## 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	Provide the Hospital Owner and Year of Report per Section 130061(e)							
Trovide the riospital	——————————————————————————————————————							
Facility Number:	11598							
Facility Name:	East Los Angeles Doctors Hospital							
Address:	4060 Whittier Blvd.							
City:	Los Angeles							
Hospital Owner/Lic	censee: Avanti Health System							
Vacant Day								
Year of Rep	porting: 2014							
Contact 1 e-mail A	ddress:							
Contact 2 e-mail A	ddress:							
Contact 3 e-mail Ad	ddress::							
Name of Sub	bmitter: ELADH							
Submission	n Date: 12/12/2014 7:09:00 PM							
Subitilission	11 Date. 12/12/2017 1.03.00 F W							

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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.	B '1 1' A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		Building Resolution	Final SPC Rating If Required	Extension Anticipated Date Completion Date	
BLD- 00670	Original Building	4060 Whittier Blvd.	Retrofit	SPC2	01/01/2019	03/01/2018

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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	g No: BLD-0	0670	Original Building		Retrofit/Rep Project:	placement	Yes-Sul	omitted	
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11598	H132422-19 -00	0	Building 4 00673 Voluntary Seismic Improvement for SPC-2 Reclassification	10/24/2013 12:00:00 AM	4/8/2014 12:00:00 AM	09/08/2014	11/12/2014	FIEL	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:	Building Number: BLD-00670 Building Name: Original Building									
Type of Service Pro	<u>ovided</u>									
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	X Obstetrical Recovery						
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby						
Pediatric/Adol escent	Inpatient Beds	7 Inpatient Days 924	X Clinical Lab	Emergency						
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine						
X Obstetrical Ante/Postprtur	Inpatient m Beds	14 Inpatient Days 2387	X Pharmaceutical Dietetic	Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis						
Skilled Nursing	g Inpatient Beds	0 Inpatient Days 0	X Support Services  X Obstetrical Cesarean/Deliv	X Outpatient Surgery						
		Total Beds this Building	Cesarean/Deliv	Central Plant						

Report Year:

2014

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Los Angeles

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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-00670 Building Name: Original Building									
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	Newborn / GYN)	Burn		Skilled Nursing					
Inpatient 14 Bed	Inpatient 2387 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card					
Inpatient 7 Bed	Inpatient 924 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / develop 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	21	21				

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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-00670	Original Building	Retrofit
BLD-00673	South Addition	Retrofit

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No proposed n	No proposed new buildings to be constructed at this or another site.									

Report Year: Los Angeles 2014 11598 East Los Angeles Doctors Hospital Page:8 of 17 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year: Los Angeles 2014 11598 East Los Angeles Doctors Hospital Page:9 of 17 No data reported for Section 130061(c)(2)(D).

Report Year: Los Angeles Page:10 of 17 2014 11598 East Los Angeles Doctors Hospital No data reported for Section 130061(c)(2)(D.

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No data reporte	ed for whethe	er the genera	al acute care services and beds will be r numbers for buildings with a Building Re	elocated to a	new, existing or retrofitted building a	and any
corresponding	building sites	or project i	turnibers for buildings with a building five	Solution of To	obtained of Replace per decition for	(U)(Z)(L).

Report Year: 2014 11598 East Los Angeles Doctors Hospital Los Angeles Page:12 of 17 No data reported for Section 130061(c)(3).

Building Number: BLD-00670 Building Name: Original Building											
Type of Service Provided  X Surgical X Obstetrical Rehabilitation											
			Surgical	<u> </u>	Obstetrical Cesarean/Deliv		Therapy				
	Nursing	X	Anesthesia								
	IntensiveCare			X	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol	X	Clinical Lab			[v]	Outpatient				
X	escent	X	Radiological/	X	Newborn/ WellBaby	X	Surgery				
	Psychiatric		Imaging		·						
	Nursing	X	Pharmaceutical		Emergency		Central Plant				
X	Obstetrical Ante/Postprtum				Nuclear	X	Support				
			Dietetic		Medicine		Services				
	Intermediate Care										
	Cale	X	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-00670 Building Name: Original Building											
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5											
Type of Service Provided											
Nursing	X Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy								
IntensiveCare	X Anesthesia	X Obstetrical Recovery	Renal Dialysis								
X Pediatric/Adol escent	X Clinical Lab	Recovery									
Psychiatric Nursing	X Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery								
X Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	Central Plant								
Intermediate Care	Dietetic	Nuclear Medicine	X Support								
Skilled Nursing	X 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-00673 Building Name: South Addition											
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5											
Type of Service Provided											
X	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X In	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	ediatric/Adol scent		Clinical Lab		Reservery						
	esychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical .nte/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant				
	ntermediate Care	X	Dietetic		Nuclear Medicine	X	Support				
x s	killed Nursing		Administration				Services				

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Includ and S	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	Building Number: BLD-00673 Building Name: South Addition									
Туре	Type of Service Provided									
X	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	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	X	Emergency	X	Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services	
X	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

Report Year: 2014 11598 East Los Angeles Doctors Hospital Los Angeles Page:17 of 17 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) BLD-00673 **Building Name:** South Addition **Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 71 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 25 Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Days Int. Care / Developmentally

## **Intensive Care** Rehabilitation Disabled Center Innationt Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days **Coronary Care Chemical Dependency** Inpatient 6 Inpatient Inpatient 0 Inpatient 0 Days Bed Bed Days

Bed	U
Total Beds this Building Per Unit	
10	6

**Total Beds this Building Per** Service

Inpatient

Days

0