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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:	11785
Facility Name:	Promise Hospital of East Los Angeles - East L.A. Campus
Address:	443 S. Soto St.
City:	Los Angeles
Hospital Owner/Lice	nsee: Promise Hospital of East Los Angeles, L.P
Year of Rep	orting: 2014
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	Iress::
Name of Subr	nitter: Promise Hospital of East Los Angeles
Submission	Date: 10/17/2014 2:37:38 PM

Report \	Year: 2014 11785	Promise Hospital of East Los Ar	ngeles - East L./	A. Los Angeles		Page:2 of 43		
rebuild, r	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- 01723	Administration / Clinic Building	443 S. Soto St.	Retrofit	SPC2	01/01/2017	10/14/2016		
BLD- 01725	Hospital Building A	443 S. Soto St.	Retrofit	SPC2	01/01/2017	10/14/2016		
BLD- 01726	Hospital Building B	443 S. Soto St.	Retrofit	SPC2	01/01/2017	10/14/2016		
BLD- 03532	Medical Records	443 S. Soto St.	Remove	N/A	01/01/2013	12/31/2012		
BLD- 03533	Medical Record Offices	443 S. Soto St.	Remove	N/A	01/01/2013	12/31/2012		

Report Year:	2014	11785	Promise Hospital of East Los Angeles - East L.A. Campus	Los Angeles	Page:3 of 43
No data reported	for Sectio	n 130061(c			

Report Year: 2014	11785	Promise Hospital of East Los Angeles - I Campus	East L.A. Los Angeles	Page:4 of 43					
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: BLC	Building Number: BLD-01723 Building Name: Administration / Clinic Building								
Type of Service Provi	ded		_						
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	X Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
	Inpatient Beds	0 Inpatient Days 0	X PharmaceuticalX Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
		Total Beds this 0 Building	Cesarean/Deliv	Central Plant					
OSHPD FDD SB499 Report	:	Data Last Update: 10/17/2014 Su	bmission Date: 10/17/2014	Printed: 10/19/2014 6:25 AM					

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Provide the number of inpatient	peds and patient days per type of service pe	r building per Section 13006	1(c)(1)(F)				
Building Number: BLD-01725 Building Name: Hospital Building A							
Type of Service Provided		_					
X Nursing Inpatient Beds	26 Inpatient 6287 Days	Surgical	Obstetrical Recovery				
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy				
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis				
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	Total Beds this 26 Building	Cesarean/Deliv	Central Plant				
OSHPD FDD SB499 Report Data Last Update: 10/17/2014 Submission Date: 10/17/2014 Printed: 10/19/2014 6:25 AM							

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Provide the number of inpatient	peds and patient days per type of service pe	r building per Section 13006	I(c)(1)(F)				
Building Number: BLD-01726 Building Name: Hospital Building B							
Type of Service Provided							
X Nursing Inpatient Beds	6 Inpatient 1691 Days	X Surgical	Obstetrical Recovery				
X IntensiveCare Inpatient Beds	4 Inpatient Days 1430	X Anesthesia	Newborn/ WellBaby				
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	Total Beds this 10 Building	Obstetrical Cesarean/Deliv	Central Plant				
OSHPD FDD SB499 Report	Data Last Update: 10/17/2014 Su	ubmission Date: 10/17/2014	Printed: 10/19/2014 6:25 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	Building Number: BLD-03532 Building Name: Medical Records							
Type of Service Prov	<u>ided</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				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
		Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant				
OSHPD FDD SB499 Repor	t	Data Last Update: 10/17/2014 Su	ubmission Date: 10/17/2014	Printed: 10/19/2014 6:25 AM				

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Provide the number of inpa	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-03533 Building Name: Medical Record Offices							
Type of Service Provided	<u>1</u>						
Nursing Inpa Bec	atient 0 Inpatient 0 ds Days	Surgical	Obstetrical Recovery				
IntensiveCare Inpa Bec	batient 0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol Inpa escent Bec	batient 0 Inpatient Days 0 ds	Clinical Lab	Emergency				
Psychiatric Inpa Nursing Bec	atient 0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inpa Ante/Postprtum Bec	atient 0 Inpatient Days 0 ds	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Inpa Care Bec	batient 0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing Inpa Bec	batient 0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant				
OSHPD FDD SB499 Report	Data Last Update: 10/17/2014 Sub	mission Date: 10/17/2014	Printed: 10/19/2014 6:25 AM				

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Provide the number	r of Inpatient beds and patier	t days per type of uni	t per building per Section 1	30061(c)(1)(F)				
Building Number: BLD-01723 Building Name: Administration / Clinic 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 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 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	0	0			
OSHPD FDD SB499 I	Report Data Last U	odate: 10/17/2014	Submission Date: 1	0/17/2014 Printe	d: 10/19/2014 6:25 AM			

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Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-01725 Building Name: Hospital Building A								
Medical / Surgical	(Include GYN)	Acute Respiratory	v Care	Acute Psychiatric				
Inpatient 26 Bed	Inpatient 6287 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 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Net 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 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	26	26			

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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-01726 B	Building Number: BLD-01726 Building Name: Hospital Building B							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 6 Inpatient 1691 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Pediatric	intensive Care Newborn Nursery	Intermediate Card						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 2 Inpatient 715 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service						
Inpatient 2 Inpatient 715 Bed Days	Inpatient 0 Inpatient 0 Bed Days	10 10						

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Provide the number of Inpa	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-	Building Number: BLD-03532 Building Name: Medical Records							
Medical / Surgical (Includ	e GYN) Acute	e Respiratory (Care	Acute Psychiatric				
Inpatient 0 Inpatie Bed Days	ent 0 Inpatie Bed	ent 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse Newbo	rn / GYN) Burn			Skilled Nursing				
Inpatient 0 Inpatie Bed Days	ent 0 Inpatie Bed	ent 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric	intens Nurse	sive Care New ery	born	Intermediate Card				
Inpatient 0 Inpatie Bed Days	ent 0 Inpatie Bed	ent 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care	Rehab Cente	pilitation r		Int. Care / developn Disabled	nent			
Inpatient 0 Inpatie Bed Days	ent 0 Inpatie Bed		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care	Chemi Depen	ical ndency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Inpatie Bed Days	ent 0 Inpatie Bed		Inpatient 0 Days	0	0			

Report Year: 20	014 11785 Promise I Campus	Hospital of East Los A	Angeles - East L.A.	₋os Angeles	Page:13 of 43			
Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	Building Number: BLD-03533 Building Name: Medical Record Offices							
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 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 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 / developm Disabled	nent			
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	0	0			

Report Year:	20 ²
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Promise Hospital of East Los Angeles - East L.A. Campus

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-01723	Administration / Clinic Building	Retrofit
BLD-01725	Hospital Building A	Retrofit
BLD-01726	Hospital Building B	Retrofit
BLD-03532	Medical Records	Remove
BLD-03533	Medical Record Offices	Remove

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No proposed ne	w buildings	to be const	tructed at this or another site.		

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)						
Building Number: BLD-03532	2 Medical Reco	ords		Removal Date:	12/31/2012]
Planned Uses for the building to	be removed from acute care se	ervice:				
Planned use for building: N/A	Ju	urisdiction:				
Inpatient services currently delir	Surgical		Obstetrical Cesarean/Deliv	, [Rehabilitation Therapy	
IntensiveCare Pediatric/Adol escent	Anesthesia Clinical Lab		Obstetrical Recovery	E	Renal Dialysi	S
Psychiatric Nursing	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obstetrical Ante/Postprtum	Pharmaceutical Dietetic		Emergency	Γ	Central Plant	
Care Skilled Nursing	Administration		Nuclear Medicine		Support Services	
OSHPD FDD SB499 Report	Data Last Update: 10/17/2	2014 Su	ubmission Date:	10/17/2014	Printed: 10/19/	2014 6:25 AM

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)						
Building Number: BLD-03	533 Medical Record		Removal 12/31/2012 Date:			
Planned Uses for the buildin	g to be removed from acute care servi	ce:				
Planned use for building:	N/A Juris	sdiction:				
Inpatient services currently c	lelivered in the building:	Obstetrical	Rehabilitati	on		
Nursing	Surgical	Cesarean/Deliv	Therapy			
IntensiveCare Pediatric/Adol escent	Anesthesia	Obstetrical Recovery	Renal Dialy	sis		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt		
Intermediate Care	Dietetic					
Skilled Nursing	Administration	Nuclear Medicine	X Support Services			
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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building Nbr: BLD-03532 Building Name:	Medical Records	Year of Information: 2011				
<u>Unit Type</u>	 Ir	nformation Current As Of:				
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Coronary Care	Chemical Dependency	Total Beds this				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit				
Deus Days	Dous Days	Total Beds this 0 Building per Service				
OSHPD FDD SB499 Report Data Last	Update: 10/17/2014 Submission Date:	10/17/2014 Printed: 10/19/2014 6:25 AM				

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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-03532 Building Name:	Medical Records	Year of Information: 2012			
Unit Type	I	nformation Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Coronary Care	Chemical Dependency	Total Beds this			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0		
Beds Days	Beds Days	Total Beds this Building per Service	0		
OSHPD FDD SB499 Report Data Last	Update: 10/17/2014 Submission Date:	10/17/2014 Printed: 10/19/2	2014 6:25 AM		

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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-03532 Building Name:	Medical Records	Year of Information: 2013			
Unit Type	I	nformation Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Coronary Care	Chemical Dependency	Total Beds this			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Building per Unit	0		
Beds Days	Beds Days	Total Beds this Building per Service	0		
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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Nbr: BLD-03533 Building Name:	Medical Record Offices	Year of Information: 2011			
Unit Type	I	nformation Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0		
Coronary Care	Chemical Dependency	Total Beds this			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0		
Beds Days	Beds Days	Total Beds this Building per Service	0		
OSHPD FDD SB499 Report Data Last	Update: 10/17/2014 Submission Date:	10/17/2014 Printed: 10/19/2	2014 6:25 AM		

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Provide the number of inpatient beds and patient care services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 and	d 2012 for buildings to be remove	d from acute
Building Nbr: BLD-03533 Building Name:	Medical Record Offices	Year of Information: 2012	
Unit Type	I	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0
Beds Days	Beds Days	Total Beds this Building per Service	0
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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 and	d 2012 for buildings to be remove	d from acute
Building Nbr: BLD-03533 Building Name:	Medical Record Offices	Year of Information: 2013	
Unit Type	I	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Building per Unit	0
Beds Days	Beds Days	Total Beds this Building per Service	0
OSHPD FDD SB499 Report Data Last	Update: 10/17/2014 Submission Date:	10/17/2014 Printed: 10/19/2	2014 6:25 AM

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)								
Building Nbr: BLD-03532 Building Nbr: Medical Records Year of Information: 2011 Name: Year of Information: 2011								
Type of Services Provided	Inpatient 0	Patient 0		nformation Current As Df:	10/13/2014			
	Beds	Days		Cesarean/Deliv	Therapy			
	Inpatient 0 Beds	Patient 0 Days		Obstetrical Recovery	Renal Dialysis			
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery				
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration					
Total Beds this B	Total Beds this Building per service 0							
OSHPD FDD SB499 Re	OSHPD FDD SB499 Report Data Last Update: 10/17/2014 Submission Date: 10/17/2014 Printed: 10/19/2014 6:25 AM							

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Provide the number of inpat from acute care services pe	tient beds and patie	ent days per type of servic	ce for the year of 2010,	, 2011 and 2012 for buildir	ngs to be removed	
Building Nbr: BLD-03532 Building Name: Medical Records Year of Information: 2012						
<u>Type of Services</u> Provided	Nume.			Information Current As Of:	10/13/2014	
Nursing Inpati Beds		Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare Inpati Beds		Patient 0 Days	Anesthesia			
Pediatric/Adol Inpati escent Beds		Patient 0 Days	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Inpati Nursing Beds		Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Inpati Ante/Postprtum Beds		Patient 0 Days	Pharmaceutical	Emergency	Central Plant	
Intermediate Inpati Care Beds		Patient 0 Days	Dietetic	Nuclear . Medicine	X Support Services	
Skilled Nursing Inpati Beds		Patient 0 Days	Administration			
Total Beds this Building	per service	0				
OSHPD FDD SB499 Report	Data Last	Update: 10/17/2014	Submission Date:	10/17/2014 Printed:	10/19/2014 6:25 AM	

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		ient days per type of servi	ce for the year of 2010	, 2011 and 2012 for buildi	ngs to be removed		
Building Nbr: BLD-03532 Building Nbr: Medical Records Year of Information: 2013 Name: Medical Records Year of Information: 2013							
<u>Type of Services</u> <u>Provided</u>				Information Current As Of:	10/13/2014		
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis		
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	Emergency	Central Plant		
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration				
Total Beds this B	Building per service	0					
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	L Medicine	10/19/2014 6:25 AM		

Report Year: 201	4 11785 Promis Campu	e Hospital of East Los Ang Is	geles - East L.A.	os Angeles	Page:27 of 43			
	Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building Nbr: BLD-0	Building Nbr: BLD-03533 Building Name: Medical Record Offices Year of Information: 2011							
<u>Type of Services</u> <u>Provided</u>				Information Current As	10/13/2014			
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia					
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	I Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear X Medicine	Support Services			
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration					
Total Beds this B	uilding per service	0						
OSHPD FDD SB499 Re	eport Data Last	t Update: 10/17/2014	Submission Date:	10/17/2014 Printed: 10	0/19/2014 6:25 AM			

	mise Hospital of East Los Ang	geles - East L.A.	os Angeles	Page:28 of 43			
Provide the number of inpatient beds and from acute care services per Section 13	patient days per type of servic	e for the year of 2010,	, 2011 and 2012 for buildin	gs to be removed			
Building Nbr: BLD-03533 Building Nbr: Medical Record Offices Year of Information: 2012 Name: Medical Record Offices Year of Information: 2012							
Type of Services Provided			Information Current As Of:	10/13/2014			
Nursing Inpatient Beds	0 Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare Inpatient Beds	0 Patient 0 Days	Anesthesia					
Pediatric/Adol Inpatient escent Beds	0 Patient 0 Days	Clinical Lab	Recovery	_ Renai Dialysis			
Psychiatric Inpatient Nursing Beds	0 Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Inpatient Ante/Postprtum Beds	0 Patient 0 Days	Pharmaceutical	Emergency	Central Plant			
Intermediate Inpatient Care Beds	0 Patient 0 Days	Dietetic	Nuclear Xedicine	Support Services			
Skilled Nursing Inpatient Beds	D Patient 0 Days	Administration					
Total Beds this Building per service	0						
Provided Nursing Inpatient Beds IntensiveCare Inpatient Beds Pediatric/Adol escent Inpatient Beds Psychiatric Nursing Inpatient Beds Obstetrical Ante/Postprtum Inpatient Beds Intermediate Care Inpatient Beds Skilled Nursing Inpatient Beds Total Beds this Building per service	Days Days Patient Days	 Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration 	Cesarean/Deliv	 Therapy Renal Dialysis Outpatient Surgery Central Plant Support 			

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		ient days per type of servi	ce for the year of 2010), 2011 and 2012 for buildi	ngs to be removed		
Building Nbr: BLD-03533 Building Nbr: Medical Record Offices Year of Information: 2013 Name: Year of Information: 2013							
<u>Type of Services</u> <u>Provided</u>				Information Current As Of:	10/13/2014		
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis		
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	I Emergency	Central Plant		
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration				
Total Beds this B	Building per service	0					
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No data report	ed for whethe	er the genera	al acute care s	ervices and b	eds will be re Building Rese	located to a	new, existing	or retrofitted build place" per Sectior	ling and any n 130061(c)(2)(F)
oonooponanig	Sanding Shot	e er project i			Dananig root					

Report Year: 2014 11785 Prom Cam	nise Hospital of East Los Angeles - East L.A. pus	Los Angeles	Page:31 of 43
Each hospital owner shall also report for ea number of inpatient beds by type of unit an	ch facility for which any buildings will be remo d service per Section 130061(c)(3)	oved from active care service, any net	change in the
Building BLD-03532 Building Number:	Name: Medical Records	ed building?	
Support Services Removed from hos			
Each hospital owner shall also report for ea number of inpatient beds by type of unit an	ich facility for which any buildings will be remo d service per Section 130061(c)(3)	oved from active care service, any net	change in the
Building BLD-03533 Building Number:			
Will general acute care services and beds Support Services Removed from hos	will be relocated to a new, Existing or retrofitte	d building?	

Report Year: 2014 11785 Promis Campu	se Hospital of East Los Angeles - E	East L.A. Los Angeles	Page:32 of 43					
	Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1							
Building Number: BLD-01723 Building	g Name: Administration / Clinic	Building						
Type of Service Provided								
	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
Nursing	Anesthesia	Obstetrical	Renal Dialysis					
	X Clinical Lab	Recovery						
Pediatric/Adol escent	Radiological/	Newborn/ WellBaby	Outpatient Surgery					
Psychiatric Nursing	Imaging X Pharmaceutical	Emergency	Central Plant					
Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Services					
Intermediate Care	X Administration							
Skilled Nursing								
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Report any general per Section 130061	acute care hospital inpa	atient service that is provided in any	genaral acute care hospital	building that is rated	J SPC-1
Building Number:	BLD-01725 Buildin	ig Name: Hospital Building A			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	X Rehabilit Therapy	ation
X	Nursing				
	later size Osra	Anesthesia	Obstetrical	X Renal Di	alysis
	IntensiveCare	Clinical Lab	Recovery		
	Pediatric/Adol escent		Newborn/	Outpatie Surgery	nt
		X Radiological/ Imaging	WellBaby	ea.go.y	
	Psychiatric Nursing		Emergency		
		Pharmaceutical		Central F	hant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services	
	Intermediate Care				
		X Administration			
	Skilled Nursing				
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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-01726 Buildin	g Name: Ho	spital Building B						
Type of Service	e Provided								
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitat Therapy	on	
X	Nursing	x							
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialy	/sis	
X			Clinical Lab		Recovery				
	Pediatric/Adol escent				Newborn/		Outpatient Surgery		
	Devichietein		Radiological/ Imaging		WellBaby				
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Pla	nt	
	Obstetrical				Nuclear		Support		
	Ante/Postprtum		Dietetic		Medicine	X	Services		
	Intermediate								
	Care	X	Administration						
	Skilled Nursing								
OSHPD FDD SB499 Re	port Data Las	t Update: 10/	17/2014 Sub	omission Da	ite: 10/17/2014	Drinto	ed: 10/19/201	4 6:25 AM	
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Report Year: 201		se Hospital of East Los A	Angeles - East L.A.	Los Angeles		Page:35 of 43			
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-03532 Building	g Name: Medical Rec	cords						
Type of Service	e Provided								
		Surgical		Obstetrical Cesarean/Deliv	Rehab Therap	ilitation			
	Nursing				·				
	IntensiveCare	Anesthe		Obstetrical Recovery	Renal	Dialysis			
	Pediatric/Adol	Clinical I	Lab	·					
	escent	Radiolog Imaging	gical/ 🖳 \	Newborn/ WellBaby	Surger	У			
	Psychiatric Nursing	Pharmad	ceutical	Emergency	Centra	l Plant			
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine	X Suppo Servic				
	Intermediate Care	Administ	tration						
	Skilled Nursing								
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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-03533 Building Name: Medical Record Offices											
Type of Service	e Provided										
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy							
	Nursing	Anesthesia	Cosarcar Denv	1 2							
	IntensiveCare		Obstetrical Recovery	Renal D	ialysis						
	Pediatric/Adol escent	Clinical Lab	—	Outpation Surgery	ent						
		Radiological/ Imaging	Newborn/ WellBaby		'						
	Psychiatric Nursing	Pharmaceutical	Emergency	Central	Plant						
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Service							
	Intermediate Care	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-01723 Building Name: Administration / Clinic Building										
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis							
Pediatric/Adol escent	X Clinical Lab	Receivery								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	Central Plant							
	X Dietetic									
Care Skilled Nursing	X Administration	Nuclear Medicine	X 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-01725 Building Name: Hospital Building A										
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030										
Type of Service	e Provided									
X Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
Int	tensiveCare		Anesthesia		Obstetrical Recovery	X	Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Receivery					
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	termediate		Dietetic		Emergency		Contrait faint			
	are killed Nursing	X	Administration		Nuclear Medicin	ie X	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-01726 Building Name: Hospital Building B									
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Service	e Provided								
X Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X Int	tensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Receivery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	termediate		Dietetic		Emolgonoy				
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services		
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Report Year: 2014 11785	Promise Hosp Campus	oital of East Los Angele	es - East I	L.A.	Los Angeles		Page:40 of 43		
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-03532	Building Nar	me: Medical Records							
Configuration: N/A									
Type of Service Provided									
Nursing		Surgical		Obster Cesar	trical ean/Deliv		Rehabilitation Therapy		
IntensiveCare		Anesthesia		Obste Recov			Renal Dialysis		
Pediatric/Adol escent		Clinical Lab		Recov	Uly .				
Psychiatric Nursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
Obstetrical Ante/Postprtum		Pharmaceutical		Emerg	jency		Central Plant		
Intermediate Care		Dietetic							
Skilled Nursing		Administration		Nuclea	ar Medicine	X	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-03533	Building Na	me: Medical Record Of	ffices					
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/D	Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery			Renal Dialysis	
	ediatric/Adol cent		Clinical Lab						
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery	
	ostetrical nte/Postprtum		Pharmaceutical		Emergency			Central Plant	
Int Ca	ermediate		Dietetic		Nuclear Me	disian		Quanat	
	illed Nursing		Administration		Nuclear me	uicine	X	Support Services	
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No data reported	d for Sectio	n 130061(e			

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No data reported	d for Sectio	on 130061(e			