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Office of Statewide Health Planning and Development
Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12024		
Facility Name:	Miracle	Mile Medical Center	
Address:	6000 Sa	an Vicente Blvd.	
City:	Los Ang	jeles	
Hospital Owner/Lice	ensee:	930000143/Gil Tepper, MD	
Year of Reporting:		2018	
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]	
Name of Submitter:		Miracle Mile Medical Center	
Submission Date:		12/11/2018 1:28:36 PM	

Report `	Year: 2018 12024	Miracle Mile Medical Center			Los Angeles		Page:2 of 24		
rebuild, 130060	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		al SPC Rating If Required	Extension Date	Anticipated Completion Date		
BLD- 03234	Tower Building	6000 San Vicente Blvd.	Remove	N/A		01/01/2020	01/01/2020		
BLD- 05236	Main Hospital - Ogden Building	6000 San Vicente Blvd.	Retrofit	SPC	2	01/01/2020	01/01/2020		

Report Y	′ear: 20′	18 1	2024 Miracle Mile Medical Center		Los A	ngeles		Page:3 of	24
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-0)5236	Main Hospital - Ogden Building		Retrofit/Re Project:	eplacement	Yes-Subr	nitted	
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	OSHPD Deficiencies-Anchorage.	1/24/2012	5/31/2012 12:00:00 AM			CLOS	No
12024	S143010-19 -00	0	VSI for MMMC 12024: Main Hospital (BLD- 05236, Bldg 01A) SPC 2 Reclassi	12/31/201 4	12/30/2015 12:00:00 AM	06/01/2016	12/31/2016	FIEL	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: BLD	-03234	Building Name: To	wer Building					
Type of Service Provid	ded							
	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency	1			
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	X Nuclear Medicine				
	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	on			
	Inpatient Beds	0 Inpatient Days 0		Renal Dialy	/sis			
	Inpatient Beds	0 Inpatient Days 0	Support Services	X Outpatient Surgery				
		Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Pla	nt			
OSHPD FDD SB499 Report		Data Last Update: 12/11/2018 Su	ubmission Date: 12/11/2018	Printed: 12/13/	2018 6:30 AM			

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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: BL		Building Name:	1ain Hospital - Ogden Building					
X Nursing	Inpatient Beds	17 Inpatient 508 Days	X Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	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 Beds	0 Inpatient Days 0	X Pharmaceutical	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	2000	Total Beds this 17 Building	Obstetrical Cesarean/Deliv	X Central Plant				
OSHPD FDD SB499 Repo	rt	Data Last Update: 12/11/2018	Submission Date: 12/11/2018	Printed: 12/13/2018 6:30 AM				

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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 Build	ling Name: Tow	er Building					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Nev 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 / developn Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			
OSHPD FDD SB499 I	Report Data Last U	odate: 12/11/2018	Submission Date:	12/11/2018 Printed	d: 12/13/2018 6:30 AM			

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Provide the number	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 Build	ling Name: Mair	n Hospital - Ogden Build	ding					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric					
Inpatient 17 Bed	Inpatient 508 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Pediatric		intensive Care New 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 / developr Disabled	nent				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	17	17				

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

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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						
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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 Number: BLD-0323	4 Tower Building		Removal 01/01/2020 Date:					
Planned Uses for the building t	o be removed from acute care service:							
Planned use for building: Oth	ner Jurisdic	ction:						
Other Usage: Rep	blace							
Inpatient services currently deli	ivered in the building:							
Nursing	Surgical	Obstetrical Cesarean/De	eliv Rehabilitatio	on				
IntensiveCare	Anesthesia		· · · · · · · · · · · · · · · · ·					
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialy	sis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	X Emergency	Central Plan	nt				
Intermediate Care	Dietetic	X Nuclear Medicine	Support Services					
Skilled Nursing	Administration							
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Provide the number of inpatient beds and pa care services per Section 130061(c)(2)(D).	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 Nbr: BLD-03234 Building Name:	Tower Building	Year of Information: 2015	5					
<u>Unit Type</u>	Ir	nformation Current As Of:						
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0					
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing						
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0					
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0					
Coronary Care Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	0					
Beds Days	Beds Days	Total Beds this Building per Service	0					
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Provide the number of inpatient beds and pa care services per Section 130061(c)(2)(D).	tient days per unit for the year of 2013, 2014,	and 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-03234 Building Name:	Tower Building	Year of Information: 2016	3
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Coronary Care Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	0
Beds Days	Beds Days	Total Beds this Building per Service	0
OSHPD FDD SB499 Report Data Las	t Update: 12/11/2018 Submission Date	: 12/11/2018 Printed: 12/13/	2018 6:30 AM

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Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D).	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 Nbr: BLD-03234 Building Name:	Tower Building	Year of Information: 2017	7					
Unit Type		Information Current As Of:						
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0					
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing						
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0					
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0					
Coronary Care Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this Building per Unit Total Beds this	0					
		Building per Service	0					
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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	Building Nbr: BLD-03234 Building Name: Tower Building Year of Information: 2015							
<u>Type of Services</u> <u>Provided</u>			1	Information Current As Of:				
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient 0 Beds	Patient 0 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	Pharmaceuti	cal Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administratio	on				
Total Beds this B	uilding per service	0						
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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-	Building Nbr: BLD-03234 Building Name: Tower Building Year of Information: 2016							
<u>Type of Services</u> <u>Provided</u>				Information Current As Of:				
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia					
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutic	al Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	ı				
Total Beds this E	Building per service	0						
 escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing 	Beds Inpatient O Beds Inpatient O Beds Inpatient O Beds Inpatient O Beds Building per service	Days Patient Days Patient Days Patient Days Patient Days 0	Radiological/ Imaging Pharmaceutic Dietetic	Newborn/ WellBaby	Surgery Central Plant Support			

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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-03234 Building Name: Tower Building Year of Information: 2017							
<u>Type of Services</u> <u>Provided</u>		Information Current As 01/0 Of:	1/2018				
	Patient 0 Surgical Days		ehabilitation herapy				
	Patient 0 Anesthesia Days	Obstetrical R	and Dickein				
	Patient 0 Clinical Lab	Recovery	enal Dialysis				
	Patient 0 Radiological Days Imaging		utpatient urgery				
	Patient 0 Days Pharmaceut	cal Emergency C	entral Plant				
	Patient 0 Days Dietetic		upport ervices				
	Patient 0 Days Administration	on					
Total Beds this Building per service	0						
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No data reporte	d for wheth	er the gen	eral acute care services an t numbers for buildings wit	nd beds will be relocate	ed to a new, existing or re	etrofitted building an	d any 61(c)(2)(E)
			a numbers for buildings wit				01(0)(2)(L).

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Each hospital owner shall also report for each to number of inpatient beds by type of unit and se		ed from active care service, any net	change in the
Building BLD-03234 Building Nam Number:			
Will general acute care services and beds will I	be relocated to a new, Existing or retrofitted	building?	
Emergency N/A			
Each hospital owner shall also report for each to number of inpatient beds by type of unit and se		ed from active care service, any net	change in the
Building BLD-03234 Building Nam Number:	e: Tower Building		
Will general acute care services and beds will I	pe relocated to a new, Existing or retrofitted	building?	
Nuclear Medicine N/A]	
Each hospital owner shall also report for each to number of inpatient beds by type of unit and se	facility for which any buildings will be removervice per Section 130061(c)(3)	ed from active care service, any net	change in the
Building BLD-03234 Building Nam Number:	e: Tower Building		
Will general acute care services and beds will I	be relocated to a new, Existing or retrofitted	building?	
OutpatientSurgery N/A]	
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Report any general acu per Section 130061(c)(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 Pr	ovided								
		Surgical		Dbstetrical Cesarean/Deliv		Rehabilitation Therapy			
	lursing	Anesthesia				Renal Dialysis			
	ntensiveCare	Clinical Lab		Dbstetrical Recovery					
	ediatric/Adol scent	Radiological/		lewborn/ VellBaby	X	Outpatient Surgery			
	sychiatric lursing	Imaging Pharmaceutical	X E	Emergency		Central Plant			
	9bstetrical nte/Postprtum	Dietetic		luclear Iedicine		Support Services			
	ntermediate care	Administration							
	killed Nursing								
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	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	g Name: Main Hospital - Ogden	Building					
Type of Service	e Provided							
		X Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap				
X	Nursing	X Anesthesia	_		Niekwie			
	IntensiveCare		Obstetrical Recovery	Renal D	Jialysis			
	Pediatric/Adol escent	X Clinical Lab	Newborn/ WellBaby	Outpation Surgery	ent /			
	Psychiatric Nursing	Imaging		_				
	C C	X Pharmaceutical	Emergency	X Central	Plant			
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service				
	Intermediate Care	X Administration						
	Skilled Nursing							
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)								
Building Number: BLD-03234 Building Name: Tower Building Configuration: Replace with existing SPC3, SPC4, SPC4D or SPC5 and NPC4 or NPC5 building.								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehal Thera	bilitation apy				
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	l Dialysis				
Pediatric/Adol escent	X Clinical Lab	Recovery						
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpa Surge					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant				
Intermediate Care	Dietetic	Nuclear Medicine	X Supp	port				
Skilled Nursing	X Administration		Servi					
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	er by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-05236	Building Na	me: Main Hospital - Og	gden Buil	lding			
Configuration:	Remove from GAC	C service by	1/1/2030					
Type of Service F	Provided							
X Nurs	sing	X	Surgical		Obstet Cesare	trical ean/Deliv		Rehabilitation Therapy
	nsiveCare	X	Anesthesia		Obstet Recov			Renal Dialysis
Ped	liatric/Adol ent		Clinical Lab					
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newbo WellBa		X	Outpatient Surgery
	stetrical e/Postprtum	X	Pharmaceutical		Emerg	leucy	X	Central Plant
Inter Care	rmediate e	X	Dietetic		Nuclea	ar Medicine	X	Support
Skill	led Nursing	X	Administration		Nuclea			Services
OSHPD FDD SB499 Re	eport Da	ata Last Update	e: 12/11/2018	Submissi	ion Date:	: 12/11/2018	Printed:	12/13/2018 6:30 AM

lo data reported for Section 130061(e)	Report Year:	2018	12024	Miracle Mile Medical Center	Los Angeles	Page:23 of 24					
	No data reported for Section 130061(e)										

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lo data reported for Section 130061(e).											