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

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Facility Number:

12047

Facility Name:

Sherman Oaks Hospital

Address:

4929 Van Nuys Blvd.

City:

Sherman Oaks

Hospital Owner/Licensee:

Prime Healthcare Services II, LLC

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Sobin-Harte Architects

Submission Date:

10/31/2013 3:46:47 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-01232 | 01 Orig Bldg Complex & 02 Addition | 4929 Van Nuys Blvd.        | Retrofit            | SPC2                         | 01/01/2015     | 07/24/2014                  |

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-01232 | 01 Orig Bldg Complex & 02 Addition                                 | 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 |
| 12047           | HL110592-0     | 0         | HAZUS 2010 VSI: COMBINED 1956 (BLDG 01) & 1966 (BLDG 02) BUILDINGS | 3/15/2011<br>12:00:00<br>AM   | 10/17/2013<br>12:00:00<br>AM | 03/15/2014       | 11/01/2014           | OPEN   | No          |
| 12047           | SL110896-0     | 0         | 1956 BUILDING/BLDG. 01 MATERIALS TESTING PROGRAM                   | 4/13/2011<br>12:00:00<br>AM   | 4/14/2011<br>12:00:00<br>AM  | 08/11/2011       |                      | PEND   | 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-01232**Building Name: **01 Orig Bldg Complex & 02 Addition****Type of Service Provided**

|   |                |                                 |                |                                    |  |  |
|---|----------------|---------------------------------|----------------|------------------------------------|--|--|
| <input checked="" type="checkbox"/> Nursing             | Inpatient Beds | <input type="text" value="66"/> | Inpatient Days | <input type="text" value="11280"/> | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Emergency          |
| <input checked="" type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="19"/> | Inpatient Days | <input type="text" value="5916"/>  | <input checked="" type="checkbox"/> Radiological/Imaging | <input checked="" 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"/> 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 checked="" type="checkbox"/> Outpatient Surgery |
| Total Beds this Building                                |                |                                 |                | <input type="text" value="85"/>    | <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: BLD-01232

Building Name: 01 Orig Bldg Complex & 02 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**

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-01232       | 01 Orig Bldg Complex & 02 Addition | Retrofit                                       |
| BLD-01234       | Burn Center Building               | 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-01232

Building Name:

01 Orig Bldg Complex &amp; 02 Addition

### Type of Service Provided

|  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Nursing                | <input checked="" type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv  | <input 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 type="checkbox"/> Pediatric/Adol<br>escent          | <input type="checkbox"/> Clinical Lab                        | <input type="checkbox"/> Newborn/<br>WellBaby           | <input checked="" type="checkbox"/> Outpatient<br>Surgery |
| <input checked="" 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 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"/> 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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-01232

Building Name:

01 Orig Bldg Complex & 02 Addition

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-01234

Building Name: Burn Center Building

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

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-01234**Building Name: **Burn Center Building****Type of Service Provided**

|  |                |                                 |  |  |   |
|--|----------------|---------------------------------|--|--|---|
| <input checked="" type="checkbox"/> Nursing            | Inpatient Beds | <input type="text" value="30"/> | <input checked="" type="checkbox"/> Surgical       | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input checked="" type="checkbox"/> IntensiveCare      | Inpatient Beds | <input type="text" value="16"/> | <input checked="" 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 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 checked="" type="checkbox"/> Skilled Nursing    | Inpatient Beds | <input type="text" value="22"/> | <input checked="" type="checkbox"/> Administration |  |   |
| Total Beds this Building                               |                | <input type="text" value="68"/> |  |  |   |

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-01234

Building Name:

Burn Center 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**

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