



### 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: | <input type="text" value="12024"/>                       |
| Facility Name:   | <input type="text" value="Miracle Mile Medical Center"/> |
| Address:         | <input type="text" value="6000 San Vicente Blvd."/>      |
| City:            | <input type="text" value="Los Angeles"/>                 |

|                            |  |
|----------------------------|--|
| Hospital Owner/Licensee:   | <input type="text" value="930000143/Gil Tepper, MD"/>                      |
| Year of Reporting:         | <input type="text" value="2015"/>  |
| Contact 1 e-mail Address:  | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Contact 2 e-mail Address:  | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Contact 3 e-mail Address:: | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Name of Submitter:         | <input type="text" value="Miracle Mile Medical Center"/>                   |
| Submission Date:           | <input type="text" value="10/12/2015 1:26:57 PM"/>                         |

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 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-03234 | Tower Building                 | 6000 San Vicente Blvd.     | Remove              | N/A                          | 01/01/2013     | 08/26/2016                  |
| BLD-05236 | Main Hospital - Ogden Building | 6000 San Vicente Blvd.     | Retrofit            | SPC2                         | 01/01/2017     | 08/26/2016                  |

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-05236

Main Hospital - Ogden Building

Retrofit/Replacement  
Project:

Yes-Submitted

| Facility Number | Project Number | Sub Num | Scope  | Date In    | Plan Approved Date          | Projected Start Date | Projected Completion Date | Status | CEQA Review |
|-----------------|----------------|---------|--|------------|-----------------------------|----------------------|---------------------------|--------|-------------|
| 12024           | P-2012-00138   | 0       | RRU- OSHPD Deficiencies-Anchorage.   | 1/24/2012  | 5/31/2012<br>12:00:00<br>AM |                      |                           | CLOS   | No          |
| 12024           | S143010-19-00  | 0       | VSI for MMMC 12024: Main Hospital (BLD-05236, Bldg 01A) SPC 2 Reclassification Project | 12/31/2014 | 10/8/2015<br>12:00:00<br>AM | 06/01/2016           | 12/31/2016                | OPEN   | No          |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-03234

Building Name: Tower Building

**Type of Service Provided**

|   |                |                                |                |                                |
|---|----------------|--------------------------------|----------------|--------------------------------|
| <input type="checkbox"/> Nursing                    | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adol escent      | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |

Total Beds this Building

|   |   |
|---|---|
| <input type="checkbox"/> Surgical                   | <input type="checkbox"/> Obstetrical Recovery   |
| <input type="checkbox"/> Anesthesia                 | <input type="checkbox"/> Newborn/ WellBaby      |
| <input type="checkbox"/> Clinical Lab               | <input type="checkbox"/> Emergency              |
| <input type="checkbox"/> Radiological/ Imaging      | <input type="checkbox"/> Nuclear Medicine       |
| <input type="checkbox"/> Pharmaceutical             | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Dietetic                   | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Administration             | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Support Services           | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Obstetrical Cesarean/Deliv |   |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-05236

Building Name: Main Hospital - Ogden Building

**Type of Service Provided**

Nursing Inpatient Beds 17 Inpatient Days 924

IntensiveCare Inpatient Beds 0 Inpatient Days 0

Pediatric/Adol escent Inpatient Beds 0 Inpatient Days 0

Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

Intermediate Care Inpatient Beds 0 Inpatient Days 0

Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 17

Surgical  Obstetrical Recovery

Anesthesia  Newborn/ WellBaby

Clinical Lab  Emergency

Radiological/ Imaging  Nuclear Medicine

Pharmaceutical

Dietetic  Rehabilitation Therapy

Administration  Renal Dialysis

Support Services  Outpatient Surgery

Obstetrical Cesarean/Deliv  Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-03234

Building Name: Tower Building

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-05236

Building Name: Main Hospital - Ogden Building

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name                  | Building to be<br>Removed / Replaced / Rebuilt |
|-----------------|--------------------------------|--|
| BLD-03234       | Tower Building                 | Remove   |
| BLD-05236       | Main Hospital - Ogden Building | Retrofit                                       |

List ALL proposed new buildings to be constructed at this or another site.

| Building Number | Building Name                | New Site |
|-----------------|------------------------------|----------|
| N_1             | Main Hospital Ogden Building |          |

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 Number:

BLD-03234

Tower Building

Removal  
Date:

08/26/2016

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Medical Office Building

Jurisdiction:

OSHPD

Inpatient services currently delivered in the building:

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Intermediate  
Care

Dietetic

Skilled Nursing

Administration

Nuclear  
MedicineSupport  
Services

Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: BLD-03234 Building Name: Tower Building Year of Information: 2012

Unit Type

Information Current As Of:

**Medical/Surgical (include GYN)**

Inpatient Beds  Patient Days

**Acute Respiratory Care**

Inpatient Beds  Patient Days

**Acute Psychiatric**

Inpatient Beds  Patient Days

**Perinatal (exclude Neborn/GYN)**

Inpatient Beds  Patient Days

**Burn**

Inpatient Beds  Patient Days

**Skilled Nursing**

Inpatient Beds  Patient Days

**Pediatric**

Inpatient Beds  Patient Days

**Intensive Care Newborn Nursery**

Inpatient Beds  Patient Days

**Intermediate Care**

Inpatient Beds  Patient Days

**Intensive Care**

Inpatient Beds  Patient Days

**Rehabilitation Center**

Inpatient Beds  Patient Days

**Int. Care/Developmentally Disabled**

Inpatient Beds  Patient Days

**Coronary Care**

Inpatient Beds  Patient Days

**Chemical Dependency**

Inpatient Beds  Patient Days

**Total Beds this Building per Unit**

**Total Beds this Building per Service**

Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-03234 Building Name: Tower Building Year of Information: 2013  
 Unit Type Information Current As Of:

**Medical/Surgical (include GYN)**

Inpatient Beds  Patient Days

**Acute Respiratory Care**

Inpatient Beds  Patient Days

**Acute Psychiatric**

Inpatient Beds  Patient Days

**Perinatal (exclude Neborn/GYN)**

Inpatient Beds  Patient Days

**Burn**

Inpatient Beds  Patient Days

**Skilled Nursing**

Inpatient Beds  Patient Days

**Pediatric**

Inpatient Beds  Patient Days

**Intensive Care Newborn Nursery**

Inpatient Beds  Patient Days

**Intermediate Care**

Inpatient Beds  Patient Days

**Intensive Care**

Inpatient Beds  Patient Days

**Rehabilitation Center**

Inpatient Beds  Patient Days

**Int. Care/Developmentally Disabled**

Inpatient Beds  Patient Days

**Coronary Care**

Inpatient Beds  Patient Days

**Chemical Dependency**

Inpatient Beds  Patient Days

**Total Beds this Building per Unit**

**Total Beds this Building per Service**

Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

|                                       |                                |                                       |                                |   |                                |
|---------------------------------------|--------------------------------|---------------------------------------|--------------------------------|---|--------------------------------|
| Building Nbr:                         | BLD-03234                      | Building Name:                        | Tower Building                 | Year of Information:                        | 2014                           |
| Unit Type                             |                                | Information Current As Of:            |                                |   |                                |
| <b>Medical/Surgical (include GYN)</b> |                                | <b>Acute Respiratory Care</b>         |                                | <b>Acute Psychiatric</b>                    |                                |
| Inpatient Beds                        | <input type="text" value="0"/> | Patient Days                          | <input type="text" value="0"/> | Inpatient Beds                              | <input type="text" value="0"/> |
|                                       | <input type="text" value="0"/> |                                       | <input type="text" value="0"/> | Patient Days                                | <input type="text" value="0"/> |
| <b>Perinatal (exclude Neborn/GYN)</b> |                                | <b>Burn</b>                           |                                | <b>Skilled Nursing</b>                      |                                |
| Inpatient Beds                        | <input type="text" value="0"/> | Patient Days                          | <input type="text" value="0"/> | Inpatient Beds                              | <input type="text" value="0"/> |
|                                       | <input type="text" value="0"/> |                                       | <input type="text" value="0"/> | Patient Days                                | <input type="text" value="0"/> |
| <b>Pediatric</b>                      |                                | <b>Intensive Care Newborn Nursery</b> |                                | <b>Intermediate Care</b>                    |                                |
| Inpatient Beds                        | <input type="text" value="0"/> | Patient Days                          | <input type="text" value="0"/> | Inpatient Beds                              | <input type="text" value="0"/> |
|                                       | <input type="text" value="0"/> |                                       | <input type="text" value="0"/> | Patient Days                                | <input type="text" value="0"/> |
| <b>Intensive Care</b>                 |                                | <b>Rehabilitation Center</b>          |                                | <b>Int. Care/Developmentally Disabled</b>   |                                |
| Inpatient Beds                        | <input type="text" value="0"/> | Patient Days                          | <input type="text" value="0"/> | Inpatient Beds                              | <input type="text" value="0"/> |
|                                       | <input type="text" value="0"/> |                                       | <input type="text" value="0"/> | Patient Days                                | <input type="text" value="0"/> |
| <b>Coronary Care</b>                  |                                | <b>Chemical Dependency</b>            |                                | <b>Total Beds this Building per Unit</b>    |                                |
| Inpatient Beds                        | <input type="text" value="0"/> | Patient Days                          | <input type="text" value="0"/> |   | <input type="text" value="0"/> |
|                                       | <input type="text" value="0"/> |                                       | <input type="text" value="0"/> | <b>Total Beds this Building per Service</b> | <input type="text" value="0"/> |

Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).

Building Nbr: BLD-03234

Building Name: Tower Building

Year of Information: 2012

Information Current As Of: 12/31/2012

Type of Services Provided

|  |                |                                |              |                                |
|--|----------------|--------------------------------|--------------|--------------------------------|
| <input type="checkbox"/> Nursing                     | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare               | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing         | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care           | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing             | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |

Total Beds this Building per service

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical Cesarean/Deliv      | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Obstetrical Recovery            | <input type="checkbox"/> Renal Dialysis         |
| <input checked="" type="checkbox"/> Clinical Lab   | <input checked="" type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Newborn/WellBaby       |
| <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Emergency                       | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Dietetic                  | <input type="checkbox"/> Nuclear Medicine                | <input type="checkbox"/> Support Services       |
| <input checked="" type="checkbox"/> Administration |  |   |

Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: **BLD-03234** Building Name: **Tower Building** Year of Information: **2013**

Information Current As Of: **12/31/2013**

Type of Services Provided

|  |                |                                |              |                                |
|--|----------------|--------------------------------|--------------|--------------------------------|
| <input type="checkbox"/> Nursing                     | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare               | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing         | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care           | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing             | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Surgical                        | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Anesthesia                      | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input checked="" type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery     |
| <input checked="" type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Pharmaceutical                  | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services       |
| <input type="checkbox"/> Dietetic                        |   |   |
| <input checked="" type="checkbox"/> Administration       |   |   |

Total Beds this Building per service

Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#).

Building Nbr: **BLD-03234** Building Name: **Tower Building** Year of Information: **2014**

Information Current As Of: **12/31/2014**

Type of Services Provided

|  |                |                                |              |                                |
|--|----------------|--------------------------------|--------------|--------------------------------|
| <input type="checkbox"/> Nursing                     | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare               | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing         | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care           | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing             | Inpatient Beds | <input type="text" value="0"/> | Patient Days | <input type="text" value="0"/> |

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Surgical                        | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Anesthesia                      | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input checked="" type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery     |
| <input checked="" type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Pharmaceutical                  | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services       |
| <input type="checkbox"/> Dietetic                        |   |   |
| <input checked="" type="checkbox"/> Administration       |   |   |

Total Beds this Building per service

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:

2015

12024

Miracle Mile Medical Center

Los Angeles

Page:18 of 24

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

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-03234

Building Name: Tower Building

**Type of Service Provided**

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

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-05236 Building Name: Main Hospital - Ogden Building

### Type of Service Provided

|  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing            | <input checked="" type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy        |
| <input type="checkbox"/> IntensiveCare                 | <input checked="" type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                   |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab                        | <input type="checkbox"/> Newborn/<br>WellBaby          | <input checked="" type="checkbox"/> Outpatient<br>Surgery |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input checked="" type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input checked="" type="checkbox"/> Central Plant         |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services   |
| <input type="checkbox"/> Intermediate<br>Care          | <input checked="" type="checkbox"/> Dietetic                 |  |   |
| <input type="checkbox"/> Skilled Nursing               | <input checked="" type="checkbox"/> Administration           |  |   |

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-03234

Building Name: Tower Building

Configuration: N/A

**Type of Service Provided**

- Nursing
- IntensiveCare
- Pediatric/Adol escent
- Psychiatric Nursing
- Obstetrical Ante/Postprtum
- Intermediate Care
- Skilled Nursing

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/ Imaging
- Pharmaceutical
- Dietetic
- Administration

- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/ WellBaby
- Emergency
- Nuclear Medicine

- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant
- Support Services

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-05236

Building Name: Main Hospital - Ogden Building

Configuration: N/A

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

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