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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/Lice	nsee: Avanti Health System	
Year of Rep	orting: 2013	
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	lress::	
Name of Sub	mitter: ELADH	
Submission	Date: 12/16/2013 3:27:20 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- 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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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-00673	}	South Addition		Retro Proje	fit/Replacen	nent Yes-	Submitte	d
Facility <u>Number</u>	Project Sub Number Num		Scope	Date Plan in	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11598	H132422-19 -00	0	Building 4 00673 Voluntary Seismic Improvement for SPC-2 Reclassification	10/24/2013 12:00:00 AM	12/5/20 12:00	-		ACTI	No

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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: BLD	D-00670	Building Name:	Original Building		
Type of Service Provide	<u>ded</u>				_
	Inpatient 0 Beds	Inpatient 0 Days		X Surgical	X Obstetrical Recovery
	Inpatient 0 Beds	Inpatient Days 0		X Anesthesia	X Newborn/ WellBaby
	Inpatient 7 Beds	Inpatient Days 924		X Clinical Lab	Emergency
	Inpatient 0 Beds	Inpatient Days 0	֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	X Radiological/ Imaging	Nuclear Medicine
17.1	Inpatient 14 Beds	Inpatient Days 2387		X Pharmaceutical Dietetic	Rehabilitation Therapy
	Inpatient 0 Beds	Inpatient Days 0	'	X Administration X Support	Renal Dialysis
	Inpatient 0 Beds	Inpatient Days 0	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Services X Obstetrical	X Outpatient Surgery
	Total E Buildir	Beds this 21] "	Cesarean/Deliv	Central Plant

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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: BLD-00673		Building Na	Building Name: South Addition			
Type of Service Provided						_
X Nursing Inpati Beds	ent 71	Inpatient Days	12611		Surgical	Obstetrical Recovery
X IntensiveCare Inpati Beds	ent 10	Inpatient Days	2483		Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpati escent Beds	ent 0	Inpatient Days	0		Clinical Lab	X Emergency
Psychiatric Inpati Nursing Beds	ent 0] Inpatient Days	0		Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpati Ante/Postprtum Beds	ent 0	Inpatient Days	0		Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Inpati Care Beds	ent 0	Inpatient Days	0		Administration	Renal Dialysis
X Skilled Nursing Inpati Beds	ent 25	Inpatient Days	8340		X Support Services Obstetrical	Outpatient Surgery
	Total I Buildir	Beds this g	106		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: Orig	inal Building		
Medical / Surgical ((Include GYN)	Acute Respiratory	<i>r</i> 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 14 Bed	Inpatient 2387 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 7 Bed	Inpatient 924 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn 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	21	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: Sout	h Addition		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 71 Bed	Inpatient 1261 Days 1	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 25 Bed	Inpatient 8340 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	ment
Inpatient 4 Bed	Inpatient 2551 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 6 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	106	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 Buildir	ng Name:	Priginal Building						
Type of Service Provided									
		X	Surgical	X Obstetrical Cesarean/Deliv	Rehab Therap	oilitation py			
	Nursing	X	Anesthesia						
	IntensiveCare		Anostriosia	X Obstetrical Recovery	Renal	Dialysis			
X	Pediatric/Adol	X	Clinical Lab		X Outpa				
	escent	X	Radiological/ Imaging	X Newborn/ WellBaby	Surger	ry			
	Psychiatric Nursing	X	Pharmaceutical	Emergency	Centra	al Plant			
X	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X Suppo Servic	ort :es			
	Intermediate Care	X	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-00673 Buildin	g Name:	South Addition			
Type of Servic	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
X	IntensiveCare		7 1110011100110	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab	_		Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging			0
	Obstatis		Pharmaceutical	X Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate					
_	Care		Administration			
X	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 Numbe	er: BLD-00670	Building Na	me: Original Building)			
Configuration: N/A							
Type of Serv	vice Provided						
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
X	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				
	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-00673 Building Name: South Addition							
Configuration: N/A							
Type of Service	e Provided						
X N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X II	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	ntermediate	X	Dietetic		o.goo,		ooman nam
	care skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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