## 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:	11598	11598							
Facility Name:	East Los	s Angeles Doctors Hospital							
Address:	4060 W	nittier Blvd.							
City:	Los Ang	eles							
Hospital Owner/Lice	ensee:	Avanti Health System							
Year of Rep	oorting:	2018							
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]							
Name of Sub	mitter:	ELADH							
Submission	n Date:	10/23/2018 3:54:00 PM							

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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, 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)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00670	Original Building	4060 Whittier Blvd.	Retrofit	SPC2	01/01/2019	03/01/2018

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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-00670 Original Building				Retrofit/Re	Retrofit/Replacement Project:			]
Facility Pro	oject Sub ımber Num	Scope	Date In	Plan Approved Date		Projected Completion Date	Status	CEQA Review
11598 H14 -00	12413-19 (	)	10/20/201 4	10/14/2015 12:00:00 AM	10/15/2016	03/01/2018	FIEL	No

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Provide the number o	f inpatient be	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: Bl	LD-00670	Building Name: Ori	iginal Building		
Type of Service Prov	<u>vided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	X Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby	
X Pediatric/Adol escent	Inpatient Beds	7 Inpatient Days 615	X Clinical Lab	Emergency	/
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	14 Inpatient Days 1341	X Pharmaceutical Dietetic	Rehabilitati Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	ysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services X Obstetrical	X Outpatient Surgery	
		Total Beds this Building	Cesarean/Deliv	Central Pla	ınt

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r tovide the number	or impatient beus and	patient days per type of dif	it per building per Section	130001(0)(1)(1)		
Building Number:	BLD-00670	Building Name: Orig	ginal Building			
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 14 Bed	Inpatient 1341 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card		
Inpatient 7 Bed	Inpatient 615 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	21	21	

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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-00670	Original Building	Retrofit		
BLD-00673	South Addition	Remain		

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Report Year: Los Angeles 2018 11598 East Los Angeles Doctors Hospital Page:9 of 17 No data reported for Section 130061(c)(2)(D).

Report Year: Los Angeles Page:10 of 17 2018 11598 East Los Angeles Doctors Hospital No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whethe	er the genera	al acute care services and beds will	be relocated to a	new, existing or retrofitted building a ebuild" or "Replace" per Section 130	and any
corresponding	building sites	or project i	idifibers for buildings with a building	g recondition of re	obtained of recipied per decition 100	001(0)(2)(L).

Report Year: 2018 11598 East Los Angeles Doctors Hospital Los Angeles Page:12 of 17 No data reported for Section 130061(c)(3).

Building Number: BLD-00670 Building Name: Original Building											
Type of Servic	e Provided	I 🖂	Surgical	X	Obstetrical		Rehabilitation				
	Niverina		Surgical		Cesarean/Deliv	Ш	Therapy				
	Nursing	X	Anesthesia								
	IntensiveCare			Х	Obstetrical Recovery		Renal Dialysis				
X	Pediatric/Adol	X	Clinical Lab			х	Outpatient				
	escent	X	Radiological/	Х	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Imaging								
		X	Pharmaceutical		Emergency		Central Plant				
X	Obstetrical Ante/Postprtum		Di viti		Nuclear Medicine	X	Support Services				
			Dietetic		Wedienie		Corvioco				
	Intermediate Care	x	Administration								
			Administration								
	Skilled Nursing										

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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-00670	Building Name: Original Building										
Configuration: N/A											
Type of Service Provided											
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy								
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis								
Pediatric/Adol escent	Clinical Lab	Recovery									
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery								
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant								
Intermediate	Dietetic	Emergency	Central Flant								
Care	Administration	Nuclear Medicine	Support Services								
Skilled Nursing	l										

port Year: E	2018 11598 al configuration of all bu	ildings on the	hospital campus show	wing how e	Los Angeles ach building will comply	with the SP	Page:15 of 17 PC-5/NPC-4 or 5
quirements ver Section 13		replacement	and the type of servic	e that will be	e provided in each gen	eral acute c	are hospital building
uilding Numb	per: BLD-00673	Building Na	me: South Addition				
Configuration	n: N/A						
Type of Sei	rvice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		. loss is in		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		
	Ante/i Ostpitani		Distotis		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing		Administration				Services
	-	I					

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Include information on 4D and SPC-5 per Sec	the number of tion 130061	of inpatient beds b	y type of Servic	e provided by build	dings that are classified as	SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLI	D-00673	Building Na	me: South A	ddition		
Type of Service Prov	<u>rided</u>					
X Nursing	Inpatient Beds	71	Sur	gical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	10	Ane	sthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clini	ical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Rad Imag	iological/ ging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pha	rmaceutical	X Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	X Diet	etic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	25	Adm	ninistration		
Total Beds this Building		106				

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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, SPC-

Building Number: BLD-00673 Building Name: South Addition	
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric	
Inpatient 71 Inpatient 2998 Inpatient 0 Inpatient 0 Inpatient 0 Days Bed Days	0
Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing	
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days Bed Days Bed Days 0 Days 0 Days 0 Days	40
Pediatric Intensive Care Newborn Intermediate Care Nursery	
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days	0
Intensive Care Rehabilitation Disabled Center	
Inpatient 4 Inpatient 2169 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Days	0
Coronary Care Chemical Dependency Total Beds this Building Per Building Per	-
Inpatient 6 Inpatient 6611 Inpatient 0 Inpatient 0 Service	06