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 I	Mile Medical Center	
Address:	6000 Sa	n Vicente Blvd.	
City:	Los Ang	eles	
Hospital Owner/Lice	ensee:	930000143/Gil Tepper, MD	
Year of Rep	oorting:	2018	
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Submitter:		Miracle Mile Medical Center	
Submission	n Date:	12/11/2018 1:28:36 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- 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	SPC2	01/01/2020	01/01/2020

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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-0	5236	Main Hospital - Ogden Building		Retrofit/Re	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	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BL	.D-03234	Building Name: To	wer Building		_		
Type of Service Prov	<u>/ided</u>						
Nursing	Inpatient Beds	0 Inpatient 0 Days	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	1		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	X Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	on		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	<i>y</i> sis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	X Outpatient Surgery			
	beas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt		

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Provide the number of inpatient be	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 Type of Service Provided	Building Name: M	lain Hospital - Ogden Building					
<u> </u>		I —					
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 Inpatient escent Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	1			
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
		X Pharmaceutical	Rehabilitat	ion			
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	X Dietetic	☐ Therapy				
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	Renal Dial	/sis			
Skilled Nursing Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	int			

Report Year: 2018 12024 Miracle Mile Medical Center Los Angeles Page:6 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03234 **Building Number: Building Name:** Tower Building 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 0 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 Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2018 12024 Miracle Mile Medical Center Los Angeles Page:7 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05236 Main Hospital - Ogden Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 508 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 Inpatient 0 Bed Days Days Days Bed 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 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 17 17 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-03234	Tower Building	Remove		
BLD-05236	Main Hospital - Ogden Building	Retrofit		

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List ALL propos	sed 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-03234 Tower Building Removal Date:								
Planned Uses for	the building	g to be remov	ed from acute care	e service:				
Planned use for b	ouilding:	Other		Jurisdiction:				
Other	Usage: R	eplace						
Inpatient services	currently d	elivered in the	e building:					
Nursing	g veCare		Surgical Anesthesia		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Pediatr escent	ric/Adol		Clinical Lab		Obstetrical Recovery		Renal Dialysis	5
Psychia Nursing			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obsteti Ante/Pe	rical ostprtum		Pharmaceutical	X	Emergency		Central Plant	
Interme Care	ediate		Dietetic	X	Nuclear Medicine		Support Services	
Skilled	Nursing	I 🗆	Administration					

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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				
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 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 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled				
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0				
Coronary Care	Chemical Dependency	. Total Beds this					
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0				
Zajo	2000 Zayo	Total Beds this Building per Service	0				

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Provide the number of inpatient beds and pacare 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: 2016	3					
Unit Type	- In	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 Disa	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	0					
Days	Days Days	Total Beds this Building per Service	0					

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Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D).	tient days per unit for the year of 2013, 2014, ar	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-03234 Building Name:	Tower Building	Year of Information: 2017	
Unit Type	lr	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 Disa	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	0
Days	Days Days	Total Beds this 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	D3234 Building Name:	Tower Building		Year of Information:	2015			
Type of Services Provided	Name.			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	Pharmaceutica	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					
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-0	D3234 Building Name:	Tower Building		Year of Information:	2016		
Type of Services 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	Pharmaceutica	l 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				
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-0	D3234 Building Name:	Tower Building		Year of Information:	2017			
Type of Services Of: Of: 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	Pharmaceutical	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					
Total Beds this B	uilding per service	0						

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No data reporte	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).						
corresponding i	bulluling sites	or project i	idifibers for buildings v	with a building Nesolution of N	ebulla of Replace per	Section 130001	(C)(Z)(C).

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Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: Tower Building Tower Building		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building? 1	
Emergency N/A		
Each hospital owner shall also report for each facility for which any buildings will be remov number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: BLD-03234 Building Name: Tower Building		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Nuclear Medicine N/A]	
Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building Number: BLD-03234 Building Name: Tower Building		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
OutpatientSurgery N/A]	

ng Number:	BLD-03234 Buildi	ng Name: T	ower Building				
pe of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia		Cesaleal/Deliv		тысару
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Newborn/	X	Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging		WellBaby		
	-		Pharmaceutical	X	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	X	Nuclear Medicine		Support Services
	Intermediate Care		Administration				
	Skilled Nursing						

port Year: 201 Report any general er Section 130061	acute care hospital	liracle Mile Medical	center nat is provided in any	general a	Los Angeles acute care hospital	building t	Page:20 of	24
uilding Number:	BLD-05236 Bu	uilding Name: Ma	ain Hospital - Ogden	Building				
Type of Service	Provided							
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	X	Anesthesia				Danal Dialysia	
	IntensiveCare	X	0		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric Nursing	X	Radiological/ Imaging		WellBaby			
_	-	X	Pharmaceutical		Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration					
	Skilled Nursing							

	all buildings on the hospital camp	us showing how each building will compl						
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 B	uilding						
Configuration: Replace with existing SPC3, SPC4, SPC4D or SPC5 and NPC4 or NPC5 building.								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	X Clinical Lab	,						
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceuti	cal Emergency	Central Plant					
Intermediate	Dietetic	Lineigency	German lank					
Care Skilled Nursing	X Administratio	Nuclear Medicine	X Support Services					
	l							

ding Numb	er: BLD-05236	Building Na	me: Main Hospital -	Oaden Rui	ildina		
onfiguration			·	- Guoir Bui	iding .		
_	vice Provided		17172030				
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine	×	Support
	Skilled Nursing	X	Administration		Nucleal Medicine		Services

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No data reported for Section 130061(e)							

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No data reported for Section 130061(e) .							