

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

Facility Number:

11549

Facility Name:

Community &amp; Mission Hospital of Huntington Park - Slauson

Address:

2623 E. Slauson Ave.

City:

Huntington Park

Hospital Owner/Licensee:

Avanti Health System

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Avanti Hospitals

Submission Date:

12/16/2013 3:33:07 PM

Report Year:

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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-00669	Main Hospital	2623 E. Slauson Ave.	Retrofit	SPC2	01/01/2016	09/30/2015



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

Building Number: **BLD-00669**Building Name: **Main Hospital****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="77"/>	Inpatient Days	<input type="text" value="10912"/>	<input checked="" type="checkbox"/>	Surgical	<input type="checkbox"/>	Obstetrical Recovery
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="4"/>	Inpatient Days	<input type="text" value="241"/>	<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 checked="" type="checkbox"/>	Clinical Lab	<input checked="" type="checkbox"/>	Emergency
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<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 checked="" type="checkbox"/>	Pharmaceutical	<input checked="" 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"/>	Administration	<input checked="" type="checkbox"/>	Outpatient Surgery
						<input checked="" type="checkbox"/>	Support Services		
						<input checked="" type="checkbox"/>	Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/>	Central Plant
		Total Beds this Building	<input type="text" value="81"/>						

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

Building Number: BLD-00669

Building Name: Main 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**

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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-00669

Main Hospital

Retrofit



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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-00669

Building Name:

Main Hospital

### Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" 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 checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" 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		

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-00669

Building Name:

Main Hospital

Configuration:

N/A

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" 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 checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" 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		

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