Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital	Owner and Year of Report per	r Section 130061(e)	
Facility Number:	11545		
Facility Name:	Los Angeles Community Ho	ospital	
Address:	4081 E. Olympic Blvd.		
City:	Los Angeles		
Year of Re Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A	orting: 2014 dress: dress:	s nospitals inc.	
Name of Su	mitter: Jose Colon		
Submissio	Date: 12/19/2014 8:48	3:49 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-	1st and 2nd Story	4081 E. Olympic Blvd.	Retrofit	SPC2	01/01/2020	01/01/2019

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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-03779 1st and 2nd Story Addition		Retrofit/Rep Project:	placement	Yes-Pla	nned	
Facility Proje Number Num		Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11545 P-201 00876		12/16/2011 12:00:00 AM	12/21/2011 12:00:00 AM	12/22/2011	12/31/2015	PEND	No

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Provide the number o	f inpatient bed	ds and patient days per type of service p	per building per Section 13006	1(c)(1)(F)	
Building Number: Bl	_D-03779	Building Name: 1s	st and 2nd Story Addition		
Type of Service Prov	<u>vided</u>				
X Nursing	Inpatient Beds	29 Inpatient 9330 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
X Pediatric/Adol escent	Inpatient Beds	12 Inpatient Days 1762	X Clinical Lab	Emergency	1
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitati Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	ysis .
X Skilled Nursing	Inpatient Beds	39 Inpatient Days 10506 Total Beds this 80 Building	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery X Central Pla	nt

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Provide the number				.,,,,,	
Building Number:	BLD-03779 Bui	ding Name: 1st a	and 2nd Story Addition		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 1113 Days 9	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 39 Bed	Inpatient 1255 Days 5
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 12 Bed	Inpatient 1762 Days 7	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Core					
Intensive Care		Rehabilitation Center		Int. Care / develope Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		Inpatient 0 Days
Inpatient 0		Center Inpatient 0		Disabled Inpatient 0	Inpatient 0

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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-00654	Original Building & Additions	Remain
BLD-00655	Dietary Addition	Remain
BLD-03779	1st and 2nd Story Addition	Retrofit

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No proposed no	ew buildings	s to be constr	ructed at this or another site.		

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Report Year: Los Angeles Community Hospital Los Angeles 2014 11545 Page:9 of 20 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whether	er the genera	al acute care ser	vices and beds w	vill be relocated to a	new, existing o	or retrofitted building a lace" per Section 130	and any
corresponding i	Juliuli ig Sites	s or project r	idifibers for build	angs with a buildi	ing itesolution of its	ebulla of Itep	iace per Section 130	0001(C)(Z)(L).

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No data reporte	d for Section	130061(c)	(3).		

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Report any general per Section 130061	acute care hospital inpa	tient service tl	nat is provided in any	genaral	acute care hospital l	building t	hat is rated SPC-1
Building Number:	BLD-03779 Buildin	g Name: 1s	st and 2nd Story Addit	ion			
Type of Service	e Provided						
			Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare		Allestilesia		Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol	X	Clinical Lab				Outpatient
	escent	X	Radiological/ Imaging		Newborn/ WellBaby		Surgery
Ш	Psychiatric Nursing		Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
X	Skilled Nursing						

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Report the final configuration of all built requirements whether by retrofit or by a per Section 130061(c)(5)	dings on the hospital campus showing replacement and the type of service	ing how each building will comply we that will be provided in each gener	vith the SPC-5/NPC-4 or 5 ral actue care hospital building
Building Number: BLD-00654	Building Name: Original Building	& Additions	
Configuration: N/A	<u> </u>		
Type of Service Provided			
X Nursing	X Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	X Anesthesia	X Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Receivery	
Psychiatric Nursing	Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
X Obstetrical	X Pharmaceutical		
Ante/Postprtum		Emergency	X Central Plant
Intermediate	Dietetic	_	
Care Skilled Nursing	X Administration	Nuclear Medicine	X Support Services
S.unod Professing			

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	vhether by retrofit or by				ach building will comply be provided in each gen		
Building Numb	er: BLD-00655	Building Na	me: Dietary Addition	1			
Configuration	n: N/A						
Type of Ser	vice 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		Emorgonov		Central Plant
	Intermediate	X	Dietetic		Emergency		Ocilliai Fiaill
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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er: BLD-03779	Building Na	me: 1st and 2nd Sto	ory Addition			
n: N/A						
vice Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
IntensiveCare		Anesthesia		Obstetrical Paccycony		Renal Dialysis
Pediatric/Adol escent	X	Clinical Lab		Recovery		
Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical				Central Plant
Intermediate		Dietetic		Emergency		Central Plant
Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services
	I configuration of all but whether by retrofit or by 20061(c)(5) er: BLD-03779 : N/A vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum	I configuration of all buildings on the whether by retrofit or by replacement 2061(c)(5) er: BLD-03779 Building Na : N/A vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate	I configuration of all buildings on the hospital campus show whether by retrofit or by replacement and the type of service 20061(c)(5) er: BLD-03779	configuration of all buildings on the hospital campus showing how exhether by retrofit or by replacement and the type of service that will be 2061(c)(5) er: BLD-03779 Building Name: 1st and 2nd Story Addition	Configuration of all buildings on the hospital campus showing how each building will comply whether by retrofit or by replacement and the type of service that will be provided in each gen 2061(c)(5) BLD-03779	Configuration of all buildings on the hospital campus showing how each building will comply with the SF whether by retrofit or by replacement and the type of service that will be provided in each general actue of cooler (c)(5) BLD-03779

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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: BLD-00654 Building Name: Original Building & Additions									
Type of Service Provided									
X	Nursing	Inpatient Beds	28	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	6	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	16	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		50						

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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: BLD-00655 Building Name: Dietary Addition								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Intensiv	eCare Inpatient Beds	0	Anesthesia	a				
Pediatri escent	c/Adol Inpatient Beds	0	Clinical La	b Obstetrical Recovery	Renal Dialysis			
Psychia Nursing		0	Radiologic Imaging	newborn/ WellBaby	Outpatient Surgery			
Obstetri Ante/Po	cal Inpatient stprtum Beds	0	Pharmace	utical Emergency	Central Plant			
Interme Care	diate Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services			
Skilled I	Nursing Inpatient Beds	0	X Administra	ation				
Total Be 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-00654 Buildi		ng Name: Origi	nal Building & Additions				
Medical / Surgical (Incl	ude GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 28 Bed	Inpatient 10812 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays		
Perinatal (Exclude New	vborn / GYN)	Burn		Skilled Nursing			
Inpatient 16 Bed	Inpatient 499 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays		
Pediatric		Intensive Care Nev Nursery	vborn	Intermediate Care			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays		
Intensive Care		Rehabilitation Center		Int. Care / Developme Disabled	ntally		
Inpatient 6 Bed	Inpatient 2102 Days	Inpatient 0 Bed	Inpatient 0		patient 0 ays		
Coronary Care		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 50	Service 50		

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