00:00<br>AM | 09/13/2001       |                      | CLOS   | No          |

| Building No:    |                | BLD-00651 | Machris | Retrofit/Replacement Project: | Hazus-Submitted             |                  |                      |        |             |
|-----------------|----------------|-----------|---------|-------------------------------|-----------------------------|------------------|----------------------|--------|-------------|
| Facility Number | Project Number | Sub Num   | Scope   | Date in                       | Plan Approved Date          | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
| 11527           | HL980988-0     | 0         |         | 6/16/1998<br>12:00:00<br>AM   | 8/16/2001<br>12:00:00<br>AM | 09/13/2001       |                      | CLOS   | 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-00650**

Building Name: **Northwest**

**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"/> IntensiveCare               | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing         | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care           | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing             | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |

Total Beds this Building

|   |   |
|---|---|
| <input type="checkbox"/> Surgical                   | <input type="checkbox"/> Obstetrical Recovery   |
| <input type="checkbox"/> Anesthesia                 | <input type="checkbox"/> Newborn/WellBaby       |
| <input type="checkbox"/> Clinical Lab               | <input type="checkbox"/> Emergency              |
| <input type="checkbox"/> Radiological/Imaging       | <input type="checkbox"/> Nuclear Medicine       |
| <input type="checkbox"/> Pharmaceutical             | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Dietetic                   | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Administration             | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Support Services           | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Obstetrical Cesarean/Deliv |   |

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

Building Number: **BLD-00651**

Building Name: **Machris**

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adolescent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postpartum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

Surgical  Obstetrical Recovery

Anesthesia  Newborn/WellBaby

Clinical Lab  Emergency

Radiological/Imaging  Nuclear Medicine

Pharmaceutical  Rehabilitation Therapy

Dietetic  Renal Dialysis

Administration  Outpatient Surgery

Support Services  Central Plant

Obstetrical Cesarean/Deliv

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

Building Number: BLD-00650

Building Name: Northwest

**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:** BLD-00651

**Building Name:** Machris

**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 Removed / Replaced / Rebuilt |
|-----------------|------------------------------------|---|
| BLD-00650       | Northwest                          | Retrofit                                    |
| BLD-00651       | Machris                            | Retrofit                                    |
| BLD-00652       | Main Medical                       | Remain                                      |
| BLD-00653       | ICU                                | Remain                                      |
| BLD-02575       | Wing 1                             | Remain                                      |
| BLD-02576       | Wing 5                             | Remain                                      |
| BLD-02577       | Wing 6                             | Remain                                      |
| BLD-02578       | Food Service Facility              | Remain                                      |
| BLD-03091       | Chiller Addition                   | Remain                                      |
| BLD-03851       | Helford Clinical Research Hospital | Remain                                      |

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Hope

Duarte

Page:9 of 38





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-00650

Building Name:

Northwest

**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 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-00651

Building Name:

Machris

### 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-00650

Building Name: Northwest

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**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

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Administration

Skilled Nursing

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: BLD-00651

Building Name: Machris

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**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 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-00652

Building Name: Main Medical

Configuration: Remove from GAC service by 1/1/2030

**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 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: BLD-00653

Building Name: ICU

Configuration: Remove from GAC service by 1/1/2030

**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 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: BLD-02575

Building Name: Wing 1

Configuration: Remove from GAC service by 1/1/2030

**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

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Administration

Skilled Nursing

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: BLD-02576

Building Name: Wing 5

Configuration: Remove from GAC service by 1/1/2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Psychiatric  
NursingRadiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryObstetrical  
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

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: BLD-02577

Building Name: Wing 6

Configuration: Remove from GAC service by 1/1/2030

**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

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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-02578

Building Name: Food Service Facility

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**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 checked="" type="checkbox"/> Dietetic      | <input type="checkbox"/> Administration                |  |
| <input type="checkbox"/> 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: BLD-03091

Building Name: Chiller Addition

Configuration: Retrofit Conforming building to 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

Emergency

 Central PlantObstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

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: BLD-03851

Building Name: Helford Clinical Research Hospital

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**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 checked="" 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 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"/> Administration                |   |
| <input type="checkbox"/> Skilled Nursing                     | <input type="checkbox"/> Administration                      |  |   |

**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-00652**

Building Name: **Main Medical**

**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-00653**

Building Name: **ICU**

**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-02575**

Building Name: **Wing 1**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adolescent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postpartum 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-02576**

Building Name: **Wing 5**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adolescent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postpartum 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-02577**

Building Name: **Wing 6**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adolescent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postpartum 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-02578**

Building Name: **Food Service Facility**

**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-03091**

Building Name: **Chiller Addition**

**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-03851

Building Name: Helford Clinical Research Hospital

**Type of Service Provided**

|  |                |                                  |  |  |  |
|--|----------------|----------------------------------|--|--|--|
| <input checked="" type="checkbox"/> Nursing              | Inpatient Beds | <input type="text" value="108"/> | <input checked="" type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv  | <input checked="" type="checkbox"/> Rehabilitation Therapy |
| <input checked="" type="checkbox"/> IntensiveCare        | Inpatient Beds | <input type="text" value="18"/>  | <input checked="" type="checkbox"/> Anesthesia           | <input type="checkbox"/> Obstetrical Recovery        | <input type="checkbox"/> Renal Dialysis                    |
| <input checked="" type="checkbox"/> Pediatric/Adolescent | Inpatient Beds | <input type="text" value="18"/>  | <input checked="" type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Newborn/WellBaby            | <input checked="" type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Psychiatric Nursing             | Inpatient Beds | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Emergency                   | <input type="checkbox"/> Central Plant                     |
| <input type="checkbox"/> Obstetrical Ante/Postpartum     | Inpatient Beds | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> Pharmaceutical       | <input checked="" type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services       |
| <input type="checkbox"/> Intermediate Care               | Inpatient Beds | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> Dietetic             | <input type="checkbox"/> Administration              |  |
| <input type="checkbox"/> Skilled Nursing                 | Inpatient Beds | <input type="text" value="0"/>   |  |  |  |
| Total Beds this Building                                 |                | <input type="text" value="144"/> |  |  |  |

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-00652

Building Name:

Main Medical

**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**

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-00653

Building Name:

ICU

**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**

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-02575

Building Name:

Wing 1

**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**

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-02576

Building Name:

Wing 5

**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**

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-02577

Building Name:

Wing 6

**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**

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-02578

Building Name: Food Service Facility

**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**

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-03091

Building Name:

Chiller Addition

**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**

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-03851

Building Name:

Helford Clinical Research Hospital

**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**

Report Year:

2012

11527

Helford Clinical Research Hospital At City Of  
Hope

Duarte

Page:38 of 38

Report Status: **Data Last Update:** 10/10/2012

**Submission Date:** 10/10/2012

**Print Date:** 11/5/2012 1:26 PM