Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:1 of 16

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

Facility Number:	11545	
Facility Name:	Los Angeles Community Hospital	
Address:	4081 E. Olympic Blvd.	
City:	Los Angeles	
Hospital Owner/Lice	nsee: Alta Los Angeles Hospitals Inc.	
Year of Rep	orting: 2011	
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	ress::	
Name of Sub	nitter: Drew Dickey	
Submission	Date: 1/29/2012 3:00:00 PM	

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:2 of 16

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for 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
01	Original Building & Additions	4081 E. Olympic Blvd.	Retrofit	SPC2	01/01/2013	12/31/2012
03	1st and 2nd Story Addition	4081 E. Olympic Blvd.	Retrofit	SPC2	01/01/2013	12/31/2012

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:3 of 16

For each building which is planned for retrofitting 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	o: 01	Original Building & Additions		Retrof Projec	it/Replacem t:	nent Yes	s-Submitte	d
,	Project Sub Iumber Num	Scope	Date Plan A	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11545 SI	L110160	0 MATERIAL TESTING PROGRAM	01/19/2011		01/01/20	12	OPEN	No

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:4 of 16

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

Building Number: 01	Build	ing Name: Original Building & Addition	ons	
Type of Service Pro	<u>vided</u>			
X Nursing	Inpatient Beds	28 Inpatient 10804 Days	X Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	6 Inpatient Days 2021	X Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	16 Inpatient Days 690	X Pharmaceutical Dietetic	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 X Obstetrical	X Outpatient Surgery
		Total Beds this Building 50	Cesarean/Deliv	X Central Plant

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:5 of 16

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

Building Number: 03	Buildi	ing Name: 1st and 2nd Story Addition	1	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	29 Inpatient 10805 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	12 Inpatient Days 3485	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	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	39 Inpatient Days 10464	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this 80 Building	Cesarean/Deliv	X Central Plant

Report Year:

2011

11545

Los Angeles Community Hospital

Los Angeles

Page:6 of 16

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

Building Number:	01	Building Name:	Original Building & Additions		
Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 28 Bed	Inpatient 1080 Days 4	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 16 Bed	Inpatient 690 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 6 Bed	Inpatient 2021 Days	Inpatient Bed	0 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 Bed	0 Inpatient 0 Days	50	50

Report Year:

2011

11545

Los Angeles Community Hospital

Los Angeles

Page:7 of 16

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

Building Number:	03	Building Name:	1st and 2nd Story Addition		
Medical / Surgical (I	nclude GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 1080 Days 5	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 39 Bed	Inpatient 1046 Days 4
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
	Inpatient 3485 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	ı	Int. Care / developr Disabled	ment
	Inpatient 0 Days	Inpatient Bed	0 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 Days	Inpatient Bed	0 Inpatient 0 Days	80	80

Report Year:	2011	11545	Los Angeles Community Hospital		Los Angeles	Page:8 of 16
--------------	------	-------	--------------------------------	--	-------------	--------------

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

Building Number	Building Name	Building to be Removed
01	Original Building & Additions	
02	Dietary Addition	
03	1st and 2nd Story Addition	

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:9 of 16

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:10 of 16

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildi	ng Name: Original Building & A	dditions		
Type of Servic	e Provided	_			
		X Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X Anesthesia			Renal Dialysis
X	IntensiveCare	Clinical Lab	X Obstetrical Recovery	Ш	Reliai Diaiysis
	Pediatric/Adol escent		X Newborn/	X	Outpatient Surgery
	Psychiatric	Radiological/ Imaging	WellBaby		
	Nursing	X Pharmaceutical	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	X Administration			
	Skilled Nursing				

Report Year:	2011	11545	Los Angeles Community Hospital		Los Angeles	Page:11 of 16
--------------	------	-------	--------------------------------	--	-------------	---------------

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03 Buildi	ng Name: 1s	t and 2nd Story Add	ition					
Type of Service Provided									
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
X	Nursing		Anesthesia						
	IntensiveCare		7 H 100 H 100 H	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol	X	Clinical Lab	,		Outpatient			
X	escent	X	Radiological/	Newborn/ WellBaby	Ш	Surgery			
	Psychiatric Nursing		Imaging						
	-		Pharmaceutical	Emergency	X	Central Plant			
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services			
	Intermediate Care		Administration						
X	Skilled Nursing								

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Dage:12 of 16

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 actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Original Building & Additions								
Configuration Retrofit Non-Confo		orming building to SPC 5 and NPC 4 or NPC 5						
Type of Service Provided								
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis	
1 1	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery	
1, , 1	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant	
	Intermediate Care		Dietetic					
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:13 of 16

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 actue care hospital building per Section 130061(c)(5)

Building Number: 02 Building Name: Dietary Addition								
Configuration Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5								
Type of Service Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate	X	Dietetic		- 1			
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:14 of 16

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 actue care hospital building per Section 130061(c)(5)

Building Number:	: 03	Building Nar	me: 1st and 2nd Story	Addition					
Configuration Retrofit Non-Confo		orming building to SPC 5 and NPC 4 or NPC 5							
Type of Service Provided									
X 1	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ntermediate Care		Dietetic				Our mont		
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

Report Year: 2011 11545 Los Angeles Community Hospital Los Angeles Page:15 of 16

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02 Building Name: Dietary Addition								
Type of Service Provided								
	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	X	Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		0					

Report Status: **Data Last Update**: 01/14/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

Report Year:

2011

11545

Los Angeles Community Hospital

Los Angeles

Page:16 of 16

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, and SPC-5 per Section 130061(e)

Building Number:	02 Build	ing Name: Dieta	ary Addition			
Medical / Surgical (In	clude 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 Ne	wborn / 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	vborn	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 / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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	