Report Year:	2012
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11545 Los A

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	ensee: Alta Los Angeles Hospitals Inc.
Year of Repo	orting: 2012
Contact 1 e-mail Ad	ldress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Drew Dickey
Submission	Date: 1/4/2013 3:59:37 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 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- 03779	1st and 2nd Story Addition	4081 E. Olympic Blvd.	Retrofit	SPC2	01/01/2020	01/01/2020

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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: BL	.D-03779	Building Name:	1st and 2nd Story Addition				
Type of Service Prov	<u>vided</u>						
X Nursing	Inpatient Beds	29 Inpatient 1119 Days	8 Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days	0 Anesthesia	Newborn/ WellBaby			
X Pediatric/Adol escent	Inpatient Beds	12 Inpatient Days 253	6 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	X Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days	0 Administration	Renal Dialysis			
X Skilled Nursing	Inpatient Beds	39 Inpatient Days 1067	7 X Support Services	Outpatient Surgery			
		Total Beds this Building	80 Cesarean/Deliv	X Central Plant			

Report Status: Data Last Update: 01/04/2013

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

Building Number:	BLD-03779 Bu	ilding Name: 1st a	and 2nd Story Addition			
Medical / Surgical	(Include GYN)	Acute Respiratory Care		Acute Psychiatric		
Inpatient 29 Bed	Inpatient 1119 Days 8	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 39 Bed	Inpatient 1067 Days 7	
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card		
Inpatient 12 Bed	Inpatient 2536 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center			Int. Care / development Disabled	
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	80	80	

Report Status: Data Last Update: 01/04/2013

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BLD-03779

1st and 2nd Story Addition

Retrofit

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-00654	Original Building & Additions	Remain			
BLD-00655	Dietary Addition	Remain			

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Submission Date: 01/04/2013

Print Date: 1/5/2013 6:25 AM

Report Status: Data Last Update: 01/04/2013

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-				
Report a	nv general acute care	hospital inpatient service that is provided in) any genaral acute care ho	ospital building that is rated

SPC-1 per Section 130061(c)(4)

Building Number:	BLD-03779 Buildin	g Name: 1	st and 2nd Story Addit	ion		
Type of Service Provided						
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare		Anestnesia	Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol	X	Clinical Lab	_		Outpatient
X	escent	X	Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging	<u> </u>	_	
_	-		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate					
	Care		Administration			
X	Skilled Nursing					

Report Year:	2012
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11545

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:	BLD-00654	Building Nar	ne: Original Building &	Additior	าร			
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5							
Type of Servic	Type of Service Provided							
XN	lursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X Ir	ntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis	
	Pediatric/Adol scent		Clinical Lab		Recovery			
	Psychiatric Iursing		Radiological/ Imaging	X	Newborn/ WellBaby	Х	Outpatient Surgery	
	Dbstetrical .nte/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant	
	ntermediate		Dietetic		Lineigency		Central Flant	
_	care skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

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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:	BLD-00655	Building Nar	me: Dietary Addition					
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5							
Type of Servic	Type of Service Provided							
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
ln Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical		Pharmaceutical					
	nte/Postprtum				Emergency		Central Plant	
	ntermediate	X	Dietetic			_		
С	are				Nuclear Medicine	Х	Support Services	
s	killed Nursing	X	Administration					

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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: BLD-03779 Building Name: 1st and 2nd Story Addition								
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5							
Type of Serv	Type of Service Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
X	Pediatric/Adol escent	x	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical		Pharmaceutical					
	Ante/Postprtum				Emergency	Х	Central Plant	
	Intermediate		Dietetic					
—	Care				Nuclear Medicine	Х	Support Services	
X	Skilled Nursing		Administration					

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Report Year:	2012
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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)

Buildi	ng Number: BLC	D-00654	Building N	lame: Or	iginal Building & Add	litions			
Туре	Type of Service Provided								
Х	Nursing	Inpatient Beds	28	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Х	IntensiveCare	Inpatient Beds	6	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	16	X	Pharmaceutical	Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		50						

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Los Angeles Community Hospital

Los Angeles

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	g Number: BLI	D-00655	Building Nar	ne: Die	tary Addition		
<u>Type</u>	of Service Prov	<u>rided</u>					
1	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	Х	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: BLD-00654 Build	Ing Name: Original Building & Additic	ns					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 28 Inpatient 10812 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days					
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 16 Inpatient 499 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 2102 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					

Coronary Care

Inpatient Bed Inpatient 0 . Days

Report Status: Data Last Update: 01/04/2013

Inpatient Bed

0

Chemical

Dependency

Submission Date: 01/04/2013

0

Inpatient

. Days

1/5/2013 6:25 AM Print Date:

50

Total Beds this

50

Building Per Service

Total Beds this

Building Per

Unit

Los Angeles Community Hospital

Los Angeles

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:	BLD-00655	Buildin	ng Name: Dieta	ary Addition		
Medical / Surgical (Include GYN)			Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)			Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 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 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 Days		Inpatient 0 Bed	Inpatient 0 Days	0	0

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