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

Facility Number:	12014		
Facility Name:	St. Vinc	ent Medical Center]
Address:	2131 W	3rd St.]
City:	Los Ang	eles]
Hospital Owner/Lice	ensee:	Daughters of Charity Health System	
Year of Reporting:		2012	
Contact 1 e-mail Ad	ddress:		
Contact 2 e-mail Address:			
Contact 3 e-mail Add	dress::		
Name of Sub	omitter:	Del Ng	
Submission	n Date:	1/9/2013 12:53:34 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- 01211	Main Hospital	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2015
BLD- 01212	Central Plant/Parking Garage	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2015
BLD- 01213	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: BLD-01211	Building Name:	Main Hospital	
Type of Service Provided			
X Nursing Inpatient Beds	253 Inpatient 39648 Days	X Surgical	Obstetrical Recovery
X IntensiveCare Inpatient Beds	61 Inpatient Days 3665	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
	Total Beds this Building 314	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: BL	.D-01212	Building Name:	entral Plant/Parking Garage	
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: BL	.D-01213	Building Name:	Doheny Wing	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	19 Inpatient 4834 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	6 Inpatient Days 420	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 7426 Total Beds this 52	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building 32	Gesalean/Denv	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-01211	Building Name: Mair	Hospital			
Medical / Surgical	(Include GYN)	Acute Respiratory Care		Acute Psychiatric		
Inpatient 253 Bed	Inpatient 3964 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 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	vborn	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 / development Disabled	
Inpatient 61 Bed	Inpatient 3665 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	314	314	

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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-01212	Building Name:	Central Plant/Parking Garage		
Medical / Surgical (Include GYN)		Acute Respirat	Acute Respiratory Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	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 Nursery	Newborn	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 / developm 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:	BLD-01213	Building Name: Doh	eny Wing			
Medical / Surgical	(Include GYN)	Acute Respiratory	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 27 Bed	Inpatient 7426 Days	
Pediatric		intensive Care Nev 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 / development Disabled	
Inpatient 6 Bed	Inpatient 420 Days	Inpatient 19 Bed	Inpatient 4834 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	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 / Replaced / Rebuilt
BLD-01211	Main Hospital	Retrofit
BLD-01212	Central Plant/Parking Garage	Retrofit
BLD-01213	Doheny Wing	Retrofit
BLD-01214	Cath Lab	Remain

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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-01211 Building	g Name: Ma	ain Hospital				
Type of Service	e Provided						
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab		·		Outpatient
	escent	X	Radiological/		Newborn/ WellBaby	X	Surgery
	Psychiatric Nursing		Imaging				
	rtaroning	X	Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum		D'atat's	X	Nuclear Medicine	X	Support Services
		X X	Dietetic		Wedienie		Corvidos
	Intermediate Care	X	Administration				
			Autilitioliation				
	Skilled Nursing	l					

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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-01212 Buildin	g Name: Central Plant/Parking C	Garage				
Type of Service Provided							
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing	Anesthesia					
	IntensiveCare		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent	Clinical Lab			Outpatient		
		Radiological/ Imaging	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing	Pharmaceutical	Emergency	X	Central Plant		
	Obstetrical Ante/Postprtum	Dietetic	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:	BLD-01213 Building	g Name: Doheny Wing							
Type of Service Provided									
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy					
X	Nursing	X Anesthesia	_	_					
X	IntensiveCare		Obstetrical Recovery	Renal Dialysis					
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpatient Surgery					
	Psychiatric	Radiological/ Imaging	WellBaby	cargory					
	Nursing	Pharmaceutical	X Emergency	Central Plant					
	Obstetrical Ante/Postprtum	_	Nuclear	X Support					
		Dietetic	Medicine	Services					
	Intermediate Care	Administration							
X	Skilled Nursing								

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Building Number	: BLD-01211	Building Na	me: Main Hospital				
Configuration:	N/A						
Type of Servi	ce Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic		Linergency		Contrar Flant
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services

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Building Numbe	er: BLD-01212	Building Na	me: Central Plant/F	Parking Gara	age		
Configuration:	N/A						
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	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				Current
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Numb	er: BLD-01213	Building Na	me: Doheny Wing				
Configuration	i: N/A						
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic				
X	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	BLD-01214	Building Na	me: Cath Lab			
Configuration:	N/A					
Type of Service	e Provided					_
No.	ursing	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency		Central Plant
	termediate		Dietetic	Linergency	_	Communication Co
	are killed Nursing		Administration	Nuclear Medicine		Support 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)

Building Number: BL	Building Number: BLD-01214 Building Name: Cath Lab								
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: 01/09/2013 Submission Date: 01/09/2013 Print Date: 1/10/2013 6:25 AM

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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-01214	Building Name:	Cath Lab			
Medical / Surgical (Include GYN)		Acute Res	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	Inpatient 0	Inpatient 0 Days
Pediatric		intensive (Nursery	intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilita Center	tion		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependen	су		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatie Days	nt 0	0	0

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