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

Facility Number:

11863

Facility Name:

Olympia Medical Center

Address:

5925 San Vicente Blvd.

City:

Los Angeles

Hospital Owner/Licensee:

Olympia Health Care, LLC

Year of Reporting:

2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Puchlik Design Associates

Submission Date:

1/29/2012 3:00:00 PM

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 bulding 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 |
|-----------|-----------------------|----------------------------|---------------------|------------------------------|----------------|-----------------------------|
| 02 | East Wing & Additions | 5925 San Vicente Blvd. | Retrofit | SPC2 | 01/01/2015 | 12/01/2014 |
| 03 | West Wing & Additions | 5925 San Vicente Blvd. | Retrofit | SPC2 | 01/01/2015 | 12/01/2014 |
| 04 | Pavilion / Addition | 5925 San Vicente Blvd. | Retrofit | SPC2 | 01/01/2015 | 12/01/2014 |

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:

02

East Wing & Additions

Retrofit/Replacement
Project:

Hazus-Submitted

| Facility Number | Project Number | Sub Num | Scope | Date in | Plan Approved Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|--------------------|-------------------|------------|-------|------------|--------------------------|---------------------|-------------------------|--------|----------------|
| 11863 | SL090672 | 0 | | 04/01/2009 | 03/30/2010 | 01/01/2011 | | 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: 02

Building Name: East Wing & Additions

Type of Service Provided

| | | | | | | |
|--|----------------|----------------------------------|----------------|------------------------------------|--|--|
| <input checked="" type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="120"/> | Inpatient Days | <input type="text" value="19386"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Recovery |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Newborn/WellBaby |
| <input type="checkbox"/> Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input checked="" type="checkbox"/> Emergency |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Radiological/Imaging | <input checked="" type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Support Services | <input checked="" type="checkbox"/> Outpatient Surgery |
| Total Beds this Building | | | | <input type="text" value="120"/> | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input checked="" type="checkbox"/> Central Plant |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: Building Name: **Type of Service Provided**

| | | | | | | |
|--|----------------|---------------------------------|----------------|-----------------------------------|--|---|
| <input checked="" type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="40"/> | Inpatient Days | <input type="text" value="6462"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Recovery |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Newborn/WellBaby |
| <input type="checkbox"/> Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Support Services | <input type="checkbox"/> Outpatient Surgery |
| Total Beds this Building | | | | <input type="text" value="40"/> | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input checked="" type="checkbox"/> Central Plant |

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

Building Number:

Building Name:

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

Intermediate Care Inpatient Beds Inpatient Days

Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

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:

02

Building Name:

East Wing & Additions

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days
Acute Respiratory CareInpatient 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: 03

Building Name: West Wing & Additions

Medical / Surgical (Include GYN)

Inpatient Bed 40 Inpatient Days 6462

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

40

Total Beds this Building Per Service

40

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

Building Number: 04

Building Name: Pavilion / Addition

Medical / Surgical (Include GYN)

Inpatient Bed 32 Inpatient Days 5170

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 6 Inpatient Days 1936

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 6 Inpatient Days 1936

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

44

Total Beds this Building Per Service

44

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 | North Wing | <input type="checkbox"/> |
| 02 | East Wing & Additions | <input type="checkbox"/> |
| 03 | West Wing & Additions | <input type="checkbox"/> |
| 04 | Pavilion / Addition | <input type="checkbox"/> |

Report Year:

2011

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Los Angeles

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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:

02

Building Name:

East Wing & Additions

Type of Service Provided

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

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:

03

Building Name:

West Wing & Additions

Type of Service Provided

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

04

Building Name:

Pavilion / Addition

Type of Service Provided

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

01

Building Name:

North Wing

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Pharmaceutical

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Dietetic

Nuclear Medicine

Support
ServicesIntermediate
Care

Administration

Skilled Nursing

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:

02

Building Name:

East Wing & Additions

Configuration

:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

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:

03

Building Name:

West Wing & Additions

Configuration
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

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

04

Building Name:

Pavilion / Addition

Configuration

:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

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: 01

Building Name: North Wing

Type of Service Provided

| | | | | | |
|--|----------------|--------------------------------|---|--|---|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Anesthesia | | |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input checked="" type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="0"/> | | | |

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:

01

Building Name:

North Wing

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**