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	l Owner and	d Year of Report per Section 130061(e)					
Facility Number: Facility Name:	12014 Saint Vi	12014 Saint Vincent Medical Center					
Address:	2131 W	. 3rd St.					
City:	Los Ang	geles					
Hospital Owner/Lic		Verity Health System					
Year of Reporting: Contact 1 e-mail Address:		[Confidential data left blank intentionally.]					
Contact 2 e-mail A	ddress:	[Confidential data left blank intentionally.]					
Contact 3 e-mail Ac	ddress::	[Confidential data left blank intentionally.]					
Name of Sul	bmitter:	Thomas Yang					
Submissio	n Date:	12/17/2018 11:15:54 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- 01211	Main Hospital	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2019
BLD- 01213	Doheny Wing	2131 W. 3rd St.	Remove	N/A	01/01/2020	12/31/2019

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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-01211 Main Hospital Retrofit/Replacement Yes-Submitted Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Date Start Date Number Number Num Scope Review Date In ACTI No 12014 IL111926-0 0 VSI for 12014: MAIN HOSPITAL (BLD-7/14/2011 07/12/2017 01211, Bldg 01) SPC2 Reclassificatio

Report Year: 2018	12014	Saint Vincent Medical Center	Los Angeles		Page:4 of 34			
Provide the number	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-01211 Building Name: Main Hospital								
Type of Service Pro	ovided							
X Nursing	Inpatient Beds	253 Inpatient 46883 Days	X Surgical	Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	61 Inpatient Days 5719	X Anesthesia	Newborn/ WellBaby				
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				
Obstetrical Ante/Postprtum	Inpatient n Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy	on			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialys	sis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
		Total Beds this Building 314	Obstetrical Cesarean/Deliv	Central Plan	nt			

Report Y	/ear: 2018	12014	Saint Vincent Medic	al Center	<u> </u>	Los Angeles		Page:5 of 34
Provid	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
	ng Number: BLI		Building	g Name:	Doheny Wing			
<u>Type (</u>	of Service Prov	<u>ided</u>						
X 1	Nursing	Inpatient Beds	19 Inpatient Days	5386	X Surgio	al [Obstetrical Recovery	
Χı	IntensiveCare	Inpatient Beds	6 Inpatient Da	ays 288	Anesth	nesia [Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient [Days 0	Clinica	ıl Lab [X Emergency	
	Psychiatric Nursing	Inpatient Beds	0 Inpatient D	Days 0	Radiole Imagin		Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient D	Days 0	Pharma	aceutical c	X Rehabilitati Therapy	on
	Intermediate Care	Inpatient Beds	0 Inpatient D	Days 0		istration [Renal Dialy	sis
X s	Skilled Nursing	Inpatient Beds	27 Inpatient D	Days 8020	Suppo	es L	Outpatient Surgery	
		Dods	Total Beds this Building	52	Obstet Cesare	trical ean/Deliv [Central Pla	nt

Report Year: 2018 12014 Saint Vincent Medical Center Los Angeles Page:6 of 34 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) Main Hospital BLD-01211 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 253 Inpatient 4688 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** 61 Inpatient Inpatient Inpatient 5719 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 Inpatient Inpatient Inpatient 314 314 Bed Days Days Bed

Report Year: 2018 12014 Saint Vincent Medical Center Los Angeles Page:7 of 34 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01213 **Doheny Wing Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient 27 Inpatient 8020 Bed Days Days Bed Days Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 5386 Inpatient 288 Inpatient Inpatient Inpatient Inpatient 19 Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 52 Inpatient 52 Inpatient Inpatient Inpatient 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-01211	Main Hospital	Retrofit		
BLD-01212	Central Plant / Parking Garage	Remain		
BLD-01213	Doheny Wing	Remove		
BLD-01214	Cath Lab	Remain		
BLD-03227	ER Ambulance and Entrance Cover	Remain		

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

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)								
Building Num	nber: BLD-01213	3	Doheny W	/ing		Removal Date:	12/31/2019	
Planned Use	s for the building to	be remov	ed from acute care	e service:				
Planned use	e for building: N/A			Jurisdiction:				
Inpatient serv	vices currently deliv	vered in the	e building:					
	ursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
□ Pe	tensiveCare ediatric/Adol		Anesthesia Clinical Lab		Obstetrical Recovery		Renal Dialysis	3
┌ Ps	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
	termediate are		Dietetic		Nuclear Medicine		Support Services	
X Sk	killed Nursing	X	Administration					

Report Year: 2018 12014 Saint Vincent Medical Center Los Angeles Page:11 of 34 Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). **Building Name:** Doheny Wing Year of Information: BLD-01213 2015 Building Nbr: Information Current As Of: Unit Type Medical/Surgical (include GYN) **Acute Respiratory Care Acute Psychiatric** Patient 0 Inpatient 0 Inpatient Patient Inpatient Patient Days **Beds** Davs **Beds** Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** 0 Patient 27 7482 0 Inpatient Inpatient 0 Patient Inpatient Patient **Beds** Days Beds Days Beds Days **Pediatric Intensive Care Newborn Nursery** Intermediate Care 0 Patient ol ol Patient 0 0 Inpatient 0 Patient Inpatient Inpatient Beds Days Beds Beds Days Days Int. Care/Developmentally Disabled **Intensive Care Rehabilitation Center** Inpatient Patient 19 **Patient** 5445 Inpatient Patient 0 0 Inpatient οl 0 Days Beds Beds Days Beds Days **Chemical Dependency Coronary Care Total Beds this** 46 Inpatient Patient 0 Inpatient 0 Patient 0 **Building per Unit Beds** Days Beds Days **Total Beds this** 52 **Building per Service**

Report Year: 2018 12014 Saint Vincent Medical Center Los Angeles Page:12 of 34 Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). 2016 Building Nbr: |BLD-01213 Doheny Wing **Building Name:** Year of Information: Information Current As Of: **Unit Type Acute Respiratory Care Acute Psychiatric** Medical/Surgical (include GYN) Inpatient 0 Patient 0 0 Patient 0 0 Patient 0 Inpatient Inpatient **Beds** Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient ol Inpatient Patient Inpatient 27 Patient 7854 Inpatient Days Beds Beds Davs Beds Davs **Pediatric Intensive Care Newborn Nursery Intermediate Care** Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient 0 Patient 0 **Beds** Days Beds Days Beds Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center 0 19 0 Inpatient Patient 0 Inpatient Patient 5424 Inpatient ol Patient Days Days Beds Beds Beds Days **Coronary Care Chemical Dependency Total Beds this** 46 Patient Inpatient 0 Patient ol ol 0 Inpatient **Building per Unit** Beds Days Days Beds **Total Beds this** 46 **Building per Service**

Report Year: 2018 12014 Saint Vincent Medical Center Los Angeles Page:13 of 34 Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). 2017 Building Nbr: |BLD-01213 Doheny Wing **Building Name:** Year of Information: Information Current As Of: **Unit Type Acute Respiratory Care Acute Psychiatric** Medical/Surgical (include GYN) Inpatient 0 Patient 0 0 Patient 0 0 0 Inpatient Inpatient Patient **Beds** Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient ol Inpatient Patient Inpatient 27 8020 Inpatient Patient Days Beds Beds Davs Beds Davs **Pediatric Intensive Care Newborn Nursery Intermediate Care** Inpatient Patient 0 Inpatient 0 Patient 0 Inpatient 0 Patient 0 **Beds** Days Beds Days Beds Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center 6 19 0 Inpatient Patient 288 Inpatient Patient 5386 Inpatient ol Patient Days Days Beds Beds Beds Days **Coronary Care Chemical Dependency Total Beds this** 52 Patient Inpatient 0 Patient ol ol 0 Inpatient **Building per Unit** Beds Days Days Beds **Total Beds this** 52 **Building per Service**

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	Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-0	D1213 Building Name:	Doheny Wing		Year of Information:	2015			
Type of Services Provided	name.			nformation Current As Of:				
Nursing	Inpatient 0 Beds	Patient 0 Days	X Surgical	Obstetrical X Cesarean/Deliv	Rehabilitation Therapy			
X IntensiveCare	Inpatient 19 Beds	Patient 5445 Days	Anesthesia	Obstetrical	Renal Dialysis			
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	_			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	X Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services			
X Skilled Nursing	Inpatient 27 Beds	Patient 7482 Days	X Administration					
Total Beds this B	suilding per service	46						

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•	Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-01213 Building Name:	Doheny Wing		Year of Information:	2016				
Type of Services Provided			nformation Current As Of:					
Nursing Inpatient Beds	0 Patient 0 Days	X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy				
X IntensiveCare Inpatient Beds	19 Patient 4401 Days	Anesthesia	Obstetrical	Renal Dialysis				
Pediatric/Adol Inpatient escent Beds	0 Patient 0 Days	Clinical Lab	Recovery	_				
Psychiatric Inpatient Nursing Beds	0 Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Inpatient Ante/Postprtum Beds	0 Patient 0 Days	Pharmaceutical	X Emergency	Central Plant				
Intermediate Inpatient Care Beds	0 Patient 0 Days	Dietetic	Nuclear [Support Services				
X Skilled Nursing Inpatient Beds	27 Patient 7854 Days	X Administration						
Total Beds this Building per service	e 46							

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	Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-0	1213 Building Name:	Doheny Wing		Year of Information:	2017			
Type of Services Provided				nformation Current As Of:				
X Nursing	Inpatient 19 Beds	Patient 5324 Days	X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy			
X IntensiveCare	Inpatient 6 Beds	Patient 300 Days	Anesthesia	Obstetrical	Renal Dialysis			
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery				
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	X Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services			
X Skilled Nursing	Inpatient 27 Beds	Patient 7709 Days	X Administration					
Total Beds this Bu	uilding per service	52						

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No data reporte	ed for whether	er the genera	al acute care services and beds will be relocated numbers for buildings with a Building Resolution o	to a	new, existing or retrofitted building a	and any
corresponding	building sites	s or project i	numbers for buildings with a building resolution of) IX	ebuliu of Replace per dection 130	0001(c)(z)(L).

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Each hospital owner shall also report for each facility for which any buildings will be re number of inpatient beds by type of unit and service per Section 130061(c)(3)	moved from active care service, any	net change in the
Building Number: BLD-01213 Building Name: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrof	itted building?	
Nursing N/A		
Each hospital owner shall also report for each facility for which any buildings will be re number of inpatient beds by type of unit and service per Section 130061(c)(3)	moved from active care service, any	net change in the
Building Number: BLD-01213 Building Name: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrof	itted building?	
Intensive Care N/A		
Each hospital owner shall also report for each facility for which any buildings will be re number of inpatient beds by type of unit and service per Section 130061(c)(3)	moved from active care service, any	net change in the
Building Number: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrof	itted building?	
Skilled Nursing N/A		

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Each hospital owner shall also report for each facility for which any buildings will be renumber of inpatient beds by type of unit and service per Section 130061(c)(3)	moved from active care service,	any net change in the
Building Number: BLD-01213 Building Name: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofi	itted building?	
Surgical N/A		
Each hospital owner shall also report for each facility for which any buildings will be renumber of inpatient beds by type of unit and service per Section 130061(c)(3)	moved from active care service,	any net change in the
Building Number: BLD-01213 Building Name: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofi	itted building?	
Administration N/A		
Each hospital owner shall also report for each facility for which any buildings will be renumber of inpatient beds by type of unit and service per Section 130061(c)(3)	moved from active care service,	any net change in the
Building Number: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofi	itted building?	
Emergency N/A		

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Each hospital owner shall also report for each facility for which any buildings will be number of inpatient beds by type of unit and service per Section 130061(c)(3)	removed from active care service,	any net change in the
Building Number: BLD-01213 Building Name: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or ret	rofitted building?	
Rehabilitation Therapy		
Each hospital owner shall also report for each facility for which any buildings will be number of inpatient beds by type of unit and service per Section 130061(c)(3)	removed from active care service,	any net change in the
Building Number: BLD-01213 Building Name: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or ret	rofitted building?	
Intensive Care N/A		
Each hospital owner shall also report for each facility for which any buildings will be number of inpatient beds by type of unit and service per Section 130061(c)(3)	removed from active care service,	any net change in the
Building Number: BLD-01213 Building Name: Doheny Wing		
Will general acute care services and beds will be relocated to a new, Existing or ret	rofitted building?	
Rehabilitation Center N/A		

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Each hospital on number of inpa	owner shall also re tient beds by type	port for each facilit of unit and service	y for which any buildings per Section 130061(c)(3	will be remove 3)	d from active care	service, any net	change in the
Building Number:		- 1	Doheny Wing				
		and beds will be re	located to a new, Existin	g or retrofitted b	ouilding?		
Skilled Nursing	N/A						

Section 130061		ng Name: M	ain Hospital				
Type of Service	e Provided	. —					
		X	Surgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare				Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol	X	Clinical Lab				Outpatient
	escent	X	Radiological/	Ш	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Imaging Pharmaceutical		Emergency		Central Plant
	Obstetrical	x	Filamiaceutical		Emergency		Central Flant
	Ante/Postprtum	X	Dietetic	Ш	Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

eport Year: 201	8 12014 Saint acute care hospital inp	Vincent Medica		, general	Los Angeles	building t	Page:23 of 3	4
per Section 130061			That is provided in any	general	acute care nospital		Hat is falce of o	
Building Number:	BLD-01213 Buildi	ng Name: D	oheny Wing					
Type of Service	Provided							
		X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing		Anesthesia				Danal Dialysis	
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
	Nursing		Pharmaceutical	X	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care	X	Administration					
X	Skilled Nursing							

	0061(c)(5)						
lding Numb	er: BLD-01211	Building Na	me: Main Hospital				
onfiguration	Retrofit Non-Con	forming buildi	ng to SPC 4D or SPC	C 5 and NPC	4 or NPC 5		
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Resovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical	X	Pharmaceutical				
	Ante/Postprtum				Emergency		Central Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing	X	Administration				Services

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requirements whet	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-01212 Building Name: Central Plant / Parking Garage										
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5										
Type of Service	e Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X (Central Plant			
	termediate are		Dietetic		Nuclear Medicine		Support			
Sk	killed Nursing		Administration			_	Services			

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	ther by retrofit or by r				ach building will comply woe provided in each gener					
Building Number: BLD-01213 Building Name: Doheny Wing										
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5										
Type of Service	e Provided									
X	lursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
X Ir	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol scent		Clinical Lab		recovery					
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Inte/Postprtum		Pharmaceutical	X	Emergency		Central Plant			
	ntermediate Care		Dietetic		Nuclear Medicine		Support			
X s	Skilled Nursing	X	Administration				Services			

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	ether by retrofit or by			ach building will comply be provided in each gen		
uilding Number	: BLD-01214	Building Na	me: Cath Lab			
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5			
Type of Servi	ice Provided					
	Nursing	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery	F	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Gurgery
	Obstetrical		Pharmaceutical			
•	Ante/Postprtum			Emergency		Central Plant
	Intermediate Care		Dietetic	Nuclear Medicine		Support
	Skilled Nursing		Administration		•	Services

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	ther by retrofit or by r				ach building will comply we provided in each gener					
Building Number: BLD-03227 Building Name: ER Ambulance and Entrance Cover										
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service	e Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	termediate are		Dietetic		Nuclear Medicine	П	Support			
SI	killed Nursing		Administration			_	Services			

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Include information on 4D and SPC-5 per Sec	the number of ir tion 130061(e)	npatient beds	by type of Service provided by bu	uildings that are classified	as SPC-2, SF	PC-3, SPC-4, SPC-
Building Number: BLI	D-01212	Building N	lame: Central Plant / Parking C	Sarage		
Type of Service Prov	<u>rided</u>					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		nabilitation rapy
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Cer	ntral Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine		port vices
Skilled Nursing	Inpatient Beds	0	Administration			
Total Beds this Building		0				

port Year: 2018	12014	Saint Vincent Med	cal Center	Los Angeles	Page:30 of 34
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01214	Building Nar	me: Cath Lab		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-03227	Building Nar	me: ER Ambulance and E	ntrance Cover	
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	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
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		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) BLD-01212 Central Plant / Parking Garage **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days

Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery

Inpatient 0 Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Davs Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient

Bed Days Bed Days Bed Days **Total Beds this Total Beds this**

Coronary Care Chemical Dependency Building Per Unit Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days

Los Angeles Report Year: 2018 12014 Saint Vincent Medical Center Page:33 of 34 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-01214 Cath Lab **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Los Angeles Report Year: 2018 12014 Saint Vincent Medical Center Page:34 of 34 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-03227 ER Ambulance and Entrance Cover **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0