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Office of Statewide Health Planning and Development Facilities Development
Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

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

Facility Number:	11545						
Facility Name:	Los Angeles Community Hospital						
Address:	4081 E. Olympic Blvd.						
City:	Los Angeles						
Hospital Owner/Lice	nsee: Alta Los Angeles Hospitals Inc.						
Year of Repo	orting: 2018						
Contact 1 e-mail Add	Confidential data left blank intentionally.]						
Contact 2 e-mail Add	dress: [Confidential data left blank intentionally.]]					
Contact 3 e-mail Add	ress:: [Confidential data left blank intentionally.]						
Name of Subn	nitter: Mohammad Davani]					
Submission	Date: 12/12/2018 1:51:57 PM]					

ear: 2018 11545	Los Angeles Community Hospita	al	Los Angeles		Page:2 of 20				
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, SPC4D 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)									
Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date				
1st and 2nd Story Addition	4081 E. Olympic Blvd.	Retrofit	SPC2	01/01/2020	10/01/2019				
	ngs For buildings which a etrofit or replace the buildi r 130061.5,for rebuild, ret hospital owner has been Building Name	Image: Section 130061.5, for rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or 130061.5, for rebuild, retrofit or replacement of the building the hospital owner has been approved per Section 130061(c)(1) Building Name Alternate Building Address 1st and 2nd Story 4081 E. Olympic Blvd.	Image: Section 130061.5, for rebuild, retrofit or replacement this replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 1300 replace the building to replacement of the building that the hospital or hospital owner has been approved per Section 130061(c)(1)(B) Building Name Alternate Building Address 1st and 2nd Story 4081 E. Olympic Blvd.	Image in the second state in the se	Image For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospite trofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as desc r 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applic hospital owner has been approved per Section 130061(c)(1)(B) Building Name Alternate Building Address Building Resolution Final SPC Rating If Required Extension Date 1st and 2nd Story 4081 E. Olympic Blvd. Retrofit SPC2 01/01/2020				

Ist and 2nd Story Addition				Retrofit/Replacement Project:		Yes-Submitted]		
cility Project ımber Number	Sub Num	Scope			F Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
545 P-2011- 00876	0	Building 3 M	laterial Testing Pro	ject 1 1		12/21/2011 12:00:00 AM	12/22/2011	12/31/2015	FIEL	No

Report Year: 2018	11545	Los Angeles Community Hospital	Los Angeles	Page:4 of 20						
Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BL	D-03779	Building Name:	1st and 2nd Story Addition							
Type of Service Provi	ded									
X Nursing	Inpatient Beds	41 Inpatient 13684 Days	Surgical	Obstetrical Recovery						
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby						
X Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency						
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine						
	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis						
X Skilled Nursing	Inpatient Beds	39 Inpatient Days 11788	Services	Surgery						
		Total Beds this 80 Building	Obstetrical Cesarean/Deliv	X Central Plant						
OSHPD FDD SB499 Report	:	Data Last Update: 12/12/2018	Submission Date: 12/12/2018	Printed: 12/14/2018 6:30 AM						

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)									
Building Number: BLD-03779 Building Name: 1st and 2nd Story Addition									
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric					
	Inpatient 1368 Days 4	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing					
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 39 Bed	Inpatient 1178 Days 8				
Pediatric		intensive Care New Nursery	vborn	Intermediate Card					
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent				
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days				
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service				
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	80	80				
OSHPD FDD SB499 Rep	port Data Last Up	date: 12/12/2018	Submission Date:	2/12/2018 Printed	d: 12/14/2018 6:30 AM				

[.] all buildings a	t the facility, indicate which ones are scheduled for ger	neral acute service removal.	
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-00654	Original Building & Additions	Remain	
BLD-00655	Dietary Addition	Remain	
BLD-03779	1st and 2nd Story Addition	Retrofit	

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					· · · · · · · · · · · · · · · · · · ·

No proposed new buildings to be constructed at this or another site.

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No data reported for S	Section 130061 (c)(2)(A) , (B), or (C)			

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lo data reporte	d for Sectio	n 130061(c	e)(2)(D).			

Report Year:	2018	11545	Los Angeles Com	munity Hospital	Los Angeles	Page:10 of 20
lo data reporte	d for Sectio	n 130061(c	:)(2)(D).			

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No data reporte corresponding b	d for wheth	er the gener s or project r	al acute care s	ervices and bed	ls will be relocat uilding Resolutio	ed to a i	new, existing	or retrofitted	d building a Section 130	and any 061(c)(2)(E).	

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No data reported for Section 130061(c)(3).			

Report Year: 2018 11545 Los Angeles Community Hospital				Los Angeles		Page:13 of 20		
	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-03779 Building	g Name: 1st and 2nd Story Addit	ion					
Type of Service	e Provided							
		Surgical		Dbstetrical Cesarean/Deliv	Х	Rehabilitation Therapy		
X	Nursing	Anesthesia				Renal Dialysis		
	IntensiveCare	X Clinical Lab		Dbstetrical Recovery				
X	Pediatric/Adol escent	X Radiological/		lewborn/ VellBaby		Outpatient Surgery		
	Psychiatric Nursing	Imaging Pharmaceutical	E	mergency	X	Central Plant		
	Obstetrical Ante/Postprtum	Dietetic		luclear ledicine	X	Support Services		
	Intermediate Care	Administration						
X	Skilled Nursing							
OSHPD FDD SB499 Re	eport Data Las	t Update: 12/12/2018 Subr	nission Date	e: 12/12/2018	Printe	d: 12/14/2018 6:30 AM		

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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-00654	Building Name:	Original Building &	Addition	S		
Configuration:	Retrofit Non-Confo	orming building to	SPC 4D or SPC 5 a	and NPC	4 or NPC 5		
Type of Service	Provided						
Nu	rsing	Sur	gical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare	Ane Ane	esthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent	Clin	nical Lab				
	ychiatric rsing		diological/ aging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum	Ph:	armaceutical		Emergency		Central Plant
	ermediate	Die Die	etetic		N		0
	illed Nursing	Adı	ministration		Nuclear Medicine		Support Services
OSHPD FDD SB499 R	Report Da	ita Last Update:	12/12/2018	Submissio	on Date: 12/12/2018	Printed:	12/14/2018 6:30 AM

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	all buildings on the hospital campus show t or by replacement and the type of service			
Building Number: BLD-0065	Building Name: Dietary Addition			
Configuration: Retrofit N	n-Conforming building to SPC 4D or SPC	5 and NPC 4 or N	NPC 5	
Type of Service Provided				
Nursing	Surgical		etrical	Rehabilitation Therapy
IntensiveCare	Anesthesia		etrical	Renal Dialysis
Pediatric/Ado escent	Clinical Lab	Reco	overy	
Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outpatient Surgery
Obstetrical Ante/Postprtu	Pharmaceutical	Emei	rgency	Central Plant
Intermediate Care	Dietetic			Quanat
Skilled Nursir	Administration		ear Medicine	Support Services
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	buildings on the hospital campus show by replacement and the type of service			
Building Number: BLD-03779	Building Name: 1st and 2nd Stor	y Addition		
Configuration: Retrofit Non-C	Conforming building to SPC 4D or SPC	5 and NPC 4 or NPC 5		
Type of Service Provided				
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehab Therap	ilitation by
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal	Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpat Surger	
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centra	l Plant
Intermediate Care	Dietetic			
Skilled Nursing	Administration	Nuclear Medicine	Suppo Servic	
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Include information of 4D and SPC-5 per S			by type of \$	Service provided by	buildings that are classified	as SPC-2, S	PC-3, SPC-4, SPC-
Building Number:	3LD-00654	Building N	lame: Or	iginal Building & Ac	Iditions]
Type of Service P	rovided						
X Nursing	Inpatient Beds	44	X	Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy
X IntensiveCare	e Inpatient Beds	6	X	Anesthesia			
Pediatric/Ado	I Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient gery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	X	Pharmaceutical	Emergency	X Ce	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Sei	oport vices
Skilled Nursin	lg Inpatient Beds	0	X	Administration			
Total Beds thi Building	is	50					
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Include information on 4D and SPC-5 per Sec			by type of Servic	e provided by bu	ildings that are classified	as SPC-2, S	SPC-3, SPC-4, SPC-
Building Number: BL	D-00655	Building N	lame: Dietary	Addition			
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0	Sur	gical	Obstetrical Cesarean/Deliv		ehabilitation lerapy
IntensiveCare	Inpatient Beds	0	Ane	sthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clini	ical Lab	Obstetrical Recovery	Re	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Rad Imag	liological/ ging	Newborn/ WellBaby		utpatient Irgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	_	rmaceutical	Emergency		entral Plant
Intermediate	Inpatient Beds	0	X Diet	etic	Nuclear Medicine	X Su Se	ipport ervices
Skilled Nursing	Inpatient Beds	0	X Adm	ninistration			
Total Beds this Building		0					
OSHPD FDD SB499 Report	Da	ta Last Update:	12/12/2018	Submission D	Date: 12/12/2018 P	rinted: 12/14	/2018 6:30 AM

Report Year:201811545Los AngeInclude information on the number of inpatient H4D and SPC-5 per Section 130061(e)			Page:19 of 20 PC-4, SPC-
Building Number: BLD-00654 Build	ding Name: Original Building & Additions	i	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 44 Inpatient 12532 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 6 Inpatient 1586 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Total Beds this Total B Building Per Buildin	eds this g Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit Service	50

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Include information on the number of inpatient to 4D and SPC-5 per Section 130061(e)	peds by type of unit provided by buildings tha	t are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD-00655 Build	ding Name: Dietary Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
OSHPD FDD SB499 Report Data Last U	pdate: 12/12/2018 Submission Date:	12/12/2018 Printed: 12/14/2018 6:30 AM