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 Hespital	I Owner and Year of Report per Section 130061(e)
Frovide the Hospital	
Facility Number:	11863
Facility Name:	Olympia Medical Center
Address:	5900 West Olympic Blvd.
City:	Los Angeles
Hospital Owner/Lic	censee: Olympia Health Care, LLC
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	Newport Architectural Group
Submission	on Date: 12/23/2014 2:01:14 PM

Report Year: 2014 11863 Olympia Medical Center Los Angeles Page:2 of 24

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- 00369	East Wing & Additions	5900 West Olympia Blvd.	Retrofit	SPC2	01/01/2020	03/31/2019
BLD- 00370	West Wing & Additions	5900 West Olympia Blvd.	Retrofit	SPC2	01/01/2018	12/31/2014

Report Year:	2014 118	Olympia Medical Center	Los Angeles	Page:3 of 24
projected cor	nstruction start dat	ned for rebuild, retrofit or replacement, provide the or dates and projected Completion date or date on 130061(c)(1)(E).	ne project numbers, per Section 130 es per Section 130061(c)(1)(D) and	0061(c)(1)(C). The the most recent project
Building No:	BLD-00369	East Wing & Additions	Retrofit/Replacement Project:	Yes-Planned

Report Year: 2014	11863	Olympia Medical Center		Los Angeles	Page:4 of 24	
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-00369	Building Name:	East Wing & Add	ditions]	
Type of Service Prov	<u>rided</u>					
X Nursing	Inpatient Beds	120 Inpatient 10	6738 X Surg	obstetric Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days	0 Anes	sthesia Newborn WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days	0 Clinic	cal Lab X Emerger	ncy	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days	0 Imagi		•	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days	0 X Pharr	maceutical Rehabilit etic Therapy	ation	
Intermediate Care	Inpatient Beds	0 Inpatient Days		inistration Renal Di		
Skilled Nursing	Inpatient Beds	0 Inpatient Days	X Supp Servi	ices Surgery	nt	
	Deus	Total Beds this Building		etrical arean/Deliv X Central F	Plant	

Report Year: 2014	11863	Olympia Medical Center	Los Angeles	Page:5 of 24
Provide the number of i	inpatient beds	and patient days per type of servic	e per building per Section 130061(c)(1)(F)
Building Number: BLD	D-00370	Building Name:	West Wing & Additions	
Type of Service Provide	<u>ded</u>			
	Inpatient Beds	40 Inpatient 3819 Days	Surgical	Obstetrical Recovery
	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
	Inpatient Beds	0 Inpatient Days 0	X AdministrationX Support	Renal Dialysis Outpatient
	Inpatient Beds	0 Inpatient Days 0	Services	Surgery
		Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant

Report Year: 2014 11863 Olympia Medical Center Los Angeles Page:6 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00369 **Building Number: Building Name:** East Wing & Additions Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 120 Inpatient 1673 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 120 Inpatient Inpatient Inpatient 120 Bed Days Days Bed

Report Year: 2014 11863 Olympia Medical Center Los Angeles Page:7 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00370 West Wing & Additions **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 3819 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 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 40 Inpatient Inpatient 40 Inpatient Inpatient Days Days Bed Bed

Report Year: 2014 11863 Olympia Medical Center Los Angeles Page:8 of 24

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-00368	North Wing	Remain
BLD-00369	East Wing & Additions	Retrofit
BLD-00370	West Wing & Additions	Retrofit
BLD-00371	Pavilion / Addition	Retrofit

Report Year:	2014	11863	Olympia Medical Center	Los Angeles	Page:9 of 24
No proposed ne	ew buildings	to be const	ructed at this or another site.		

Report Year: Olympia Medical Center Los Angeles 2014 11863 Page:10 of 24 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year:	2014	11863	Olympia Medical Center	Los Angeles	Page:11 of 24
No data reporte	d for Section	n 130061(c)	(2)(D).		

Report Year:	2014	11863	Olympia Medical Center	Los Angeles	Page:12 of 24
No data reporte	d for Section	n 130061(c))(2)(D.		

No data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).
corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).

Report Year:	2014	11863	Olympia Medical Center	Los Angeles	Page:14 of 24
No data reporte	ed for Section	n 130061(c)(3).		

ding Number:	BLD-00369 Buildi	ng Name: E	ast Wing & Additions				
Type of Service	e Provided	1 5					B. I. Lillian
		X	Surgical	Ш	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab		receivery		Outpatient
	escent	X	Radiological/		Newborn/ WellBaby	X	Surgery
	Psychiatric		Imaging		vvciibaby		
	Nursing	X	Pharmaceutical	X	Emergency	X	Central Plant
	Obstetrical			Х	Nuclear	X	Support
	Ante/Postprtum		Dietetic	Ш	Medicine		Services
	Intermediate						
	Care		Administration				
	Skilled Nursing						
	-						

lding Number:	BLD-00370 Buildi	ng Name: W	est Wing & Additions					
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia		Obstetrical		Renal Dialysis	
	IntensiveCare Pediatric/Adol		Clinical Lab		Recovery		Outpatient	
	escent Psychiatric		Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery	
	Nursing Obstetrical		Pharmaceutical		Emergency	X	Central Plant	
	Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration					
	Skilled Nursing							

ding Number: BLD-00368	Building Name: North Wing		
onfiguration: Retrofit Conformi	ng building to NPC 4 or NPC 5		
Type of Service Provided			
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	X Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central Plant
Intermediate	X Dietetic		
Care Skilled Nursing	Administration	Nuclear Medicine	X Support Services

ling Numb	er: BLD-00369	Building Na	me: East Wing & Ac	Iditions							
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030											
Type of Service Provided											
_		X	Surgical		Obstetrical		Rehabilitation				
X	Nursing				Cesarean/Deliv	Ш	Therapy				
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery				
	Obstetrical	X	Pharmaceutical								
	Ante/Postprtum			X	Emergency	X	Central Plant				
	Intermediate Care		Dietetic	X	Nuclear Medicine	Х	Support				
	Skilled Nursing		Administration				Services				

Report Year: 20	014 11863	Olympia Med	cal Center		Los Angeles		Page:19 of 24				
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-00370	Building Nar	me: West Wing & Addi	tions							
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030											
Type of Service Provided											
X Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	ediatric/Adol scent		Clinical Lab		Recovery						
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant				
	termediate are		Dietetic		Nuclear Medicine	X	Support				
Sk	killed Nursing	X	Administration				Services				

uirements whether by retrofit or by	ildings on the hospital campus showing replacement and the type of service										
Section 130061(c)(5)											
ding Number: BLD-00371	Building Name: Pavilion / Addition	n									
Configuration: Remove from GAC service by 1/1/2030											
ype of Service Provided											
X Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy								
X IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis								
Pediatric/Adol escent	Clinical Lab	Receivery									
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery								
Obstetrical Ante/Postprtum	Pharmaceutical	☐ Fmorgonov	X Central Plant								
Intermediate	Dietetic	Emergency	Central Plant								
Care		Nuclear Medicine	X Support Services								
Skilled Nursing	X Administration										

Report	Year: 2014	11863	Olympia Medical	l Center			Los Angeles		Page:21 of 24
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	ng Number: BLI	D-00368	Building Nar	me: No	rth Wing				
Тур	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report	Year: 2014	11863	Olympia Medica	al Center			Los Angeles		Page:22 of 24
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	ng Number: BLE	D-00371	Building Na	ame: Pa	vilion / Addition				
Тур	e of Service Prov	<u>rided</u>							
X	Nursing	Inpatient Beds	32		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	12		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		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		44						

Report Year: 2014 11863 Olympia Medical Center Los Angeles Page:23 of 24 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-00368 **Building Name:** North Wing **Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 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 0 Inpatient 0 Days Days Bed Bed 0 0

Los Angeles Report Year: 2014 11863 Olympia Medical Center Page:24 of 24 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-00371 Pavilion / Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 32 Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 5879 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 1429 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 1428 Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 44 44