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

Facility Number:	12014	
Facility Name:	St. Vincen	nt Medical Center
Address:	2131 W. 3	3rd St.
City:	Los Angel	eles
Hospital Owner/Lic	ensee:	Daughters of Charity Health System
Year of Reporting:		2013
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Mark Stultz
Submission	n Date:	9/23/2013 9:53:47 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	g Extension Date	Anticipated Completion Date
BLD- 01211	Main Hospital	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2015
BLD- 01212	Central Plant / Parking Garage	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2015
BLD- 01213	Doheny Wing	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	12/31/2015

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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-01211	Building Name:	Main Hospital	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	253 Inpatient 39648 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	61 Inpatient Days 3665	X 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	X 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	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	¬ I I	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-01	212	Building Nam	ne:	Central	Plant / Parking Garage		
Type of Service Provided							
Nursing Inpa	atient 0	Inpatient Days	0		Surgical		Obstetrical Recovery
IntensiveCare Inpa	atient 0	Inpatient Days	0		Anesthesia		Newborn/ WellBaby
Pediatric/Adol Inpa escent Bed	atient 0	Inpatient Days	0		Clinical Lab		Emergency
Psychiatric Inpa Nursing Bed	ntient 0	Inpatient Days	0		Radiological/ Imaging		Nuclear Medicine
Obstetrical Inpa Ante/Postprtum Bed	atient 0	Inpatient Days	0		Pharmaceutical Dietetic		Rehabilitation Therapy
Intermediate Inpa	atient 0	Inpatient Days	0		Administration		Renal Dialysis
Skilled Nursing Inpa	atient 0	Inpatient Days	0		Support Services  Obstetrical		Outpatient Surgery
	Total E Buildin	Beds this	0		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: BL	_D-01213	Building Name:	Doheny Wing	
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	19 Inpatient 4834 Days	X Surgical [	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	6 Inpatient Days 420	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	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration [	Renal Dialysis
X Skilled Nursing	Inpatient Beds	27 Inpatient Days 7426	X Support Services Obstetrical	Outpatient Surgery
		otal Beds this 52 Building	Cesarean/Deliv	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-01211	Building Name: Mair	n Hospital		
Medical / Surgical (	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 253 Bed	Inpatient 3964 Days 8	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 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	nent
Inpatient 61 Bed	Inpatient 3665 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	314	314

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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-01212	Building Name:	Central Plant / Parking Gara	ge	
Medical / Surgical (Include GYN)	Acute Respir	ratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Car Nursery	re Newborn	Intermediate Card	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitation Center	1	Int. Care / developn Disabled	nent
Inpatient 0 Inpatient 0 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 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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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-01213	Building Name: Doh	eny Wing		
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 I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 27 Bed	Inpatient 7426 Days
Pediatric		intensive Care Ne 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 6 Bed	Inpatient 420 Days	Inpatient 19 Bed	Inpatient 4834 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	52	52

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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-01211	Main Hospital	Retrofit
BLD-01212	Central Plant / Parking Garage	Retrofit
BLD-01213	Doheny Wing	Retrofit
BLD-01214	Cath Lab	Remain

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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)

or or per oconor						
Building Number:	BLD-01211 Buildin	g Name: Ma	ain Hospital			
Type of Servic	e Provided					
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia			
X	IntensiveCare		Allestifesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab		Х	Outpatient
	escent	X	Radiological/ Imaging	Newborn/ WellBaby		Surgery
Ш	Psychiatric Nursing	X	Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	X Nuclear Medicine	X	Support Services
	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-01212	Building Name:	Central Plant / Parking	g Garage		
Type of Service	e Provided		_	_		
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			D 10:1:
	IntensiveCare	,	٦	Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado escent	·	_ Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		
	Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	m _	7	Nuclear Medicine	Х	Support
			Dietetic	weakine		Services
	Intermediate Care		Administration			
	Skilled Nursin	g	_			

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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-01213 Buildin	g Name: Doheny Wing		
Type of Servic	e Provided			_
	Numaina	X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
<u> </u>	Nursing	X Anesthesia	Obstetrical	Renal Dialysis
X	IntensiveCare	Clinical Lab	Recovery	
	Pediatric/Adol escent	Radiological/	Newborn/ WellBaby	Outpatient Surgery
	Psychiatric Nursing	Imaging  Pharmaceutical	X Emergency	Central Plant
	Obstetrical	Friamiaceutical	X Emergency  Nuclear	
	Ante/Postprtum	Dietetic	Medicine	X Support Services
	Intermediate Care	A desiminator time		
ات ا	Chille d Novembre	Administration		
X	Skilled Nursing	I		

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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-01211	Building Na	me: Main Hospita	I			
Configuration:	N/A						
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic	Ш	Emergency		Contrain land
	Care Skilled Nursing	X	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 Numbe	r: BLD-01212	Building Na	me: Central Plant	/ Parking Gai	rage		
Configuration:	N/A						
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic	Ш	Linergency		Central Flant
	Care 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-01213	Building Na	me: Doheny Wing					
Configuration	Configuration: N/A							
Type of Serv	vice Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
	Intermediate		Dietetic		Emergency		Contrain land	
X	Care 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 Number:	BLD-01214	Building Na	me: Cath Lab			
Configuration:	N/A					
Type of Servic	e Provided					
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency	Central Plant
	ntermediate care		Dietetic			
	killed Nursing		Administration		Nuclear Medicine	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)

Building Number: BL	.D-01214	Building N	lame: Cath Lab				
Type of Service Provided							
Nursing	Inpatient Beds	0	X 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	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		0					

Report Status: **Data Last Update:** 09/23/2013 **Submission Date:** 09/23/2013 **Print Date:** 9/24/2013 1:50 PM

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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-01214 B	uilding Name:	ath Lab		
Medical / Surgical (In	clude GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (Exclude No	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		Intensive Care	Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Depe	ndency	Total Beds this  Building Per  Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service 0	

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