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

Facility Number:	13225
Facility Name:	Silver Lake Medical Center - Downtown Campus
Address:	1711 W. Temple St.
City:	Los Angeles
Hospital Owner/Lice	ensee: Success Healthcare1, LLC
Year of Rep	porting: 2013
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	dress::
Name of Sub	Silver Lake Medical Center Downtown Campus
Submission	Date: 10/25/2013 3:24:30 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	ling Name Alternate Building Address		Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00055	Hospital and Medical Office	1711 W. Temple St.	Retrofit	SPC2	01/01/2016	06/05/2015

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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-00055 Hospital and Medical Office	Retrofit/Replacement Hazus-Subm Project:	itted
Facility Project Sub Scope <u>Number Number Num</u>	Date Plan Approved Proj. Start Proj. Completed Status in Date Date Date	CEQA Review
13225 P-2011- 0 00948	12/28/2011 12/28/2011 PEND 12:00:00 12:00:00 AM AM	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-00055		Building Name: Hospital and Medi		oital and Medical Office		
Type of Service Provided	_					_
X Nursing Inpatient Beds		npatient 12806 Days		X Surgical		Obstetrical Recovery
X IntensiveCare Inpatient Beds	12 In	npatient Days 2514		X Anesthesia		Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 1	Inpatient Days 0		X Clinical Lab		Emergency
X Psychiatric Inpatient Nursing Beds	29 I	Inpatient Days 9927		X Radiological/ Imaging	X	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 1	Inpatient Days 0		X Pharmaceutical X Dietetic	X	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 1	Inpatient Days 0		Administration X Support	X	Renal Dialysis Outpatient
Skilled Nursing Inpatient Beds	0 1	Inpatient Days 0		Services Obstetrical		Surgery
	Total Bed Building	ds this 11	6	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-00055	Building Name: Hosp	oital and Medical Office		
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 75 Bed	Inpatient 1280 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 29 Bed	Inpatient 9927 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 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	nent
Inpatient 12 Bed	Inpatient 2514 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	116	116

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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-00055	Hospital and Medical Office	Retrofit
BLD-00056	Boiler & Emergency Generator	Remain
BLD-03826	Main Hospital - West	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)

Building Number:	BLD-00055 Buildin	ng Name: H	ospital and Medical C	Office							
Type of Service Provided											
		X	Surgical	Ш	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy				
X	Nursing	X	Anesthesia								
X	IntensiveCare				Obstetrical Recovery	X	Renal Dialysis				
	Pediatric/Adol	X	Clinical Lab			abla	Outpatient				
	escent	X	Radiological/		Newborn/ WellBaby	X	Surgery				
X	Psychiatric Nursing		Imaging		_						
	_	X	Pharmaceutical	Ш	Emergency	X	Central Plant				
	Obstetrical Ante/Postprtum	X	Dietetic	X	Nuclear Medicine	X	Support Services				
	Intermediate Care										
	Oait		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: BLD-00055 Building Name: Hospital and Medical Office								
Configuration:	Retrofit Non-Confo	rming buildi	ming building to SPC 2 and NPC 3 and remove from service by 2030					
Type of Serv	ice Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
X	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical					
	Ante/Fostpitum				Emergency	X	Central Plant	
	Intermediate Care	X	Dietetic	X	Nuclear Medicine	X	Support	
	Skilled Nursing		Administration				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-00056	Building Nar	me: Boiler & Emerge	ncy Gener	rator	
Configuration:	N/A					
Type of Service	ce Provided					
	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		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-03826	Building Na	me: Main Hospital	- West			
Configuration: N/A							
Type of Service	ce Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	ntermediate Care		Dietetic				Surnert
	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)

Building Number: BL	D-00056	Building N	Name: Boiler & Emergency G	Senerator		
Type of Service Provided						
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	Dietetic	Nuclear Medicine	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 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-03826	Building I	Name: Ma	ain Hospital - West		
Type of Service Provided						
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		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-00056 B	uilding Name:	Boiler & Emergency Genera	ator		
Medical / Surgical (In	clude GYN)	Acute Respira	atory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude No	ewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	
Pediatric		Intensive Car Nursery	e Newborn	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center	1	Int. Care / Developr Disabled	nentally	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dep	endency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit 0	Service 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-03826	Building Name:	Main Hospital - West			
Medical / Surgical (I	nclude GYN)	Acute Resp	iratory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	
Pediatric		Intensive Ca Nursery	are Newborn	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitatio Center	on	Int. Care / Develop Disabled	mentally	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Do	ependency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit 0	Service 0	