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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/Lice Year of Repo	
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Puchlik Design Associates
Submission	Date: 1/29/2012 3:00:00 PM

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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
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

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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 Hazus-Submitted Project:
Facility Project Sub Scope <u>Number Number Num</u>	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review
11863 SL090672 0	04/01/2009 03/30/2010 01/01/2011 OPEN No

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Provide the number of inpaient 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** X **Obstetrical** Surgical Inpatient 120 Inpatient 19386 Nursing Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 0 Anesthesia WellBaby Beds Emergency Clinical Lab X Inpatient Days Inpatient 0 Pediatric/Adol 0 escent Beds X Nuclear X Radiological/ Medicine Imaging Psychiatric Inpatient Days Inpatient 0 0 Nursing Beds X Pharmaceutical Rehabilitation Obstetrical Inpatient **Inpatient Days** 0 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds X Support Outpatient X Services Surgery Inpatient Days Skilled Nursing Inpatient 0 0 Beds Obstetrical Total Beds this 120 Cesarean/Deliv X **Central Plant** Building

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

Building Number: 03 Building Name: West Wing & Additions					
Type of Service Prov	vided				
X Nursing	Inpatient Beds	40 Inpatient 6462 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	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
		Total Beds this 40 Building	Cesarean/Deliv	X Central Plant	

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

Building Number: 04 Building Name: Pavilion / Addition						
Type of Service Provided						
, i i i i i i i i i i i i i i i i i i i	Inpatient Beds	32 Inpatient 5170 Days	Surgical	Obstetrical Recovery		
	Inpatient Beds	12 Inpatient Days 3871	Anesthesia	Newborn/ WellBaby		
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical	Rehabilitation Therapy		
	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis		
	Inpatient Beds	0 Inpatient Days 0 Total Beds this 44	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		

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	t Wing & Additions			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	Acute Psychiatric	
Inpatient 120 Bed	Inpatient 1938 Days 6	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 Net 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 / develop Disabled	ment	
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	120	120	

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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: 03 Bui	Iding Name: West Wing & Additions								
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric							
Inpatient 40 Inpatient 6462 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days							
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days							
Pediatric	intensive Care Newborn Nursery	Intermediate Card							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days							
Intensive Care	Rehabilitation Center	Int. Care / development Disabled							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days							
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	40 40							

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Provide the number of Inpatient beds and	d patient days per type of unit per building per	Section 130061(c)(1)(F)
Building Number: 04 B	Building Name: Pavilion / Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 32 Inpatient 5170 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 6 Inpatient 1936 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service
Inpatient 6 Inpatient 1936 Bed Days	Inpatient 0 Inpatient 0 Bed Days	44 44

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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
01	North Wing	
02	East Wing & Additions	
03	West Wing & Additions	
04	Pavilion / Addition	

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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:	02 Building	g Name: Ea	ast Wing & Additions				
Type of Service	e Provided		Surgical		Obstetrical		Rehabilitation
X	Nursing		Anesthesia		Cesarean/Deliv		Therapy
	IntensiveCare		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby	X	Outpatient Surgery
	Psychiatric Nursing	X	Imaging Pharmaceutical	X	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
	Skilled Nursing						

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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	Building Name:	W	est Wing & Additions				
Type of Service	e Provided	[Surgical		Obstetrical		Rehabilitation Therapy
X	Nursing			Anesthesia	_	Cesarean/Deliv		
	IntensiveCare	, r				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent			Clinical Lab Radiological/		Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing			Imaging Pharmaceutical		Emergency		Central Plant
	Obstetrical			Pharmaceutical		Linergency	X	Central Plant
	Ante/Postprtu	^m [Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care			Administration				
	Skilled Nursin	g						

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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:	04 E	Building Name:	Pavilion	/ Addition				
Type of Service	e Provided							
			Surgi	cal		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anes	thesia				
X	IntensiveCare					Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinio	cal Lab	_			Outpatient
	escent		Radi	ological/		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		_	maceutical		Emergency	X	Central Plant
	Obstetrical			maddalidai				
	Ante/Postprtum		Diete	etic		Nuclear Medicine	X	Support Services
	Intermediate							
	Care	×	Adm	inistration				
	Skilled Nursing							

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Building Numbe	er: 01	Building Na	me: North Wing				
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	Х	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical	_			
	Ante/Postprtum				Emergency	x	Central Plant
	Intermediate Care	x	Dietetic		NU STATE NATIONAL		
	Skilled Nursing		Administration		Nuclear Medicine	x	Support Services

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Building Number: 02 Building Name: East Wing & Additions							
Configuration	Retrofit Non-Confo	orming buildi	ing to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery
	Obstetrical	X	Pharmaceutical	_		_	
	Ante/Postprtum			X	Emergency	Х	Central Plant
	Intermediate Care		Dietetic				•
	Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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Building Number	r: 03	Building Na	me: West Wing & Add	litions				
Configuration	Retrofit Non-Confo	orming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Serv	ice Provided							
X	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	Х	Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support	
	Skilled Nursing		Administration				Services	

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Building Number: 04 Building Name: Pavilion / Addition							
Configuration	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing	X	Administration				Services

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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)

Buildir	ng Number: 01	Building	Name: No	orth Wing					
Type of Service Provided									
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	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	X Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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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)	Acute Respi	atory Care	Acute Psychiatric	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Ca Nursery	re Newborn	Intermediate Card	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitatio Center	n	Int. Care / developr Disabled	nent
Inpatient 0 Inpatient Bed Days	0 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 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	0	0