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

Facility Number:	12014
Facility Name:	St. Vincent Medical Center
Address:	2131 W. 3rd St.
City:	Los Angeles
Hospital Owner/Lice	ensee: Daughters of Charity Health System
Year of Rep	orting: 2011
Contact 1 e-mail Ad	Idress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Ron Davis
Submission	Date: 1/30/2012 9:35:56 AM

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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 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
		1	1 [,
01	Main Hospital	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2015
02	Central Plant/Parking Garage	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2015
03	Doheny Wing	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2015

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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: 01	Build	ing Name: Main Hospital		
Type of Service Pro	<u>vided</u>			
X Nursing	Inpatient Beds	253 Inpatient 37613 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	67 Inpatient Days 3768	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	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X 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 Obstetrical	X Outpatient Surgery
		Total Beds this 320 Building	Cesarean/Deliv	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: 02	Buildir	ng Name: Central Plant/Parking Gara	ge	
Type of Service Prov	<u>rided</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	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 Obstetrical	Outpatient Surgery
		Total Beds this 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: 03	Buildi	ng Name: Doheny Wing		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	19 Inpatient 4142 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	6 Inpatient Days 363	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	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	27 Inpatient Days 7469	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 52	Cesarean/Deliv	Central Plant

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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:	01	Building Name:	Main Hospital		
Medical / Surgical (I	nclude GYN)	Acute Respirat	ory Care	Acute Psychiatric	
•	Inpatient 3761 Days 3	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
•	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
	Inpatient 3768 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 Days	Inpatient 0 Bed	Inpatient 0 Days	320	320

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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:	02	Building Name: Cen	tral Plant/Parking Garage		
Medical / Surgical ((Include GYN)	Acute Respiratory	y 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 Ne 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	0	0

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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	Building Name:	Doheny Wing		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 27 Bed	Inpatient 7469 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		Rehabilitatior Center	1	Int. Care / developn Disabled	nent
Inpatient 6 Bed	Inpatient 363 Days	Inpatient Bed	Inpatient 4142 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	52	52

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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	Main Hospital	
02	Central Plant/Parking Garage	
03	Doheny Wing	
04	Cath Lab	

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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:	01 Buildir	ng Name: Main Hospital			
Type of Servic	e Provided				
		X Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X Anesthesia			
X	IntensiveCare		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X Clinical Lab		Х	Outpatient
	escent	X Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	X Pharmaceutical	Emergency		Central Plant
	Obstetrical	<u></u>			
	Ante/Postprtum	X Dietetic	X Nuclear Medicine	X	Support Services
	Intermediate	_			
	Care	X 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:	02	Building Name:	Central Plant/Parking	Garage		
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	· ·		Obstetrical Recovery		Renal Dialysis
_	Pediatric/Adol	, [Clinical Lab	_		Outpatient
	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Imaging	- Emergency		0 (15)
	Ol atatical		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	m _	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate					
Ш	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:	03	Building Name:	Doheny Wing			
Type of Servic	e Provided	1				
			X Surgical	Obstetrical Cesarean/Deliv	X Reha Thera	bilitation apy
X	Nursing		X Anesthesia	Ohatatriaal	□ Rena	ıl Dialysis
X	IntensiveCare	l	Clinical Lab	Obstetrical Recovery		i Diaiy3i3
	Pediatric/Ado escent	' '	Radiological/	Newborn/ WellBaby	Outpa Surge	atient ery
	Psychiatric Nursing		Imaging			
	Obstetrical		Pharmaceutical	X Emergency		ral Plant
	Ante/Postprtu	ım [Dietetic	Nuclear Medicine	X Supp Servi	ort ces
	Intermediate Care		Administration			
X	Skilled Nursir	ng				

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Building Number	: 01	Building Na	me: Main Hospital				
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Servi	ce Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent	х	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		- Constant ou		Central Plant
	Intermediate	Х	Dietetic		Emergency		Central Plant
	Care	X	A desiminatoration	X	Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				

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Building Numbe	er: 02	Building Na	me: Central Plant/Park	ing Gara	age		
Configuration :	Retrofit Non-Confo	rming buildi	ng to SPC 5 and NPC 4	or NPC	5		
Type of Serv	rice 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	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Numbe	r: 03	Building Na					
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	4 or NPC	5		
Type of Serv	ice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic			_	ocarrian
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Numb	er: 04	Building Na	me: Cath Lab		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Ser	vice Provided				
	Nursing	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	Central Plant
	Intermediate		Dietetic	Emergency	Gential Flain
	Care Skilled Nursing		Administration	Nuclear Medicine	Support Services
				Nuclear Medicine	

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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)

Build									
Type of Service Provided									
	Nursing	Inpatient Beds	0	X	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	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update:** 10/31/2011 **Submission Date:** 01/30/2012 **Print Date:** 1/30/2012 12:46 PM

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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:	04 Build	ling Name: Cath	Lab		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 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 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 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	