## 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	I Owner and Year of Report per Section 130061(e)
Facility Number:	11848
Facility Name:	Southern California Hospital At Culver City
Address:	3828 Delmas Terrace
City:	Culver City
Hospital Owner/Lic	censee: Brotman Medical Center Inc.
Year of Re	eporting: 2014
Contact 1 e-mail A	Address:
Contact 2 e-mail A	Address:
Contact 3 e-mail Ac	ddress::
Name of Sul	bmitter: Drew Dickey
Submissio	on Date: 12/24/2014 1:24:38 PM

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00355	Tower	3828 Delmas Terrace	Retrofit	SPC2	01/01/2019	12/31/2018
BLD- 00356	Pavilion	3828 Delmas Terrace	Retrofit	SPC2	01/01/2020	06/30/2019
BLD- 00357	Outpatient Building & Additions	3828 Delmas Terrace	Retrofit	SPC2	01/01/2020	01/01/2019

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: Retrofit/Replacement Yes-Submitted BLD-00355 Tower Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date 11848 1130012-19-0 VSI for 11848: TOWER (BLD-00355) for 12/17/2013 06/01/2016 12/31/2018 ACTI No 00 SPC-2 Reclassification Project 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).

Building No:	BLD-0035	6	Pavilion		Retrofit/Repl Project:	acement	Yes-Sub	omitted	
Facility Pro Number Nur	ject Su mber Nu		Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11848 I130 00	013-19-		/SI for 11848: Pavilion (BLD-00356, Bldg 02) SPC-2 Reclassification Project	12/17/2013 12:00:00 AM		06/01/2016	06/30/2019	ACTI	No

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Provide the number of	inpatient bed	ds and patient days per type of service	per building per Section 130061	(c)(1)(F)
Building Number: BL	D-00355	Building Name:	Tower	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	50 Inpatient 7999 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	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	14 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	21 Inpatient Days 2691	X Support Services  X Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provi	ide the number of	inpatient bed	ls and patien	ıt days per typ	oe of servic	e per buildir	ng per	Section 130061(c	)(1)(F	)	
Build	ling Number: BL	D-00356		Building Nar	me:	Pavilion					
Type	e of Service Prov	<u>rided</u>				•					
X	Nursing	Inpatient Beds		patient ays	28546	X	Surgi	cal		Obstetrical Recovery	
X	IntensiveCare	Inpatient Beds	20 Inp	patient Days	4985	X	Anest	thesia		Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0 Ir	npatient Days	0	X	Clinic	al Lab		Emergency	
X	Psychiatric Nursing	Inpatient Beds	70 Ir	npatient Days	25296	X	Radio Imagi	ological/ ng		Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Ir	npatient Days	0		Pharn Dietet	naceutical	X	Rehabilitati Therapy	on
	Intermediate Care	Inpatient Beds	0 Ir	npatient Days	0	X		nistration	X	Renal Dialy	sis
	Skilled Nursing	Inpatient Beds	0 Ir	npatient Days	0		Suppo	ces	X	Outpatient Surgery	
		Dodd	Total Beds Building	s this	335		Obste Cesai	etricai rean/Deliv	X	Central Pla	nt

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Provide the number of inp	patient beds and patie	ent days per type of s	ervice per building p	er Section 130061(c)(1	)(F)	
Building Number: BLD-0		Building Name:	Outpatient Bui	ilding & Additions		
Type of Service Provide	<u>ed</u>		•			
	patient 0 I eds	npatient Days	0 Su	rgical	Obstetrical Recovery	
	patient 0 le	npatient Days	0 And	esthesia	Newborn/ WellBaby	
	patient 0 eds	Inpatient Days	O Clir	nical Lab [	Emergency	
	patient 0 eds	Inpatient Days		diological/ aging	X Nuclear Medicine	
	patient 0 eds	Inpatient Days	-, I 🗒 -	armaceutical etetic	Rehabilitation Therapy	on
	patient 0	Inpatient Days	<b>╝</b>   <u>□</u>	ministration [	Renal Dialy	sis
	patient 0	Inpatient Days	O Ser	pport rvices	Outpatient Surgery	
	Total Bed Building	ds this		stetrical sarean/Deliv	X Central Pla	nt

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Flovide the number	or impatient beds and patie	int days per type or un	it per building per Section	130001(C)(1)(F)	
Building Number:	BLD-00355 <b>Bui</b> l	ding Name: Tow	ver		
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 32 Bed	Inpatient 5825 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 14 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 2691 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 / develope 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 18 Bed	Inpatient 0 Days	85	85

Report Year: 2014 11848 Southern California Hospital At Culver City Culver City Page:8 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00356 **Building Number: Building Name: Pavilion** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 213 Inpatient 2481 Inpatient Inpatient 0 Inpatient Inpatient 2529 70 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 3552 Inpatient 2531 32 Inpatient Inpatient 10 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 10 2454 335 Inpatient Inpatient Inpatient Inpatient 335 Days Days Bed Bed

Report Year: 2014 11848 Southern California Hospital At Culver City Culver City Page:9 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00357 **Outpatient Building & Additions 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 Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 0 Inpatient 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	Retrofit  Retrofit  Retrofit
BLD-00355	Tower	Retrofit
BLD-00356	Pavilion	Retrofit
BLD-00357	Outpatient Building & Additions	Retrofit

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

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No data reporte	ed for whethe	er the general	al acute care ser	vices and beds w	vill be relocated to a ing Resolution of "R	new, existing or	retrofitted building a	and any
corresponding i	Juliuli ig Sites	or project i	idilibers for build	iings with a build	ing resolution of it	ebulia oi itepia	ice per dection 130	(C)(Z)(L).

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port Year: 201	11848 South	ern California	Hospital At Culver Cit	У	Culver City		Page:17 of 24
eport any general er Section 130061	acute care hospital inpa (c)(4)	atient service t	hat is provided in any	genaral	acute care hospital	building t	hat is rated SPC-1
uilding Number:	BLD-00355 Buildir	g Name: To	ower				
Type of Service	e Provided	. —					
			Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare		,ouriosia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab				Outpatient
	escent		Radiological/ Imaging	X	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	X	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
X	Skilled Nursing						

port Year: 201 port any general r Section 130061	acute care hospita		at is provided in any	 Culver City acute care hospital	building t	Page:18 of 24	
ilding Number:	BLD-00356 B	uilding Name: Pa	vilion				
Type of Service	Provided						
		X	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing	X	Anesthesia				
X	IntensiveCare			Obstetrical Recovery	Х	Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab	Newborn/	Х	Outpatient Surgery	
[v]	Psychiatric	X	Radiological/ Imaging	WellBaby		g,	
X	Nursing	X	Pharmaceutical	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration				
	Skilled Nursing						

Report Year: 2014 11848 Southern California Hospital At Culver City Culver City Page:19 of 24  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)									
uilding Number:	BLD-00357 B	Building Name: O	utpatient Building & A	Additions					
Type of Service Provided									
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		Anesthesia				Renal Dialysis		
	IntensiveCare		Olivir all al		Obstetrical Recovery		Reliai Dialysis		
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery		
	Psychiatric	X	Radiological/ Imaging	<u> </u>	WellBaby				
	Nursing		Pharmaceutical		Emergency	X	Central Plant		
	Obstetrical Ante/Postprtum		Dietetic	X	Nuclear Medicine	X	Support Services		
	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-00355 Building Name: Tower										
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5										
Type of Service Provided										
X Nursing		Surgical	X	Obstetrical Cesarean/Deliv		ehabilitation herapy				
IntensiveCar	е	Anesthesia		Obstetrical Recovery	R	enal Dialysis				
Pediatric/Add escent	ol 🗆	Clinical Lab		Recovery						
Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		utpatient urgery				
X Obstetrical Ante/Postprt	um	Pharmaceutical	X	Emergency	X c	entral Plant				
Intermediate Care		Dietetic		Nuclear Medicine	X s	Support				
X Skilled Nursi	ng	Administration		, vacioal inicalonio		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-00356 Building Name: Pavilion									
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5									
Type of Service Provided									
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia		Obstetrical Recovery	X	Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
X	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant		
	Intermediate Care	X	Dietetic		Nivelees Medicine		Over and		
	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-00357 Building Name: Outpatient Building & Additions									
Configuration: N/A									
Type of Service Provided									
Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy			
IntensiveC	Care	Anesthesia		Obstetrical Recovery	R	enal Dialysis			
Pediatric/A escent	Adol	Clinical Lab		receivery					
Psychiatric Nursing	x x	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery			
Obstetrical		Pharmaceutical							
Ante/Postp	ortum			Emergency	X C	entral Plant			
Intermedia Care	ite	Dietetic	Х	Nuclear Medicine		Support			
Skilled Nu	rsing	Administration			s	ervices			

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