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	d Year of Report per Section 130061(e)						
Facility Number: Facility Name:	11863							
Address:		ympia Medical Center 00 W Olympic Blvd						
City:	Los Ang	ieles]					
Hospital Owner/Lic	censee:	Olympia Health Care, LLC]					
Year of Reporting:		2018						
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]						
Contact 2 e-mail Ad		[Confidential data left blank intentionally.] [Confidential data left blank intentionally.]]					
Contact 3 e-mail Ad Name of Sub		Olympia Medical Center]					
Submission Date:		12/11/2018 1:09:14 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- 00369	East Wing & Additions	5900 W Olympic Blvd	Retrofit	SPC2	01/01/2020	12/31/2019

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projected cor	lding which is plannerstruction start date oprovals per Section	ed for rebuild, retrofit or replacement, provide the project or dates and projected Completion date or dates per a 130061(c)(1)(E).	ect numbers, per Section 13006 Section 130061(c)(1)(D) and the	i1(c)(1)(C). The emost recent project
Building No:	BLD-00369	East Wing & Additions	Retrofit/Replacement Project:	No

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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: B	LD-00369	Building Name: Ea	ast Wing & Additions					
Type of Service Pro	<u>vided</u>							
X Nursing	Inpatient Beds	139 Inpatient 0 Days	X Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency	,			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitati Therapy	on			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	rsis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	X Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Pla	nt			

Report Year: 2018 11863 Olympia Medical Center Los Angeles Page:5 of 23 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00369 **Building Number: Building Name:** East Wing & Additions Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 139 Inpatient 1607 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 139 Inpatient Inpatient Inpatient 139 Bed Days Days 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-00368	North Wing	Remain
BLD-00369	East Wing & Additions	Retrofit
BLD-00370	West Wing & Additions	Remain
BLD-00371	Pavilion / Addition	Remain

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No proposed new b	uildings	to be constr	ructed at this or another site.		

Report Year: Olympia Medical Center Los Angeles 2018 11863 Page:8 of 23 No data reported for Section 130061 (c)(2)(A), (B), or (C)

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No data reporte	ed for Section	n 130061(c)(2)(D).		

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No data reporte	ed for Section	n 130061(c)(2)(D).		

No data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).	Report Year:	2018	11863	Olympia Medical Cent	ter	L	os Angeles	Page:11 of 23
corresponding soles or project numbers to buildings with a building resolution of replace per section 15000 (c)(2)(c).	No data reporte	ed for whether	er the genera	al acute care services a	and beds will be relocated to a	a ne	ew, existing or retrofitted building a	and any
	corresponding	bulluling sites	s or project i	idifibers for buildings w	vitir a building Nesolution of 1	Zebi	und of Replace per Section 130	001(C)(Z)(E).

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

ng Number:	BLD-00369 Buildi	ng Name: E	ast Wing & Additions				
pe of Service	e Provided	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia		Cesarean/Denv		Погару
	IntensiveCare		0		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Newborn/ WellBaby	X	Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging		·		
	Obstetrical	X X	Pharmaceutical	X	Emergency		Central Plant
	Ante/Postprtum		Dietetic	Ш	Nuclear Medicine		Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

Iding Number: BLD-00368	Building Name: North Wing		
onfiguration: Retrofit Confo	orming building to NPC 4 or NPC 5		
Type of Service Provided			
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	,	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	X Dietetic	Nuclear Medicine	Support
Skilled Nursing	Administration	Nucleal Medicine	Services

			lical Center	<u> </u>	Los Angeles		Page:15 of 23				
	vhether by retrofit or by				ach building will comply be provided in each gen						
uilding Numb	er: BLD-00369	Building Na	me: East Wing & Ad	dditions							
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030											
Type of Ser	vice Provided										
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent	X	Clinical Lab		Recovery						
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant				
	Intermediate		Dietetic				Contrain fairt				
П	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services				

by retrofit or by replace	on the hospital campus showir ment and the type of service of mg Name: West Wing & Add	that will be									
LD-00370 Buildir	ng Name: West Wing & Add										
		itions									
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5											
rovided											
ng [Surgical				Rehabilitation Therapy						
siveCare	Anesthesia				Renal Dialysis						
atric/Adol nt	Clinical Lab	'	Necovery								
niatric [Radiological/ Imaging				Outpatient Surgery						
etrical Postprtum	Pharmaceutical		Emergency	П	Central Plant						
nediate	Dietetic										
d Nursing	Administration		Nuclear Medicine		Support Services						
r	iveCare tric/Adol t iiatric ng trical Postprtum fediate	Surgical SiveCare Anesthesia Clinical Lab C	Surgical SiveCare Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration	Surgical Obstetrical Cesarean/Deliv SiveCare Anesthesia Obstetrical Recovery tric/Adol to Clinical Lab Radiological/ Imaging Newborn/ WellBaby Pharmaceutical Postprtum Emergency Administration Administration	Surgical Obstetrical Cesarean/Deliv SiveCare						

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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-00371 Building Name: Pavilion / Addition												
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5												
Type of Serv	vice Provided											
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol escent		Clinical Lab		receivery							
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant					
	Intermediate Care		Dietetic		Nuclear Medicine		Support					
	Skilled Nursing	X	Administration				Services					

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Include 4D and	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	g Number: BLD	-00368	Building Na	ame: Nor	th Wing						
Type o	of Service Provi	<u>ded</u>									
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
lı	ntensiveCare	Inpatient Beds	0	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant		
	ntermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration						
	Fotal Beds this Building		0								

oort Year:	2018	11863	Olympia Medical	Center			Los Angeles		Page:19 of 23
	ormation on t C-5 per Sect			y type of S	Service provided by b	uildi	ngs that are classified a	s SPC-2	, SPC-3, SPC-4, SPC-
Building Nu	ımber: BLD	-00370	Building Na	ame: We	est Wing & Additions				
Type of S	ervice Provi	ded							
X Nurs	sing	Inpatient Beds	21		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare	Inpatient Beds	0		Anesthesia				
Pedi esce	atric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psyc Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical /Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Inter Care	mediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skille	ed Nursing	Inpatient Beds	0	X	Administration				
Tota Build	I Beds this ling		21						

port Year:	2018	11863	Olympia Medical (Center			Los Angeles		Page:20 of 23
	ormation on tl PC-5 per Sect			y type of S	Service provided by I	ouildi	ngs that are classified a	s SPC-2	, SPC-3, SPC-4, SPC-
Building N	umber: BLD	-00371	Building Na	me: Pa	vilion / Addition				
Type of S	Service Provi	ded							
X Nur	sing	Inpatient Beds	32	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inte	nsiveCare	Inpatient Beds	12		Anesthesia				
Ped	liatric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psy Nur	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Inte Car	rmediate e	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skil	led Nursing	Inpatient Beds	0	X	Administration				
	al Beds this ding		44						

Report Year: 2018 11863 Olympia Medical Center Los Angeles Page:21 of 23 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-4D and SPC-5 per Section 130061(e) BLD-00368 **Building Name:** North Wing **Building Number: Acute Psychiatric** Medical / Surgical (Include GYN) **Acute Respiratory Care** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Days Bed Bed Days Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn

Inpatient

Days

Inpatient

Bed

Pediatric Intensive Care Newborn Intermediate Care Nursery

Inpatient

Bed

Inpatient

Days

Inpatient

Bed

Inpatient	0										
Bed		Days		Bed L		Days		Bed		Days	

Intensive Care Rehabilitation Disabled Center

Inpatient 0 Days

Coronary Care

Chemical Dependency

Total Beds this Building Per Unit

Inpatient 0 Days

O Days

Chemical Dependency

Total Beds this Building Per Unit

O Days

o Service 0

Building Per

Inpatient

Days

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_SPC-

4D and SPC-5 per Section 130061(e)	beds by type of drift provided by buildings that	
Building Number: BLD-00370 Bui	Iding Name: West Wing & Additions	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 21 Inpatient 2243 Bed Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 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 Days	Inpatient 0 Inpatient 0 Days	Unit Service 21

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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-

4D and SPC-5 per Section 1	130061(e)					
Building Number: BLD-0	00371 Buildir	ng Name: Pavi	lion / Addition			
Medical / Surgical (Include	e GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 32 Inp	patient 6871	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (Exclude Newbor	rn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Inp	patient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		Intensive Care New Nursery	wborn	Intermediate Care		
Inpatient 0 Inp	patient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
Inpatient 6 Inp	patient 1029	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Depende	ency	Total Beds this Building Per Building Per		
Inpatient 6 Inp	patient 1029 nys	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 44		