

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

Facility Number:

11847

Facility Name:

Mission Community Hospital - Panorama Campus

Address:

14850 Roscoe Blvd.

City:

Panorama City

Hospital Owner/Licensee:

San Fernando Community Hospital

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Rick York

Submission Date:

1/8/2013 2:31:53 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-00352	Building A - Tower	14850 Roscoe Blvd.	Retrofit	SPC2	01/01/2020	01/01/2015
BLD-00353	Building B - Ancillary Building	14850 Roscoe Blvd.	Retrofit	SPC2	01/01/2020	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-00353

Building B - Ancillary Building

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
11847	HL991578-0	0		7/20/2000 12:00:00 AM	12/13/2001 12:00:00 AM	12/14/2001		FIEL	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-00352**Building Name: **Building A - Tower****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="25"/>	Inpatient Days	<input type="text" value="25"/>	<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 type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
	Total Beds this Building	<input type="text" value="25"/>				

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

Building Number: **BLD-00353**

Building Name: **Building B - Ancillary Building**

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum 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

Support Services

Outpatient Surgery

Obstetrical Cesarean/Deliv

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-00352

Building Name:

Building A - Tower

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-00353

Building Name: Building B - Ancillary 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 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-00352	Building A - Tower	Retrofit
BLD-00353	Building B - Ancillary Building	Retrofit
BLD-00354	Building C - Emergency Department B	Remain
BLD-03891	Building D - South Tower	Remain

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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-00352

Building Name:

Building A - Tower

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-00353

Building Name:

Building B - Ancillary Building

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-00352

Building Name: Building A - Tower

Configuration: N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
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-00353

Building Name: Building B - Ancillary Building

Configuration: N/A

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 checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" 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 type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate 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-00354

Building Name: Building C - Emergency Department B

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

Building Number: BLD-03891

Building Name: Building D - South Tower

Configuration: N/A

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 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 checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input checked="" type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input checked="" 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-00354**

Building Name: **Building C - Emergency Department B**

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-03891**

Building Name: **Building D - South Tower**

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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00354

Building Name:

Building C - Emergency Department B

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-03891

Building Name:

Building D - South Tower

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 / development
Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical
Dependency**Inpatient Bed Inpatient Days **Total Beds this
Building Per
Unit**

120

**Total Beds this
Building Per
Service**

120

Report Year:

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Report Status: **Data Last Update:** 01/08/2013

Submission Date: 01/08/2013

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