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	Provide the Hospital Owner and Year of Report per Section 130061(e)							
Facility Number:	Facility Number: 11848							
Facility Name:	Southern California Hospital At Culver City							
Address:	3828 Delmas Ter							
City:	Culver C	City						
Hospital Owner/Lic	ensee:	Southern California Hospital At Culver City						
Year of Rep	porting:	2018						
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]						
Name of Sub	omitter:	Mohammad Davani						
Submission	n Date:	12/12/2018 11:56:44 AM						

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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- 00355	Tower	3828 Delmas Ter	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 00356	Pavilion	3828 Delmas Ter	Retrofit	SPC2	01/01/2020	01/01/2020

Report Year: 11848 Southern California Hospital At Culver City **Culver City** Page:3 of 21 2018 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). Yes-Submitted Building No: BLD-00355 Tower Retrofit/Replacement Project: CEQA Facility Project Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 11848 1130012-19-0 VSI for 11848: TOWER (BLD-00355) for 12/17/201 06/01/2016 12/31/2018 ACTI No 00 SPC-2 Reclassification Project 3 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). Yes-Submitted BLD-00356 **Pavilion** Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 11848 1130013-19-0 VSI for 11848: Pavilion Bldg (BLD-00356, 12/17/201 06/01/2016 06/30/2019 ACTI No 00 Bldg 02) SPC-2 Reclassificati 3

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Provide the number o	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: Bl	_D-00355	Building Name: To	ower		
Type of Service Prov	<u>vided</u>				
X Nursing	Inpatient Beds	50 Inpatient 5268 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	14 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialys	sis
X Skilled Nursing	Inpatient Beds	21 Inpatient Days 5897 Total Beds this 85 Building	X Support Services X Obstetrical Cesarean/Deliv	Outpatient Surgery X Central Plan	t
		3			

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Prov	ide the number of	inpatient bed	ls and pat	ient days per typ	pe of servic	e per buildin	ig per	Section 130061(c)(1)(F	-)	
Build	ling Number: BL	D-00356		Building Na	me:	Pavilion					_
Туре	e of Service Prov	<u>rided</u>				_					
X	Nursing	Inpatient Beds	245	Inpatient Days	36289	X	Surgio	cal		Obstetrical Recovery	
X	IntensiveCare	Inpatient Beds	20	Inpatient Days	5239	X	Anesth	hesia		Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0	X	Clinica	al Lab		Emergency	,
X	Psychiatric Nursing	Inpatient Beds	103	Inpatient Days	22896		Radiol Imagin	logical/ ng		Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0		Pharm Dieteti	naceutical	X	Rehabilitati Therapy	on
	Intermediate Care	Inpatient Beds	0	Inpatient Days	0		Admin Suppo	nistration	X	Renal Dialy	vsis
	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0		Servic	ees	X	Outpatient Surgery	
			Total Be Building		368		Obstet Cesare	tricai ean/Deliv		Central Pla	nt

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Provide the number	of inpatient beds and patie	nt days per type of uni	t per building per Section 1	30061(c)(1)(F)	
Building Number:	BLD-00355 Buil	ding Name: Tow	er		
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 32 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 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 5897 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
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 18 Bed	Inpatient 5268 Days	85	85

Report Year: 2018 11848 Southern California Hospital At Culver City **Culver City** Page:7 of 21 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00356 **Building Number: Building Name: Pavilion** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 213 Inpatient 3262 Inpatient Inpatient 0 Inpatient 103 Inpatient 2289 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient 2650 32 Inpatient 3669 Inpatient 10 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 10 2589 Inpatient 368 Inpatient Inpatient Inpatient 368 Days Days Bed Bed

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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-00355	Tower	Retrofit
BLD-00356	Pavilion	Retrofit
BLD-00357	Outpatient Building & Additions	Remain

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No proposed ne	ew buildings	to be const	ructed at this or another site.		

Report Year: Southern California Hospital At Culver City Culver City 2018 11848 Page:10 of 21 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year: Southern California Hospital At Culver City Culver City 2018 11848 Page:11 of 21 No data reported for Section 130061(c)(2)(D).

Report Year: Southern California Hospital At Culver City Culver City 2018 11848 Page:12 of 21 No data reported for Section 130061(c)(2)(D).

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No data reported	d for whethe	r the general	acute care s	ervices and bed	ds will be relocat	ed to a	new, existing or ret	rofitted building a	and any 1061(c)(2)(F)	
oon oop on amig s	ramaning entee	or project in		namgo min a z	anding recording		obalia di Itopiado	por Cooner rec	00.(0)(=)(=).	

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No data reporte	ed for Section	n 130061(c)	(3).		

uilding Number: BLD-00355 Building Name: Tower Type of Service Provided Surgical X Obstetrical Rehabilitation Therapy X Nursing Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Radiological/ Imaging Will Radiological/ WellBaby	of 21							
Type of Service Provided Surgical X Obstetrical Rehabilitation Therapy Anesthesia Obstetrical Renal Dialysis IntensiveCare Obstetrical Recovery Pediatric/Adol escent X Newborn/ WellBaby Psychiatric Nursing Nursing	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)							
Surgical Surgical X Obstetrical Cesarean/Deliv Rehabilitation Therapy Anesthesia Obstetrical Renal Dialysis Recovery Pediatric/Adol escent Renal Dialysis X Newborn/ WellBaby Psychiatric Nursing	Building Number: BLD-00355 Building Name: Tower							
X Nursing Anesthesia Obstetrical Recovery Pediatric/Adol escent Psychiatric Nursing Nursing Anesthesia Anesthesia Nursing Anesthesia Nursing Nursing Anesthesia Nursing Nursing Nursing Nursing Anesthesia Nursing Nursing Nursing Nursing Nursing								
Anesthesia IntensiveCare								
Pediatric/Adol escent Recovery Clinical Lab Recovery X Newborn/ WellBaby Imaging Psychiatric Nursing								
Pediatric/Adol escent Radiological/ Imaging Clinical Lab WellBaby Outpatient Surgery WellBaby								
escent Radiological/ Imaging Psychiatric Nursing Radiological/ Imaging WellBaby								
Psychiatric Imaging Imaging								
Dharmonoutical V Emergancy V Control Digit								
Pharmaceutical X Emergency X Central Plant								
X Obstetrical Ante/Postprtum Nuclear Medicine X Support Services								
Dietetic Medicine — Services								
Intermediate Care Administration								
X Skilled Nursing								

eport any general r Section 130061	acute care hospital i		Hospital At Culver Citerat is provided in any	 Culver City acute care hospital	building t	Page:16 of 2	21
uilding Number:	BLD-00356 Bui	Iding Name: Pa	vilion				
Type of Service	Provided						
		X	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing	X	Anesthesia			Decel Biologic	
X	IntensiveCare		0	Obstetrical Recovery	X	Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab	Newborn/	X	Outpatient Surgery	
X	Psychiatric	×	Radiological/ Imaging	 WellBaby			
	Nursing	X	Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration				
	Skilled Nursing						

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Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)	Idings on the hospital campus show replacement and the type of service	ving how each building will comply verthat will be provided in each gener	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-00355	Building Name: Tower		
Configuration: Retrofit Non-Conf	orming building to SPC 4D or SPC	5 and NPC 4 or NPC 5	
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 Care	Dietetic		
Skilled Nursing	Administration	Nuclear Medicine	Support Services
	•		

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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-00356 Building Name: Pavilion										
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5										
Type of Service	Provided									
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	Renal Dialysis			
Ped	diatric/Adol ent		Clinical Lab		recovery					
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	stetrical e/Postprtum		Pharmaceutical		-		Souther Direct			
	ermediate		Dietetic		Emergency		central Plant			
Car			Administration		Nuclear Medicine		Support Services			
Skii	lled 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-00357 Building Name: Outpatient Building & Additions										
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5										
Type of Servic	e Provided									
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Ir	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate Care		Dietetic		Nuclear Medicine		Support			
S	killed Nursing		Administration	_		<u> </u>	Services			

eport Year: 2018 11848 Southern California Hospital At Culver City Culver City Page:20 of 21 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, SPC-4D and SPC-5 per Section 130061(e)									
Building Number	:: BLD-00357	Building Na	Outpatient Building & A	Additions					
Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
Intensive	Care Inpatient Beds	0	Anesthesia						
Pediatric/	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatri Nursing	c Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrica Ante/Post		0	Pharmaceutical	Emergency	X Central Plant				
Intermedia Care	ate Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services				
Skilled Nu	ırsing Inpatient Beds	0	Administration						
Total Bed Building	s this	0							

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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_S

4D and SPC-5 per Section 130061(e)								
Building Number: BLD-00357 Building Na		ng Name:	e: Outpatient Building & Additions					
Medical / Surgical (Include GYN)			Acute Respiratory Care			Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN) Bur						Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric			Intensive Care Newborn Nursery			Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care			Rehabilitation Center			Int. Care / Developmentally Disabled		
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care Ch			Chemical Dependency			Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Unit 0	Service 0	