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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:	5900 West Olympia Blvd.
City:	Los Angeles
Hospital Owner/Lice	ensee: Olympia Health Care, LLC
Year of Repo	orting: 2012
Contact 1 e-mail Add	dress:
Contact 2 e-mail Add	dress:
Contact 3 e-mail Add	Iress::
Name of Subr	mitter: Olympia Medical Center
Submission	Date: 1/11/2013 3:54:58 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- 00369	East Wing & Additions	5900 West Olympia Blvd.	Retrofit	SPC2	01/01/2018	03/19/2017
BLD- 00370	West Wing & Additions	5900 West Olympia Blvd.	Retrofit	SPC2	01/01/2017	10/21/2016
BLD- 00371	Pavilion / Addition	5900 West Olympia Blvd.	Retrofit	SPC2	01/01/2017	03/25/2016

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For each building which is planned for rebuild, retrofit 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: BLD-00369 East W	ng & Additions	Retrofit/Replacement Haz	us-Submi	tted
Facility Project Sub Scope <u>Number Number Num</u>	Date Plan in	Approved Proj. Start Proj. Completed Date Date Date Date	Status	CEQA Review
11863 HL112108-0 0	8/1/2011 12:00:00 AM		ACTI	No
11863 SL090672-0 0	4/1/2009 12:00:00 AM	4/1/2010 12:00:00 AM	PEND	No

Building Number:	BLD-00369		Building N	lame:	East Wir	ng & Additions		
Type of Service Pr	ovided							
X Nursing	Inpatient Beds	120	Inpatient Days	19386		Surgical		Obstetrical Recovery
IntensiveCare	Inpatient Beds	0	Inpatient Days	s 0		Anesthesia		Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0	Inpatient Day	/s 0		Clinical Lab	X	Emergency
Psychiatric Nursing	Inpatient Beds	0	Inpatient Da	/s 0	X	Radiological/ Imaging	X	Nuclear Medicine
					X	Pharmaceutical		
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Inpatient Day	/s 0		Dietetic		Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0	Inpatient Day	/s 0		Administration		Renal Dialysis
	Doub				X	Support Services	X	Outpatient Surgery
Skilled Nursin	g Inpatient Beds	0	Inpatient Day	/s 0		Obstetrical		
		Total E Buildin	Beds this	120		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: BL	.D-00370	Building Name:	West Wing & Additions		
Type of Service Prov	<u>vided</u>				
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 Outpatient	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Surgery	
		Total Beds this 40 Building		X Central Plant	

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: BLD-00371 **Building Name:** Pavilion / Addition **Type of Service Provided Obstetrical** X Surgical 32 5170 Nursing Inpatient Inpatient Recovery Beds Days Newborn/ X IntensiveCare Inpatient 12 **Inpatient Days** 3871 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient Obstetrical 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Iх Intermediate Inpatient Days Inpatient 0 0 Care Beds Outpatient X Support Services Surgery Skilled Nursing Inpatient 0 Inpatient Days 0 Beds Obstetrical Total Beds this 44 Cesarean/Deliv **Central Plant** X Building

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

Building Number:	BLD-00369	Building Name: East	Wing & Additions		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	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 New 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	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	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: BLD-00370	Building 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 patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-00371 B	uilding 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 / Replaced / Rebuilt
BLD-00368	North Wing	Remain
BLD-00369	East Wing & Additions	Retrofit
BLD-00370	West Wing & Additions	Retrofit
BLD-00371	Pavilion / Addition	Retrofit

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Report any general acute care hospital	inpatient service that is provided in	n anv œnaral acute care h	nospital building that is rated
SPC-1 per Section 130061(c)(4)			
Building Number: BLD-00369 Build	ling Name: East Wing & Additions		
Type of Service Provided		_	
	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X Nursing	Anesthesia	_	
IntensiveCare		Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab		X Outpatient Surgery
	X Radiological/ Imaging	Newborn/ WellBaby	L Surgery
Psychiatric Nursing	X Pharmaceutical	X Emergency	X Central Plant
Obstetrical			
Ante/Postprtum	Dietetic	X Nuclear Medicine	X Support Services

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Intermediate

Skilled Nursing

Care

Submission Date: 01/11/2013

Administration

Print Date: 1/12/2013 6:25 AM

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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-00370	Building Name:	W	est Wing & Additions			
Type of Service	e Provided	[Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing			Anesthesia	Obstetrical		Renal Dialysis
	IntensiveCare Pediatric/Adol escent	l r		Clinical Lab	Recovery		Outpatient
	Psychiatric Nursing			Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Obstetrical	_ [[Pharmaceutical	Emergency Nuclear	X	Central Plant Support
	Ante/Postprtu			Dietetic	Medicine		Services
	Care			Administration			
	Skilled Nursin	g I					

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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)

Type of Service Provided Image: Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy Image: Surgical Image: Surgical Image: Surgical Rehabilitation Therapy Image: Surgical Image: Surgical Image: Surgical Rehabilitation Therapy Image: Surgical Image: Surgical Image: Surgical Image: Surgical Rehabilitation Therapy Image: Surgical Pediatric/Adol Image: Surgical I	Building Number:	BLD-00371 Buildir	ng Name: Pavil	lion / Addition			
X Nursing Anesthesia Renal Dialysis X IntensiveCare Obstetrical Recovery Renal Dialysis Pediatric/Adol escent Clinical Lab Outpatient Surgery Psychiatric Nursing Pharmaceutical Emergency Central Plant Obstetrical Ante/Postprtum Dietetic Nuclear Medicine Support Services	Type of Service	e Provided	s	Surgical			
X InternstveCare Recovery Pediatric/Adol Clinical Lab Outpatient Radiological/ Newborn/ Surgery Psychiatric Pharmaceutical Emergency X Obstetrical Dietetic Nuclear X Support Intermediate Intermediate Intermediate Intermediate Intermediate		-	□ A	nesthesia	_		
Psychiatric Nursing Pharmaceutical Obstetrical Ante/Postprtum Intermediate		Pediatric/Adol		Clinical Lab	Recovery		Outpatient
Obstetrical Ante/Postprtum Dietetic Nuclear Medicine X Support Services		Psychiatric			WellBaby	_	Sulgery
Intermediate		Obstetrical	F	Pharmaceutical	Nuclear		Support
				Dietetic	Medicine		Services
Skilled Nursing		Care	X A	Administration			

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Building Numbe	er: BLD-00368	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 Recovery		Renal Dialysis
	Pediatric/Adol escent	x	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
			Pharmaceutical				
	Obstetrical Ante/Postprtum				Emergency	x	Central Plant
	Intermediate Care	Х	Dietetic	_			
	Care				Nuclear Medicine	Х	Support Services
	Skilled Nursing		Administration				

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Building Numbe	er: BLD-00369	Building Na	me: East Wing & Addit	ions			
			gg				
Configuration	Retrofit Non-Confo	orming buildir	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
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
_		x	Pharmaceutical				
	Obstetrical Ante/Postprtum			X	Emergency	Х	Central Plant
	Intermediate Care		Dietetic				
	ouro			X	Nuclear Medicine	Х	Support Services
	Skilled Nursing		Administration				

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Building Numbe	er: BLD-00370	Building Na	me: West Wing & Addi	tions					
Configuration	Retrofit Non-Confo	orming buildir	ling to SPC 2 and NPC 3 and remove from service by 2030						
Type of Serv	vice 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		
	Obstatical		Pharmaceutical						
	Obstetrical Ante/Postprtum				Emergency	X	Central Plant		
	Intermediate Care		Dietetic				2		
	Cale				Nuclear Medicine	Х	Support Services		
	Skilled Nursing		Administration						

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Building Numbe	er: BLD-00371	Building Na	me: Pavilion / Addition				
-		_					
Configuration	Retrofit Non-Confo	orming buildir	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		Pharmaceutical				
	Ante/Postprtum				Emergency	X	Central Plant
	Intermediate		Dietetic	_			
	Care				Nuclear Medicine	Х	Support Services
	Skilled Nursing	X	Administration				Gennices

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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	ing Number: BLI	D-00368	Building Nam	e: No	rth Wing		
Тур	e of Service Prov	<u>vided</u>					
	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:	LD-00368 B	uilding Name: N	orth Wing		
Medical / Surgical (Inc	lude GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care I Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 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 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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