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

Facility Number: 11598

Facility Name: East Los Angeles Doctors Hospital

Address: 4060 Whittier Blvd.

City: Los Angeles

Hospital Owner/Licensee: Avanti Health System

Year of Reporting: 2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter: Rick Kuyper

Submission Date: 1/11/2013 3:41:51 PM

Report Status: **Data Last Update:** 01/11/2013   **Submission Date:** 01/11/2013   **Print Date:** 1/12/2013 6:25 AM

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-00670	Original Building	4060 Whittier Blvd.	Retrofit	SPC2	01/01/2017	08/31/2016
BLD-00673	South Addition	4060 Whittier Blvd.	Retrofit	SPC2	01/01/2017	08/31/2016

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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: **BLD-00670**   Building Name: **Original Building**

Type of Service Provided

	Type	Beds label	Inpatient Beds	Days label	Inpatient Days
☐	Nursing	Inpatient Beds	0	Inpatient Days	0
☐	IntensiveCare	Inpatient Beds	0	Inpatient Days	0
☒	Pediatric/Adolescent	Inpatient Beds	7	Inpatient Days	924
☐	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
☒	Obstetrical Ante/Postprtum	Inpatient Beds	14	Inpatient Days	2387
☐	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
☐	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: **21**

☒ 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

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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: **BLD-00673**   Building Name: **South Addition**

Type of Service Provided

[X] Nursing	Inpatient Beds	71	Inpatient Days	12611
[X] IntensiveCare	Inpatient Beds	10	Inpatient Days	2483
[ ] Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
[ ] Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
[ ] Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
[ ] Intermediate Care	Inpatient Beds	0	Inpatient Days	0
[X] Skilled Nursing	Inpatient Beds	25	Inpatient Days	8340

Total Beds this Building   **106**

[ ] Surgical	[ ] Obstetrical Recovery
[ ] Anesthesia	[ ] Newborn/WellBaby
[ ] Clinical Lab	[X] Emergency
[ ] Radiological/Imaging	[ ] Nuclear Medicine
[ ] Pharmaceutical	
[X] Dietetic	[ ] Rehabilitation Therapy
[ ] Administration	[ ] Renal Dialysis
[X] Support Services	[ ] Outpatient Surgery
[ ] Obstetrical Cesarean/Deliv	[X] 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: BLD-00670   **Building Name:** Original Building

Medical / Surgical (Include GYN)

| Inpatient Bed | 0 | Inpatient Days | 0 |

Acute Respiratory Care

| Inpatient Bed | 0 | Inpatient Days | 0 |

Acute Psychiatric

| Inpatient Bed | 0 | Inpatient Days | 0 |

Perinatal (exclude Newborn / GYN)

| Inpatient Bed | 14 | Inpatient Days | 2387 |

Burn

| Inpatient Bed | 0 | Inpatient Days | 0 |

Skilled Nursing

| Inpatient Bed | 0 | Inpatient Days | 0 |

Pediatric

| Inpatient Bed | 7 | Inpatient Days | 924 |

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

21

Total Beds this Building Per Service

21

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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: BLD-00673   **Building Name:** South Addition

Medical / Surgical (Include GYN)

Inpatient Bed | 71 | Inpatient Days | 1261
1

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 | 25 | Inpatient Days | 8340

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 | 10 | Inpatient Days | 2483

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 | 106

Total Beds this Building Per Service | 106

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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 / Replaced / Rebuilt
BLD-00670	Original Building	Retrofit
BLD-00673	South Addition	Retrofit

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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: BLD-00670   Building Name: Original Building

Type of Service Provided

[ ] Nursing	[X] Surgical	[X] Obstetrical Cesarean/Deliv
[ ] IntensiveCare	[X] Anesthesia	[ ] Rehabilitation Therapy
[X] Pediatric/Adolescent	[X] Clinical Lab	[X] Obstetrical Recovery
[ ] Psychiatric Nursing	[X] Radiological/Imaging	[ ] Renal Dialysis
[X] Obstetrical Ante/Postprtum	[X] Pharmaceutical	[X] Newborn/WellBaby
[ ] Intermediate Care	[ ] Dietetic	[X] Outpatient Surgery
[ ] Skilled Nursing	[X] Administration	[ ] Emergency
		[ ] Nuclear Medicine
		[ ] Central Plant
		[X] Support Services

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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: BLD-00673   Building Name: South Addition

Type of Service Provided

[X] Nursing

[X] IntensiveCare

[ ] Pediatric/Adolescent

[ ] Psychiatric Nursing

[ ] Obstetrical Ante/Postprtum

[ ] Intermediate Care

[X] Skilled Nursing

[ ] Surgical

[ ] Anesthesia

[ ] Clinical Lab

[ ] Radiological/Imaging

[ ] Pharmaceutical

[X] Dietetic

[ ] Administration

[ ] Obstetrical Cesarean/Deliv

[ ] Obstetrical Recovery

[ ] Newborn/WellBaby

[X] Emergency

[ ] Nuclear Medicine

[ ] Rehabilitation Therapy

[ ] Renal Dialysis

[ ] Outpatient Surgery

[X] Central Plant

[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-00670   Building Name: Original Building

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/Deliv	☐ Rehabilitation Therapy
☐ IntensiveCare	☒ Anesthesia	☒ Obstetrical Recovery	☐ Renal Dialysis
☒ Pediatric/Adolescent	☒ Clinical Lab		
☐ Psychiatric Nursing	☒ Radiological/Imaging	☒ Newborn/WellBaby	☒ Outpatient Surgery
☒ Obstetrical Ante/Postprtum	☒ Pharmaceutical		
☐ Intermediate Care	☐ Dietetic	☐ Emergency	☐ Central Plant
☐ Skilled Nursing	☒ Administration	☐ Nuclear Medicine	☒ 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-00673   Building Name: South Addition

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

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [X] Skilled Nursing

- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/Imaging
- [ ] Pharmaceutical
- [X] Dietetic
- [ ] Administration

- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/WellBaby
- [X] Emergency
- [ ] Nuclear Medicine

- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

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