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 Section 130061(e)								
Facility Number:	11621								
Facility Name:	Encino Hospital Medical Center								
Address:	16237 Ventura Blvd.								
City:	Encino								
Hospital Owner/Lic	Prime Healthcare Services Encino, LLC								
Year of Re	porting: 2014								
Contact 1 e-mail A	ddress:								
Contact 2 e-mail A	ddress:								
Contact 3 e-mail Ac	ddress::								
Name of Sul	omitter: Puchlik Design Associates								
Submissio	n Date: 10/27/2014 11:43:43 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	Building Name Alternate Building Address I		Final SPC Rating If Required	•	
BLD- 00677	Main Tower / Basement / Mech Bldg	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2016	12/01/2014

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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-0	0677	Main Tower / Basement / Mech Bldg	Retrofit/Rep Project:	olacement	Yes-Suk	Yes-Submitted		
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11621	HL091434-0	0	SPC-2 UPGRADES TO BUILDING #3	7/7/2009 12:00:00 AM		02/01/2014	10/01/2014	ACTI	No
11621	SL091334-0	0	MATERIALS TESTING PROGRAM - MAIN HOSPITAL TOWER (BLDG 3)	6/30/2009 12:00:00 AM	2/18/2010 12:00:00 AM			CLOS	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-00677 Building Name: Main Tower / Basement / Mech Bldg										
Type of Service Provided										
X Nursing	Inpatient Beds	62 Inpatient 5488 Days	X Surgical	Obstetrical Recovery						
X IntensiveCare	Inpatient Beds	10 Inpatient Days 759	X Anesthesia	Newborn/ WellBaby						
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	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	Rehabilitati Therapy	on					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialy	rsis					
X Skilled Nursing	Inpatient Beds	28 Inpatient Days 9450 Total Beds this 100 Building	X Support Services Obstetrical Cesarean/Deliv	X Outpatient Surgery X Central Pla	nt					

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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-00677 Bu	Ilding Name: Main	n Tower / Basement / Mech	ı Bldg					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric					
Inpatient 62 Bed	Inpatient 5488 Days	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 28 Bed	Inpatient 9450 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	nent				
Inpatient 10 Bed	Inpatient 759 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	100	100				

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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-00675	North Wing	Remain
BLD-00676	West Wing	Remain
BLD-00677	Main Tower / Basement / Mech Bldg	Retrofit

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Report Year: Encino Hospital Medical Center 2014 11621 Encino Page:9 of 20 No data reported for Section 130061(c)(2)(D).

Report Year: Encino Hospital Medical Center 2014 11621 Encino Page:10 of 20 No data reported for Section 130061(c)(2)(D.

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No data reporte	d for whethe	er the genera	al acute care services an	nd beds will be relocated to a	new, existing or retrofitted bu	uilding and any
corresponding b	Juliuling Sites	s or project i	idilibers for buildings wit	in a building Nesolution of N	repulla di Replace pel Sect	1011 130001(C)(Z)(L).

Report Year: Encino Hospital Medical Center 2014 11621 Encino Page:12 of 20 No data reported for Section 130061(c)(3).

Report Year: 201	11621 Encind	Hospital Med	lical Center		Encino		Page:13 of 20			
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-00677 Building Name: Main Tower / Basement / Mech Bldg										
Type of Service Provided										
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	Nursing	X	Anesthesia							
X	IntensiveCare				Obstetrical Recovery	X	Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Newborn/	Х	Outpatient Surgery			
_	Psychiatric	X	Radiological/ Imaging		WellBaby		Cangony			
	Nursing	X	Pharmaceutical		Emergency	X	Central Plant			
	Obstetrical Ante/Postprtum	X	Dietetic	Х	Nuclear Medicine	X	Support Services			
	Intermediate Care	X	Administration							
X	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-00675 Building Name: North Wing											
Configuration: N/A											
Type of Service Provided											
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy								
X IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis								
Pediatric/Adol escent	Clinical Lab	Recovery									
X Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery								
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant								
Intermediate	Dietetic	Emergency	Central Flant								
Care	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-00676 Building Name: West Wing												
Configuration:	Configuration: N/A											
Type of Servic	e Provided											
X N	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy					
In	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	ediatric/Adol scent		Clinical Lab		Recovery							
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	Obstetrical .nte/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant					
	ntermediate care		Dietetic		Nuclear Medicine	X	Support					
S	killed 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-00677 Building Name: Main Tower / Basement / Mech Bldg												
Configuration	Configuration: N/A											
Type of Se	ervice Provided											
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X	IntensiveCare	X	Anesthesia		Obstetrical Recovery	X	Renal Dialysis					
	Pediatric/Adol escent		Clinical Lab		Receivery							
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	Х	Central Plant					
	Intermediate Care	X	Dietetic	_ X	Nuclear Medicine	X	Support					
X	Skilled Nursing	X	Administration		Nucleal Medicine	^_	Services					
		-										

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Include 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-00675 Building Name: North Wing									
Туре	e of Service Prov	<u>rided</u>								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy		
X	IntensiveCare	Inpatient Beds	12		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	ll Dialysis		
X	Psychiatric Nursing	Inpatient Beds	13		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	ort ces		
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		25							

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	le information on PC-5 per Section		inpatient beds by	type of S	Service provided by b	uilding	s that are classified as	s SPC-2	2, SPC-3, SPC-4,
Buildi	ng Number: BLE	D-00676	Building Nar	me: We	est Wing				
Туре	e of Service Prov	<u>rided</u>							
X	Nursing	Inpatient Beds	25		Surgical		Obstetrical Cesarean/Deliv	X	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	X	Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		25						

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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:	_D-00675 Build	ing Name: No							
Medical / Surgical (Incl	ude GYN)	Acute Respirator	y Care	Acute Psychiatric					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 13 Inpatient 5857 Bed Days					
Perinatal (Exclude New	vborn / GYN)	Burn		Skilled Nursing					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Pediatric		Intensive Care No Nursery	ewborn	Intermediate Care					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled					
Inpatient 12 Bed	Inpatient 397 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Coronary Care		Chemical Depend	dency	Total Beds this Building Per Building Per					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 25					

Report Year: 2014 11621 **Encino Hospital Medical Center** Encino Page:20 of 20 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-00676 West Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 25