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:	12014							
Facility Name:	St. Vincent Medical Center							
Address:	2131 W. 3rd St.							
City:	Los Angeles							
Hospital Owner/Licensee: Daughters of Charity Health System								
Year of Re	porting: 2014							
Contact 1 e-mail A	ddress:							
Contact 2 e-mail A	ddress:							
Contact 3 e-mail Ac	dress::							
Name of Sul	omitter: Mark Stultz							
Submissio	Date: 12/19/2014 9:34:04 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- 01211	Main Hospital	2131 W. 3rd St.	Retrofit	SPC2	01/01/2019	01/01/2019
BLD- 01212	Central Plant / Parking Garage	2131 W. 3rd St.	Retrofit	SPC2	01/01/2019	12/31/2015
BLD- 01213	Doheny Wing	2131 W. 3rd St.	Retrofit	SPC2	01/01/2019	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: BLD-01211 Main Hospital Retrofit/Replacement Yes-Submitted Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date 12014 IL111926-0 0 VSI: MAIN HOSPITAL (BLD-01211, Bldg 01) 7/14/2011 07/12/2017 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).

Central Plant / Parking Garage

Building No: BI D-01212

Dulluling	No. BED-0	1212	Central Flant / Farking Carage		Project:	Diacement	163-0di	Jiiitteu]
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
12014	IL111402-0	0	VSI: CENTRAL PLANT (BLD-01212, Bldg 02)	5/25/2011 12:00:00 AM		06/11/2014		ACTI	No

Ves-Submitted

Retrofit/Replacement

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

Building No: BLD-01213 Doheny Wing					Retrofit/Replacement Project:					
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review	
12014	IL111400-0	0	VSI: DOHENY WING (BLD-01213, Bldg 03)	5/25/2011 12:00:00 AM		07/12/2017		ACTI	No	

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-01211 Building Name: Main Hospital							
Type of Service P	rovided						
X Nursing	Inpatient Beds	253 Inpatient 39648 Days	X Surgical	Obstetrical Recovery			
X IntensiveCare	e Inpatient Beds	61 Inpatient Days 3665	X Anesthesia	Newborn/ WellBaby			
Pediatric/Add escent	l Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine			
Obstetrical Ante/Postprtu	Inpatient ım Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis			
Skilled Nursir	ng Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery			
		Total Beds this Building 314	Cesarean/Deliv	Central Plant			

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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:	entral Plant / Parking Garage					
Type of Service Pro	ovided							
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/Postprtun	Inpatient n Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	ı Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery				
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant				

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Provide	e the number of	inpatient bed	s and pat	ient days per typ	pe of service	e per building pe	er Section 13006	1(c)(1)(F)	
Buildin	g Number: BLI	D-01213		Building Na	me:	Doheny Wing]
Type o	of Service Provi	<u>ided</u>							
XN	Nursing	Inpatient Beds	19	Inpatient Days	4834	X Surg	gical	Obstetrica Recovery	
X Ir	ntensiveCare	Inpatient Beds	6	Inpatient Days	420	X Anes	sthesia	Newborn WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0	Clinic	cal Lab	X Emergen	су
	² sychiatric Nursing	Inpatient Beds	0	Inpatient Days	0	Radi Imag	iological/ ging	Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0	Phar	rmaceutical	X Rehabilita Therapy	ation
	ntermediate Care	Inpatient Beds	0	Inpatient Days	0		ninistration	Renal Dia	
x s	Skilled Nursing	Inpatient Beds	27	Inpatient Days	7426	X Supp Serv	vices	Surgery	l
		2000	Total Be Building		52		tetrical arean/Deliv	Central P	lant

Report Year: 2014 12014 St. Vincent Medical Center Los Angeles Page:8 of 26 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) Main Hospital BLD-01211 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 253 Inpatient 3964 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 8 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** 61 Inpatient Inpatient Inpatient 3665 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 Inpatient Inpatient Inpatient 314 314 Bed Days Days

Bed

Report Year: 2014 12014 St. Vincent Medical Center Los Angeles Page:9 of 26 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) Central Plant / Parking Garage **Building Number:** BLD-01212 **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 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

Report Year: 2014 12014 St. Vincent Medical Center Los Angeles Page:10 of 26 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01213 **Doheny Wing 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 7426 Inpatient Inpatient Inpatient Inpatient 0 Inpatient 27 Bed Days Days Bed Days 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 4834 Inpatient 420 Inpatient Inpatient Inpatient Inpatient 19 Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 52 Inpatient 52 Inpatient Inpatient Inpatient 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-01211	Main Hospital	Retrofit
BLD-01212	Central Plant / Parking Garage	Retrofit
BLD-01213	Doheny Wing	Retrofit
BLD-01214	Cath Lab	Remain

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No proposed new buildings to be constructed at this or another site.							

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

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

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No data reporte	ed for whethe	er the genera	al acute care services and beds w	Ill be relocated to a	new, existing or retrofitted building a ebuild" or "Replace" per Section 130	and any
corresponding	building sites	s or project i	diffibers for buildings with a building	ig itesolution of it	ebulla of Replace per Section 130	5001(c)(z)(L).

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No data reporte	d for Section	n 130061(c))(3).		

ling Number:	BLD-01211 Buildin	ng Name: M	ain Hospital				
Type of Service	e Provided	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia			[v]	Renal Dialysis
X	IntensiveCare		Clinical Lab		Obstetrical Recovery	X	Kenai Dialysis
	Pediatric/Adol escent				Newborn/ WellBaby	X	Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging		Wellbaby		
	, and the second	X	Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

ilding Number:	BLD-01212 Buildi	ng Name: C	entral Plant / Parking	Garage				
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery Newborn/		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging		WellBaby Emergency		Control Blood	
	Obstetrical Ante/Postprtum		Pharmaceutical		Nuclear Medicine	X	Central Plant Support Services	
	Intermediate Care		Dietetic		Wedienie		Colvidos	
П	Skilled Nursing		Administration					

ilding Number:	BLD-01213 Buildi	ng Name: D	oheny Wing					
Type of Service	e Provided	. —						
		X	Surgical	Ш	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing	X	Anesthesia				5 15:1	
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
			Radiological/ Imaging		WellBaby		- 3.90.7	
	Psychiatric Nursing		Pharmaceutical	X	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
X	Skilled Nursing							

Section 130061(c)(5)		ce that will be provided in each gene	
Iding Number: BLD-01211	Building Name: Main Hospital		
onfiguration: N/A			
Type of Service Provided			
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	X Anesthesia	Obstetrical Recovery	X Renal Dialysis
Pediatric/Adol escent	X Clinical Lab	Recovery	
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtum	X Pharmaceutical		
Intermediate	X Dietetic	Emergency	Central Plant
Care	X Administration	X Nuclear Medicine	X Support Services
Skilled Nursing	X Administration		— Services

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	ether by retrofit or by i				ach building will comply be provided in each gen		
uilding Number:	BLD-01212	Building Na	me: Central Plant / P	arking Ga	rage		
Configuration:	N/A						
Type of Service	ce Provided						_
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		F		Contact Direct
☐ Ir	ntermediate		Dietetic		Emergency	<u>x</u>	Central Plant
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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er: BLD-01213	Building Na	me: Doheny Wing				
: N/A						
vice Provided						
Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
Intermediate		Dietetic		Linergency		Contraction
Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services
:	hether by retrofit or by 1061(c)(5) er: BLD-01213 N/A vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum	hether by retrofit or by replacement 1061(c)(5) er: BLD-01213 Building Na N/A rice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate	hether by retrofit or by replacement and the type of service (1061(c)(5) Br: BLD-01213 Building Name: Doheny Wing N/A Vice Provided Nursing X Surgical IntensiveCare X Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Dietetic	hether by retrofit or by replacement and the type of service that will by 1061(c)(5) Pr: BLD-01213 Building Name: Doheny Wing N/A Price Provided Nursing X Surgical	hether by retrofit or by replacement and the type of service that will be provided in each generation (061(c)(5) Building Name: Doheny Wing N/A Price Provided Nursing X Surgical Obstetrical Cesarean/Deliv IntensiveCare X Anesthesia Obstetrical Recovery Pediatric/Adol escent Psychiatric Nursing Clinical Lab Psychiatric Nursing Pharmaceutical Ante/Postprtum Newborn/ WellBaby Dietetic Intermediate Care Nuclear Medicine	Pediatric/Adol escent Psychiatric Nursing Radiological/ Imaging Obstetrical Recovery Pharmaceutical Nursing Doheny Wing X Surgical Obstetrical Cesarean/Deliv X Anesthesia Obstetrical Recovery Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Dietetic Intermediate Care Nuclear Medicine X Surgical Obstetrical Newborn/ WellBaby Dietetic Nuclear Medicine X

eport Year:	2014 12014	St. Vincent M	ledical Center	Los Angeles		Page:24 of 26
	ether by retrofit or by			ach building will comply be provided in each gen		
uilding Number	r: BLD-01214	Building Na	me: Cath Lab			
Configuration:	N/A					
Type of Servi	ice Provided					
	Nursing	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical			
,	Ante/Postpitum			Emergency	Ш	Central Plant
	Intermediate Care		Dietetic	Nuclear Medicine		Support
	Skilled Nursing		Administration			Services

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Includ and S	de information on SPC-5 per Section	the number of in 130061(e)	npatient beds by	/ type of S	Service provided by bu	ıildinç	gs that are classified as	SPC-	2, SPC-3, SPC-4,
Buildi	ng Number: BLE	D-01214	Building Nar	me: Ca	th Lab				
Туре	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		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
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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