Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:1 of 19

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

Facility Number:	12024
Facility Name:	Miracle Mile Medical Center
Address:	6000 San Vicente Blvd.
City:	Los Angeles
Hospital Owner/Lic	ensee: 930000143/Gil Tepper, MD
Year of Rep	porting: 2012
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Ad	dress::
Name of Sub	omitter: Miracle Mile Medical Center
Submission	n Date: 1/11/2013 4:37:35 PM

Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:2 of 19

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- 01224	Main Hospital	6000 San Vicente Blvd.	Retrofit	SPC2	01/01/2017	03/25/2016
BLD- 03234	Tower Building	6000 San Vicente Blvd.	Retrofit	SPC2	01/01/2013	08/26/2016
BLD- 05236	Main Hospital - Ogden Building	6000 San Vicente Blvd.	Retrofit	SPC2	01/01/2017	08/26/2016

Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:3 of 19

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-01224	•	Main Hospital		Retrofi Projec	t/Replacen t:	nent	Hazus	s-Submit	ted
Facility <u>Number</u>	Project Sub Number Num		Scope	Date Plan in	Approved Date	Proj. Start Date	Proj. Compl Date		Status	CEQA Review
12024	P-2012- 00138	0		1/24/2012 12:00:00 AM	5/31/201 12:00:0				PEND	No
12024	P-2012- 00731	0		4/5/2012 12:00:00 AM				(	OPEN	No
Building	No: BLD-03234		Tower Building		Retrofi Projec	t/Replacen t:	nent	Hazus	s-Submit	ted
Building Facility Number	No: BLD-03234  Project Sub Number Num		Tower Building Scope	Date Plan	<sup>J</sup> Projec		nent Proj. Compl Date	Lleted	s-Submit Status	ted CEQA Review
Facility	Project Sub	0			Projec Approved Date  5/31/201 12:00:0	t: Proj. Start Date	Proj. Compl	leted		 CEQA

Report	Year:	2012	120	24	Miracle Mile Medical Center		Lo	s Angeles		Page	e:4 of 19
Building	No: BL	.D-05236		Main	Hospital - Ogden Building		Retrof Projec	it/Replacen t:	nent [	Hazus-Submi	tted
Facility <u>Number</u>	Project Number	Sub Num	S	Scope		Date Plan in	Approved Date	Proj. Start Date	Proj. Complet Date	ted Status	CEQA Review
12024	P-2012- 00138		0			1/24/2012 12:00:00 AM	5/31/20 12:00:			PEND	No
12024	P-2012- 00731		0			4/5/2012 12:00:00 AM				OPEN	No

Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:5 of 19

# 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-01224	Building Name:	Main Hospital	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	17 Inpatient 924 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X 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	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient 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	Cesarean/Deliv	X Central Plant

Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:6 of 19

#### 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-03234	Building Name:	ower Building	
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	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 Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:7 of 19

# 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-05236	Building Name:	Main Hospital - Ogden Building	
Type of Service Prov	<u>rided</u>			_
Nursing	Inpatient Beds	0 Inpatient 0 Days	X 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	Central Plant

2012

12024

Miracle Mile Medical Center

Los Angeles

Page:8 of 19

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

Building Number:	BLD-01224	Building Name: Mair	n Hospital		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 924 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 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 / 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	17	17

2012

12024

Miracle Mile Medical Center

Los Angeles

Page:9 of 19

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

Building Number:	BLD-03234	Building Name: Towe	er Building		
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 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 / developr Disabled	ment
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

2012

12024

Miracle Mile Medical Center

Los Angeles

Page:10 of 19

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

Medical / Surgical (Include GYN)  Acute Respiratory Care  Acute Psychia	0 Inpatient 0 Days
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Bed Days Bed	
Perinatal (excluse Newborn / GYN)  Burn  Skilled Nursin	g
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days Inpatient Days Bed	0 Inpatient 0 Days
Pediatric intensive Care Newborn Intermediate C	ard
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Bed Days	0 Inpatient 0 Days
Intensive Care Rehabilitation Int. Care / deveronce Center Disabled	lopment
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Bed Days	0 Inpatient 0 Days
Coronary Care  Chemical Dependency  Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Inpatient 0 Days Bed Days	0 0

Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:11 of 19

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-01224	Main Hospital	Retrofit
BLD-03234	Tower Building	Retrofit
BLD-05236	Main Hospital - Ogden Building	Retrofit

Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:12 of 19

# List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Main Hospital Ogden Building	

2012

12024

Miracle Mile Medical Center

Los Angeles

Page:13 of 19

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-01224 Building	g Name: M	ain Hospital						
Type of Service Provided									
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	Nursing	Х	Anesthesia						
	IntensiveCare		Tulodulodia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol		Clinical Lab			X	Outpatient		
	escent		Radiological/ Imaging		Newborn/ WellBaby	لتا	Surgery		
	Psychiatric Nursing	X	Pharmaceutical		Emergency	X	Central Plant		
	Obstetrical		. Harmaoodiida						
	Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate								
_	Care	X	Administration						
	Skilled Nursing								

Report Year:	2012	12024	Miracle Mile Medical Center	Los Angeles	Page:14 of 19
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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-03234	Building Name:	Tower Building				]			
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare			Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent	<u> </u>	Clinical Lab			Outpatient				
		X	Radiological/ Imaging	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtun		Dietetic	Nuclear Medicine		Support Services				
	Intermediate Care	X	Administration							
	Skilled Nursing	,								

Report Year:	2012	12024	Miracle Mile Medical Center		Los Angeles	Page:15 of 19
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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-05236	Building Name:	Main Hospital - Ogder	n Building					
Type of Service Provided  X Surgical Obstetrical Rehabilitation									
		<u>X</u>	Surgical	Obstetrical Cesarean/Deliv	Ш	Therapy			
	Nursing		Anesthesia	<u></u>					
	IntensiveCare		1	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery			
			Radiological/ Imaging	WellBaby		Cargory			
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant			
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services			
	Intermediate Care		Administration						
	Skilled Nursing								

Report Year:	2012	12024		Miracle Mile Medical Center		Los Angeles	Page:16 of 19
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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 Numbe	r: BLD-01224	Building Na	me: Main Hospital				
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	C 3 and rem	ove from service by 2030		
Type of Service Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate	X	Dietetic				22
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Year:	2012	12024	Miracle Mile Medical Center	Los Angeles	Page:17 of 19
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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:	uilding Number: BLD-03234 Building Name: Tower Building								
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	C 3 and rem	ove from service by 2030				
Type of Service Provided									
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic						
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services		

Report Year:	2012	12024	Miracle Mile Medical Center		Los Angeles	Page:18 of 19
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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:	Building Number: BLD-05236 Building Name: Main Hospital - Ogden Building									
Configuration:	Retrofit Non-Confo	rming buildir	ming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Service	e Provided									
	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant			
	ntermediate Care		Dietetic		Nuclear Medicine	X	Support			
	killed Nursing		Administration		Nucleal Medicine		Services			

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

Report Year: 2012 12024 Miracle Mile Medical Center Los Angeles Page:19 of 19