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	d Year of Report per Section 130061(e)						
Facility Number: Facility Name:	11646 Pacific	11646 Pacific Alliance Medical Center Inc.						
Address:	531 W.	College St.						
City:	Los Ang	geles]					
Hospital Owner/Licensee: Year of Reporting: Contact 1 e-mail Address: Contact 2 e-mail Address: Contact 3 e-mail Address::		PAMC Ltd. 2014 [Confidential data left blank intentionally.] [Confidential data left blank intentionally.] [Confidential data left blank intentionally.]						
Name of Sul	bmitter:	Ron Anderson]					
Submission	n Date:	1/21/2015 11:30:37 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 If Required	Extension Date	Anticipated Completion Date
BLD- 00686	West Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 00687	East Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 05825	East Wing Addition	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020

Report Year: 11646 Pacific Alliance Medical Center Inc. Los Angeles Page:3 of 32 2014 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: West Wing Retrofit/Replacement Hazus-Submitted BLD-00686 Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date d 11646 IL101468-0 0 6/30/2010 ACTI No 12:00:00 AM 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). **East Wing Building No:** BLD-00687 Retrofit/Replacement Hazus-Submitted Project: Facility Project Sub Plan Proiect CEQA Number Number Complete Num Scope Approved Start Date Review Date In Status Date d 0 6/30/2010 11646 IL101470-0 ACTI No 12:00:00 AM

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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).

BLD-05825 **East Wing Addition** Hazus-Submitted Building No: Retrofit/Replacement Project: Facility Project Plan **CEQA** Sub Project Number Number Num Scope Approved Complete Review Date In Start Date Status Date d 0 6/30/2010 ACTI No 11646 IL101470-0 12:00:00 AM

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Provide the number of	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-00686	Building Name: We	est Wing				
Type of Service Prov	<u>rided</u>						
X Nursing	Inpatient Beds	12 Inpatient 1941 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X 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			
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 972	Pharmaceutical Dietetic	Rehabilitat Therapy	ion		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dial	ysis		
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery			
	Beds	Total Beds this Building	X Obstetrical Cesarean/Deliv	Central Pla	nnt		

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Provide the number	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number:		Building Name: Ea	ast Wing					
<u> </u>		7000	I Cursical	☐ Obstetrical				
X Nursing	Inpatient Beds	43 Inpatient 7663 Days	Surgical	Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	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				
, va.og	2000		Pharmaceutical	□ Balatarasa				
Obstetrical Ante/Postprtui	Inpatient m Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursin		0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	Beds	Total Beds this Building 43	Obstetrical Cesarean/Deliv	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		Building Name: East	st Wing Addition				
Type of Service Prov	<u>rided</u>						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	1		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitat Therapy	ion		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	/sis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery			
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	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)

0
0
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this r
18

Report Year: 2014 11646 Pacific Alliance Medical Center Inc. Los Angeles Page:9 of 32 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00687 **Building Number: Building Name: East Wing** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 43 Inpatient 7663 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 43 Inpatient Inpatient 43 Inpatient Inpatient Days Days Bed Bed

Report Year: 2014 11646 Pacific Alliance Medical Center Inc. Los Angeles Page:10 of 32 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05825 **East Wing Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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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-00686	West Wing	Retrofit
BLD-00687	East Wing	Retrofit
BLD-00688	Northwest Wing	Remain
BLD-00689	Northeast Wing	Remain
BLD-00690	South Wing	Remain
BLD-05825	East Wing Addition	Retrofit

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No proposed ne	ew buildings	to be const	ructed at this or another site.		

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No data reporte	No data reported for Section 130061(c)(2)(D).						

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No data reporte	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 services	and beds will be relocated to	a r	new, existing or retrofitted building a build" or "Replace" per Section 130	and any
corresponding	bullaring sites	s or project i	idifibers for buildings	with a building resolution of	110	build of Replace per dection for	0001(c)(2)(L).

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No data reporte	ed for Section	on 130061(c))(3).		

ng Number:	BLD-00686 Buildi	ng Name: W	/est Wing			
pe of Service	e Provided	I 🗆	Surgical	X	Obstetrical	Rehabilitation
X	Nursing		Anesthesia	_	Cesarean/Deliv	Therapy
	IntensiveCare		Allestilesia		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Х	Newborn/	Outpatient Surgery
П	Psychiatric		Radiological/ Imaging	Λ.	WellBaby	3.7
	Nursing		Pharmaceutical		Emergency	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

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Report any general per Section 130061		atient service that is provided in any	genaral ac	ute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-00687 Buildin	g Name: East Wing					
Type of Service	Provided						
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	Anesthesia				Decel District	
	IntensiveCare			Obstetrical Recovery	Ш	Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab		lewborn/		Outpatient Surgery	
	Psychiatric	Radiological/ Imaging	<u> </u>	VellBaby			
	Nursing	Pharmaceutical	E	Emergency		Central Plant	
	Obstetrical Ante/Postprtum	Dietetic	□ N	luclear ledicine	X	Support Services	
	Intermediate Care	Administration					
	Skilled Nursing						

ilding Number:	BLD-05825 Buildi	ng Name: E	ast Wing Addition			
Type of Service	Provided	. –	Curainal	Obstateisal		Rehabilitation
			Surgical	Obstetrical Cesarean/Deliv	Ш	Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging			
	Nutsing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum			Nuclear Medicine	Х	Support
	·		Dietetic	Medicine		Services
	Intermediate Care					
	Caro		Administration			
	Skilled Nursing					

Iding Number: BLD-00686	Building Name: West Wing		
onfiguration: N/A			
Type of Service Provided			
X Nursing	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab		
Psychiatric Nursing	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
X Obstetrical	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	Cupport
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-00687	Building Nar	me: East Wing								
Configuration:	N/A										
Type of Service	Provided										
X Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab		Recovery						
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Car	ermediate re		Dietetic		Nuclear Medicine	х	Support				
Ski	lled Nursing		Administration				Services				

quirements whethe	er by retrofit or by rep	gs on the hospital campus lacement and the type of s	showing how each building will compervice that will be provided in each ge	ly with the SPC-5/NPC-4 or 5 eneral actue care hospital building
r Section 130061(c)(5)			
uilding Number:	BLD-00688 Bu	uilding Name: Northwest	Wing	
Configuration:	N/A			
Type of Service F	Provided			
X Nurs	sing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inter	nsiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pedi esce	iatric/Adol ent	Clinical Lab	recovery	
Psyc Nurs	chiatric sing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	tetrical b/Postprtum	Pharmaceutica		Central Plant
	rmediate	Dietetic	Emergency	Central Plant
Care		Administration	Nuclear Medicine	Support Services
Skill	ed Nursing			

uirements whether by retrofit or by Section 130061(c)(5)	replacement and the type of service	ving how each building will comply e that will be provided in each gen	eral actue care hospital building
ding Number: BLD-00689	Building Name: Northeast Wing		
onfiguration: N/A	<u> </u>		
ype of Service Provided			_
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	X Clinical Lab	Recovery	
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical		
Intermediate	Dietetic	Emergency	Central Plant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing			

port Year:	2014 11646	Pacific Allian	ce Medical Center Inc	Los Angeles		Page:25 of 32
	hether by retrofit or by			ach building will comply be provided in each gen		
uilding Numbe	er: BLD-00690	Building Na	me: South Wing			
Configuration:	N/A					
Type of Serv	rice Provided					
X	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			
	Ante/Postpitum			Emergency		Central Plant
	Intermediate Care		Dietetic	Nuclear Medicine	X	Support
	Skilled Nursing		Administration			Services

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r: BLD-05825	Building Na	ame: East Wing Addit	ion			
N/A						
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		Pharmaceutical				
Ante/Postphum		Diototio		Emergency		Central Plant
Intermediate Care		Dietetic		Nuclear Medicine		Support
Skilled Nursing		Administration				Services
r	configuration of all build bether by retrofit or by reconsideration of all build bether by retrofit or by reconsideration of all build bether by retrofit or by reconsideration of all build build be reconsiderate. RICHARD-05825 N/A Intermediate Care	configuration of all buildings on the nether by retrofit or by replacement 061(c)(5) r: BLD-05825 Building Na N/A Ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	configuration of all buildings on the hospital campus show bether by retrofit or by replacement and the type of service 2061(c)(5) T: BLD-05825 Building Name: East Wing Addit N/A Sice Provided Nursing Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Administration	configuration of all buildings on the hospital campus showing how elether by retrofit or by replacement and the type of service that will 1061(c)(5) T: BLD-05825 Building Name: East Wing Addition N/A ice Provided Nursing Surgical Pediatric/Adol Escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Administration	configuration of all buildings on the hospital campus showing how each building will comply rether by retrofit or by replacement and the type of service that will be provided in each gen 261(c)(5) T: BLD-05825 Building Name: East Wing Addition N/A ice Provided Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Newborn/ WellBaby Obstetrical Ante/Postprtum Emergency Dietetic Intermediate Care Dietetic Administration	configuration of all buildings on the hospital campus showing how each building will comply with the SE teither by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of service that will be provided in each general actue of 261(c)(5) The settle by retrofit or by replacement and the type of Settle by retrofit or by replacement and the type of Settle by retrofit or by replacement and the type of Settle by replacement and the type of Settle by replacement

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Include and S	le information on PC-5 per Section	the number of in 130061(e)	inpatient beds b	y type of S	Service provided by b	uilding	gs that are classified a	s SPC-2,	SPC-3, SPC-4,		
Buildi	Building Number: BLD-00688 Building Name: Northwest Wing										
Туре	e of Service Prov	<u>rided</u>									
X	Nursing	Inpatient Beds	8		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	12		Pharmaceutical	Γ	Emergency	С	entral Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Solution Solution	upport ervices		
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		20								

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	information on t C-5 per Section		npatient beds by ty	pe of S	Service provided by buil	ding	s that are classified as	SPC-2	2, SPC-3, SPC-4,
Building	g Number: BLD	0-00689	Building Name	: No	ortheast Wing				
Type o	of Service Prov	ided							
X	Nursing	Inpatient Beds	32	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Ir	ntensiveCare	Inpatient Beds	9		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	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
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
S	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		41						

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	e information on t PC-5 per Section		npatient beds by	type of	Service provided by bu	ilding	s that are classified as	SPC-2,	SPC-3, SPC-4,
Buildin	g Number: BLD	D-00690	Building Nam	e: So	outh Wing				
<u>Type</u>	of Service Prov	ided							
X	Nursing	Inpatient Beds	12		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		_		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	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		12						

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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-00688 Bu	uilding Name: Northwest Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 20 Inpatient 3299 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Days 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 20

Los Angeles Report Year: 2014 11646 Pacific Alliance Medical Center Inc. Page:31 of 32 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-00689 Northeast Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 32 Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 7867 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed 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 1206 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 41 41

Los Angeles Report Year: 2014 11646 Pacific Alliance Medical Center Inc. Page:32 of 32 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-00690 South Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 12 Inpatient Inpatient 0 Inpatient Inpatient Inpatient 2278 Days Days Bed 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 12 12