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

Facility Number:	11545	
Facility Name:	Los Ang	geles Community Hospital
Address:	4081 E.	Olympic Blvd.
City:	Los Ang	eles
Hospital Owner/Lic	censee:	Alta Los Angeles Hospitals Inc.
Year of Re	porting:	2013
Contact 1 e-mail A	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ac	ddress::	
Name of Sul	bmitter:	Drew Dickey
Submissio	n Date:	12/28/2013 6:46:32 AM

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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 inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BI	_D-03779	Building Name:	1st and 2nd Story Addition	
Type of Service Prov	<u>/ided</u>			_
X Nursing	Inpatient Beds	29 Inpatient 9330 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	12 Inpatient Days 1762	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	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration X Support	Renal Dialysis Outpatient
X Skilled Nursing	Inpatient Beds	39 Inpatient Days 10506	Services Obstetrical	Surgery
		otal Beds this uilding	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-03779	Building Name: 1st	and 2nd Story Addition		
Medical / Surgical ((Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 9330 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 39 Bed	Inpatient 1050 Days 6
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 12 Bed	Inpatient 1762 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	80	80

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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-00654	Original Building & Additions	Remain
BLD-00655	Dietary Addition	Remain
BLD-03779	1st and 2nd Story Addition	Retrofit

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		l acute care h 130061(c)(4)	ospital in	patient servi	ce that is provided	l in any g	enaral acute care l	hospital bu	uilding that is rated
Building N	umber:	BLD-03779	Building	g Name: 1s	t and 2nd Story Ad	dition			
Туре о	of Service	Provided							
					Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	X	Nursing			Anesthesia				
		IntensiveCar	е				Obstetrical Recovery		Renal Dialysis
	X	Pediatric/Add	ol	X	Clinical Lab				Outpatient
		escent		X	Radiological/		Newborn/ WellBaby		Surgery
		Psychiatric Nursing			Imaging Pharmaceutical		Emergency	X	Central Plant
		Obstetrical			. namaoodica			_	
	Ш	Ante/Postprt	um		Dietetic		Nuclear Medicine	X	Support Services
		Intermediate Care			Administration				

Report Status: **Data Last Update:** 12/28/2013 **Submission Date:** 12/28/2013 **Print Date:** 12/29/2013 1:50 PM

Skilled Nursing

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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-00654 Building Name: Original Building & Additions								
Configuration:	N/A							
Type of Servi	ce Provided							
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery	
X	Obstetrical	X	Pharmaceutical					
<u>.</u>	Ante/Postprtum				Emergency	X	Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support	
	Skilled Nursing	X	Administration		Nucleal Medicine		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 Na	me: Dietary Addition	on			
Configuration:	N/A						
Type of Servi	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate	X	Dietetic	_	Lineigonoy	_	Contract tark
	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-03779 Building Name: 1st and 2nd Story Addition									
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030								
Type of Service Provided									
X Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol cent	X	Clinical Lab		Recovery				
	ychiatric ırsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
Int	ermediate		Dietetic		Lineigency		Contrar Frant		
Ca	illed Nursing		Administration		Nuclear Medicine	X	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)

Buildir	ng Number: BL	.D-00654	Building I	Name: Or	iginal Building & A	Additions	
<u>Type</u>	of Service Pro	<u>vided</u>					
X	Nursing	Inpatient Beds	28	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	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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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: BI	_D-00655	Building I	Name: Dietary Addition		
Type of Service Pro	<u>ovided</u>				
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	X 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: Orig	inal Building & Additions		
Medical / Surgical (In	clude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 28 Bed	Inpatient 10812 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 16 Bed	Inpatient 499 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
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	nentally
Inpatient 6 Bed	Inpatient 2102 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 50	Service 50

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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-00655 Buil	ding Name: Dieta	ary Addition		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric Intensive Care Newborn Nursery		Intermediate Care			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Total Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0	