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

Facility Number:	11646
Facility Name:	Pacific Alliance Medical Center Inc.
Address:	531 W. College St.
City:	Los Angeles
Hospital Owner/Lice	ensee: PAMC Ltd.
Year of Rep	orting: 2013
Contact 1 e-mail Ad	Idress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Ron Anderson
Submission	Date: 12/16/2013 3:08:04 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- 00686	West Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	10/10/2019
BLD- 00687	East Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	10/10/2019

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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-00686 West Wing	Retrofit/Replacement Hazus-Submitted Project:
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11646 IL101468-0 0	6/30/2010 ACTI No 12:00:00 AM
Building No: BLD-00687 East Wing	Retrofit/Replacement Hazus-Submitted Project:
Building No: BLD-00687 East Wing Facility Project Sub Scope Number Number Num	

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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: BL	_D-00686		Building Name:	W	est Wing	
Type of Service Prov	<u>/ided</u>					_
X Nursing	Inpatient Beds	13	Inpatient 138	3	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0	Inpatient Days	o o	Anesthesia X	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	D .	Radiological/ Imaging Pharmaceutical	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	6	Inpatient Days 101	4	Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0	Inpatient Days	o o	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0	Inpatient Days	o]	Support Services X Obstetrical	Outpatient Surgery
		Total E Buildin	Beds this g	19	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-00687	Building Name:	East Wing		
Type of Service Provided				
X Nursing Inpatient Beds	43 Inpatient 10632 Days	I I Surgical I I sa	stetrical covery	
IntensiveCare Inpatient Beds	0 Inpatient Days 0	I I I Anacthocia	wborn/ ellBaby	
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab Em	ergency	
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	☐ Radiological/ ☐ Me	clear dicine	
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	1 1 1 =	habilitation erapy	
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration	nal Dialysis	
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Services Sur	tpatient gery	
	Total Beds this Building 43	Cesarean/Deliv Cel	ntral 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-00686	Building Name: We	est Wing		
Medical / Surgical (Include GYN)	Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 1 Bed	Inpatient 208 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 1014 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	ewborn	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	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 1180 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	19	19

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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-00687	Building Name: East	Wing			
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 43 Bed	Inpatient 1063 Days 2	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse l	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 / 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	43	43	

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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-00686	West Wing	Retrofit
BLD-00687	East Wing	Retrofit
BLD-00688	Northwest Wing	Remain
BLD-00689	Northeast Wing	Remain
BLD-00690	South Wing	Remain

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eport Year:	2013	11646	Pacific A	lliance Medica	al Center Inc.		Los Angeles		Page:13 of 25
SPC-1 per	Section	130061(c)(4)				in any	genaral acute care h	ospital bu	ilding that is rated
Building Nu	ımber:	BLD-00686	Building	g Name: W	est Wing				
Type of	Service	Provided							
					Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	X	Nursing			Anesthesia	_	Obstetrical		Renal Dialysis
		IntensiveCare	Э				Recovery	Ш.	tonal Blaryolo
		Pediatric/Add	ol		Clinical Lab	X	Newborn/		Outpatient Surgery
		Psychiatric			Radiological/ Imaging		d WellBaby		
	<u>—</u>	Nursing			Pharmaceutical		Emergency		Central Plant
	X	Obstetrical Ante/Postprtu	ım		Dietetic		Nuclear Medicine		Support Services
		Intermediate Care			Administration				
		Skilled Nursir	na						

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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-00687	Building Name:	East Wing			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare	<u> </u>		Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adol escent		Clinical Lab			Outpatient
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	,	Pharmaceutical	Emergency		Central Plant
	Obstetrical					
	Ante/Postprtum	' [Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		_			
	Cale		Administration			
	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	er: BLD-00686	Building Na	me: West Wing			
Configuration	: N /A					
Type of Serv	vice Provided					
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	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-00687 Building			me: East Wing			
Configuration:	N/A					
Type of Service 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
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency		Central Plant
	Intermediate Care		Dietetic	Nuclear Medicine		Support
	Skilled Nursing		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 Numbe	er: BLD-00688	Building Na	me: Northwest Wi	ng		
Configuration	N/A					
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
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic	Ш	Lineigency	Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine	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-00689	Building Nar	ne: Northeast Wing		
Configuration:	N/A				
Type of Service	e Provided				
X N	ursing	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X In	tensiveCare		Anesthesia	Obstetrical Recovery	Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab	Recovery	
	sychiatric ursing	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency	Central Plant
	termediate		Dietetic		
	are killed Nursing		Administration	Nuclear Medicine	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 Numbe	r: BLD-00690	Building Na	me: South Wing			
Configuration:	N/A					
Type of Serv	rice 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
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency		Central Plant
	Intermediate		Dietetic	Lineigency		Contrain land
	Care Skilled 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)

Buildi	ng Number: BLE	D-00688	Building N	Name: No	orthwest Wing		
Туре	e of Service Prov	<u>ided</u>					
X	Nursing	Inpatient Beds	11		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
X	Obstetrical Ante/Postprtum	Inpatient Beds	12		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		23				

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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	.D-00689	Building I	Name: Northeast Wing		
Type of Service Pro	<u>vided</u>				
X Nursing	Inpatient Beds	32	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	9	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X 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		41			

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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)

Buildi	ng Number: BLI	D-00690	Building I	Name: So	uth Wing		
Туре	e of Service Prov	<u>ided</u>					
X	Nursing	Inpatient Beds	12		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		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		12				

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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-00688	Building Name:	Northwest Wing				
Medical / Surgical (I	nclude GYN)	Acute Respi	ratory Care	Acute Psychiatric			
Inpatient 12 Bed	Inpatient 2	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care			
Inpatient 0	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitatio Center	n	Int. Care / Developn Disabled	nentally		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	11 Inpatient 1258 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical De	pendency	Total Beds this Building Per	Total Beds this Building Per		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit 23	Service 23		

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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-00689 Build	ing Name: Nort	heast Wing			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 32 Bed	Inpatient 11417 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude No	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0	
Pediatric		Intensive Care New	wborn	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 / Developn Disabled	nentally	
Inpatient 9 Bed	Inpatient 1224 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Unit 41	Service 41	

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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-00690	Building Nar	ne: Sout	South Wing			
Medical / Surgical (Include GYN)		Acute	Acute Respiratory Care			Acute Psychiatric	
Inpatient 12 Bed	Inpatient Days	2419 Inpati Bed	ent 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)			Burn			Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			Intensive Care Newborn Nursery			Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center			Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient Days	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 Days	0 Inpati Bed	ent 0	Inpatient Days	0	Unit 12	Service 12