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

Facility Number:	11863
Facility Name:	Olympia Medical Center
Address:	5900 West Olympia Blvd.
City:	Los Angeles
Hospital Owner/Lice	ensee: Olympia Health Care, LLC
Year of Rep	orting: 2013
Contact 1 e-mail Ad	ldress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Newport Architectural Group
Submission	Date: 12/18/2013 5:03:51 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	g Extension Date	Anticipated Completion Date
BLD- 00369	East Wing & Additions	5900 West Olympia Blvd.	Retrofit	SPC2	01/01/2018	03/19/2017
BLD- 00370	West Wing & Additions	5900 West Olympia Blvd.	Retrofit	SPC2	01/01/2018	06/01/2017
BLD- 00371	Pavilion / Addition	5900 West Olympia Blvd.	Retrofit	SPC2	01/01/2017	03/25/2016

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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-00369	East Wing & Additions	Retrofit/Replac	cement	ıs-Submit	ted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. State in Date Date		Status	CEQA Review
11863 HL112108-0 0		8/1/2011 12:00:00 AM		ACTI	No
11863 SL090672-0 0		4/1/2009 4/1/2010 12:00:00 12:00:00 AM AM		PEND	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: BL	.D-00369	Building Name:	East Wing & Additions	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	120 Inpatient 13687 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	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X 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	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X 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-00370	Building Name:	West Wing & Additions	
Type of Service Provided			_
X Nursing Inpatient Beds	40 Inpatient 9836 Days	Surgical	Obstetrical Recovery
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
	Total Beds this Building 40	Cesarean/Deliv	X 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-0037	Building Name:	Pavilion / Addition	
Type of Service Provided			_
X Nursing Inpation Beds	nt 32 Inpatient 3268 Days	Surgical Obstetri	
X IntensiveCare Inpation	nt 12 Inpatient Days 3268	Anesthesia Newbor WellBab	
Pediatric/Adol Inpatie	nt 0 Inpatient Days 0	Clinical Lab Emerge	ency
Psychiatric Inpation	nt 0 Inpatient Days 0	Radiological/ Nuclear Medicin	
Obstetrical Inpation	nt 0 Inpatient Days 0	Pharmaceutical Rehabili Dietetic Therapy	
Intermediate Inpation	nt 0 Inpatient Days 0	X Administration Renal D	·
Skilled Nursing Inpation	nt 0 Inpatient Days 0	X Support Outpatien Surgery Obstetrical	
	Total Beds this Building	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-00369	Building Name: Ea	st Wing & Additions		
Medical / Surgical (Include GYN)	Acute Respirator	ry Care	Acute Psychiatric	
Inpatient 120 Bed	Inpatient 1368 Days 7	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	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 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 / 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	120	120

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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-00370 B	Building Name: Wes	t Wing & Additions		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 40 Bed	Inpatient 9836 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / 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 / developn Disabled	nent
	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 Days	Inpatient 0 Bed	Inpatient 0 Days	40	40

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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-00371	Building Name:	Pavilion / Addition		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 32 Bed	Inpatient 3268 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 6 Bed	Inpatient 1634 Days	Inpatient Bed	0 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 1634 Days	Inpatient Bed	0 Inpatient 0 Days	44	44

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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-00368	North Wing	Remain
BLD-00369	East Wing & Additions	Retrofit
BLD-00370	West Wing & Additions	Retrofit
BLD-00371	Pavilion / Addition	Retrofit

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port Year: 2013	11863 Olympia	a Medical Center	Los Angeles	Page:15 of 24
Report any genera	I acute care hospital i	npatient service that is provide	d in any genaral acute care b	hospital building that is rated
SPC-1 per Section	130061(c)(4)	ng Name: East Wing & Addition		
Building Number:	BLD-00369 Buildii	ig Name. East Wing & Addition	15	
Type of Service	Provided			
		X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		000010011100111	.,
		Anesthesia	Obstetrical	Renal Dialysis
	IntensiveCare		Recovery	
	Pediatric/Adol escent	Clinical Lab		X Outpatient
	escent	X Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing	Imaging		
	rivursing	X Pharmaceutical	X Emergency	X Central Plant
	Obstetrical Ante/Postprtum		X Nuclear	X Support
	Ante/Postpitum	Dietetic	Medicine	Services
	Intermediate			
	Care	Administration		

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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-00370	Building Name:	West Wing & Additions									
Type of Service Provided												
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X	Nursing		Anesthesia									
	IntensiveCare		_	Ш	Obstetrical Recovery	Ш	Renal Dialysis					
	Pediatric/Ado escent	, L	Clinical Lab		Newborn/		Outpatient Surgery					
	Davahistria		Radiological/ Imaging	Ш	WellBaby		Cu. go.,					
	Psychiatric Nursing		Pharmaceutical		Emergency	X	Central Plant					
	Obstetrical Ante/Postprtu	ım			Nuclear	Х	Support					
	i indir delpita		Dietetic		Medicine		Services					
	Intermediate Care	 x	X Advantation									
			X Administration									
	Skilled Nursin	ng I										

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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-00371	Building Name:	Pavilion / Addition									
Type of Service Provided												
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
X	Nursing		Anesthesia									
X	IntensiveCare	·	_	Obstetrical Recovery		Renal Dialysis						
	Pediatric/Ado escent	, [Clinical Lab			Outpatient						
			Radiological/ Imaging	Newborn/ WellBaby		Surgery						
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant						
	Obstetrical		_	Nuclear	X	Support						
	Ante/Postprtu		Dietetic	Medicine		Services						
	Intermediate Care		_									
	Cale		Administration									
	Skilled Nursin	ng										

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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-00368	Building Na	me: North Wing				
Configuration:							
Type of Service	e Provided						
	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	ntermediate	X	Dietetic				
	are killed 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 Number	Building Number: BLD-00369 Building Name: East Wing & Additions									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and N	PC 3 and rem	ove from service by 2030)				
Type of Servi	ce Provided									
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emorgonov		Central Plant			
	Intermediate		Dietetic	X	Emergency	X	Central Plant			
	Care Skilled Nursing		Administration	X	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-00370 Building Name: West Wing & Additions										
Configuration	Retrofit Non-Confo	orming buildi	rming building to SPC 2 and NPC 3 and remove from service by 2030							
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			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
П	Intermediate		Dietetic		Linergency		Ocilliai Flant			
	Care	X	Administration		Nuclear Medicine	X	Support Services			
	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-00371 Building Name: Pavilion / Addition									
Configuration:	Retrofit Non-Confo	rming buildi	ming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Service	ce Provided								
X N	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X II	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emorgonov	abla	Central Plant		
	ntermediate		Dietetic		Emergency	X	Central Plant		
	Care	X	Administration		Nuclear Medicine	X	Support Services		
	Skilled Nursing		Administration						

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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	uilding Number: BLD-00368 Building Name: North Wing									
Туре	e of Service Prov	<u>ided</u>								
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0	X	Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0	X	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	X Central Plant			
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services			
	Skilled Nursing	Inpatient Beds	0		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-00368	Building Name:	North Wing			
Medical / Surgical (Include GYN)		Acute Respira	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN)		Burn	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Pediatric		Intensive Car Nursery	Intensive Care Newborn Nursery		Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Intensive Care		Rehabilitatior Center	i	Int. Care / Developm Disabled	entally	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Coronary Care		Chemical Dep	Chemical Dependency		Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Building Per Unit	Service 0	

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