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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:	12024
Facility Name:	Miracle Mile Medical Center
Address:	6000 San Vicente Blvd.
City:	Los Angeles
Hospital Owner/Licer	nsee: 930000143/Gil Tepper, MD
Year of Repo	rting: 2014
Contact 1 e-mail Add	ress:
Contact 2 e-mail Add	ress:
Contact 3 e-mail Add	ess::
Name of Subn	itter: Miracle Mile Medical Center
Submission	Date: 10/7/2014 1:06:40 PM

Report `	Year: 2014 1202	24 Miracle Mile Medical Center		Los Angeles		Page:2 of 24			
rebuild, 130061.	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- 03234	Tower Building	6000 San Vicente Blvd.	Remove	N/A	01/01/2013	08/26/2016			
BLD- 05236	Main Hospital - Ogder Building	6000 San Vicente Blvd.	Retrofit	SPC2	01/01/2017	08/26/2016			

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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-05236	Main Hospital - Ogden Building		Retrofit/Replacement Project:	Yes-Pla	inned			
Facility Project Sub Number Number Num S	Scope	Date In	Plan Approved Start Date Date	Project Complete d		CEQA Review		
12024 P-2012- 0 00138		1/24/2012 12:00:00 AM	5/31/2012 12:00:00 AM		PEND	No		

Report Year: 2014	12024	Miracle Mile Medical Center	Los Angeles	Page:4 of 24
Provide the number of	inpatient b	eds and patient days per type of service p	per building per Section 130061(c)(1)(F)
Building Number: BL	D-03234	Building Name:	ower Building	
Type of Service Prov	vided			
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	X 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	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	2000	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repor	rt	Data Last Update: 10/07/2014 S	Submission Date: 10/07/2014	Printed: 10/9/2014 6:25 AM

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Provide the number	of inpatient b	eds and patient days per type of service pe	er building per Section 13006	(1(c)(1)(F)
Building Number:		Building Name: Ma	ain Hospital - Ogden Building	
Type of Service Pr				Obstetrical
X Nursing	Inpatient Beds	17 Inpatient 924 Days	X Surgical	Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtur	Inpatient n Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing		0 Inpatient Days 0	Services	Surgery
	Beds	Total Beds this 17 Building	Obstetrical Cesarean/Deliv	X Central Plant
OSHPD FDD SB499 Rej	oort	Data Last Update: 10/07/2014 S	ubmission Date: 10/07/2014	Printed: 10/9/2014 6:25 AM

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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-03234 Buil	ding Name: Tower Building							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0					
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0					
Pediatric	intensive Care Newborn Nursery	Intermediate Card						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0					
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Coronary Care	Chemical Dependency	Total Beds this Total E Building Per Buildin Unit Servic						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0					
OSHPD FDD SB499 Report Data Last U	Jpdate: 10/07/2014 Submission Date:	10/07/2014 Printed: 10/9/2	2014 6·25 AM					

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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-05236 Building Name: Main Hospital - Ogden Building								
Medical / Surgical	(Include GYN)	Acute Respiratory	v Care	Acute Psychiatric				
Inpatient 17 Bed	Inpatient 924 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 / 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	17	17			

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-03234	Tower Building	Remove	
BLD-05236	Main Hospital - Ogden Building	Retrofit	

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List ALL proposed ne	List ALL proposed new buildings to be constructed at this or another site.							
Building Number	Building Name			New Site				
N_1	Main Hospital	Ogden Building						
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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-032	Tower Building		Removal 08/26/2016 Date:					
Planned Uses for the building Planned use for building:	to be removed from acute care service	:						
Inpatient services currently de	elivered in the building:	Obstetrical Cesarean/Del	iv Rehabilitation Therapy	n				
IntensiveCare Pediatric/Adol escent	Anesthesia X Clinical Lab	Obstetrical Recovery	Renal Dialys	is				
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum		Emergency	Central Plan	t				
Intermediate Care Skilled Nursing	Dietetic X Administration	Nuclear Medicine	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-03234 Building Name:	Tower Building	Year of Information: 2011					
Unit Type Information 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	0				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit					
		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-03234 Building Name: Tower Building Year of Information: 2012							
Unit Type		Information 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				
Deus Days	Deus Days	Total Beds this Building per Service	0				
	t Undeto: 10/07/2014 Submission Data	. 10/07/2014 Driptod: 10/0/2	044 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-03234 Building Name: Tower Building Year of Information: 2013							
Unit Type Information 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	0				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit					
		Total Beds this Building per Service	0				
	Undeter 10/07/2014 Submission Date	a: 10/07/2011 Drintod: 10/0/2	0440.05 414				

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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-0	D3234 Building Name:	Tower Building		Year of Information	2011		
<u>Type of Services</u> <u>Provided</u>				Information Current As Of:			
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	X Clinical Lab	Recovery			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	X Radiological Imaging	/ Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceut	cal Emergency	Central Plant		
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administratio	on			
Total Beds this B	uilding per service	0					
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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-03234 Building Name:	Tower Building	Year of Information: 2012	2				
<u>Type of Services</u> <u>Provided</u>		Information Current As					
Nursing Inpatient 0 Beds	Patient 0 Surgical Days		Rehabilitation Therapy				
IntensiveCare Inpatient 0 Beds	Patient 0 Anesthesia		Renal Dialysis				
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 X Clinical Lal Days						
Psychiatric Inpatient 0 Nursing Beds	Patient 0 X Radiologica Days Imaging		Dutpatient Surgery				
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days Pharmaceu	itical Emergency C	Central Plant				
Intermediate Inpatient 0 Care Beds	Patient 0 Days Dietetic	Nuclear S Medicine	Support Services				
Skilled Nursing Inpatient 0 Beds	Patient 0 Days X Administra	ion					
Total Beds this Building per service	0						
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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-03234 Building Name:	Tower Building	Year of Information: 201	3				
<u>Type of Services</u> <u>Provided</u>		Information Current As					
Nursing Inpatient 0 Beds	Patient 0 Surgical Days		Rehabilitation Therapy				
IntensiveCare Inpatient 0 Beds	Patient 0 Anesthesi Days						
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 X Clinical La Days		Renal Dialysis				
Psychiatric Inpatient 0 Nursing Beds	Patient 0 X Radiologic Days Imaging		Dutpatient Surgery				
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days Pharmace	eutical Emergency C	Central Plant				
Intermediate Inpatient 0 Care Beds	Patient 0 Days Dietetic	Nuclear S Medicine	Support Services				
Skilled Nursing Inpatient 0 Beds	Patient 0 Days X Administra	ation					
Total Beds this Building per service	0						
OSHPD FDD SB499 Report Data Las	t Update: 10/07/2014 Submission D	ate: 10/07/2014 Printed: 10/9/2					

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No data reporte	ed for wheth	ner the gen	eral acute care services an	nd beds will be relocate	ed to a new, existing or ret	rofitted building and any " per Section 130061(c)(2)(E).
corresponding	Sullaing Site					

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Each hospital owner shall also report for each fac number of inpatient beds by type of unit and serv		ed from active care service, any net	change in the
Building Number: Will general acute care services and beds will be ClinicalLab	-	building?	
Each hospital owner shall also report for each fac number of inpatient beds by type of unit and serv		ed from active care service, any net	change in the
Building Number: Will general acute care services and beds will be Radiological/Imaging N/A		building?	
Each hospital owner shall also report for each fac number of inpatient beds by type of unit and serv		ed from active care service, any net	change in the
Building BLD-03234 Building Name: Will general acute care services and beds will be Administration N/A		building?]	
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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-03234 Building Name: Tower Building								
Type of Service Provided	d							
			Obstetrical	Rehabili Therapy				
Nursing		Anesthesia		Renal D	ialveis			
	eCare		Obstetrical Recovery		laiysis			
Pediatric escent	c/Adol		Newborn/ WellBaby	Outpatie Surgery	ent			
Psychiat Nursing		Imaging Pharmaceutical	Emergency	Central	Plant			
Obstetric Ante/Pos			Nuclear	Support Services	3			
Intermed Care	diate X	Administration						
Skilled N	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-05236 Building	g Name: Main Hospital - Ogder	n Building				
Type of Service	e Provided						
		X Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap			
X	Nursing	X Anesthesia		Bonol (Dialyzia		
	IntensiveCare	Clinical Lab	Obstetrical Recovery		Dialysis		
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	X Outpati Surgery			
	Psychiatric Nursing	Imaging					
		X Pharmaceutical	Emergency	X Central	Plant		
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service			
	Intermediate Care	X 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-03234	Building Name: Tower Building						
Configuration: N/A							
Type of Service Provided							
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis				
Pediatric/Adol escent	X Clinical Lab						
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Dietetic						
Skilled Nursing	X Administration	Nuclear Medicine	Support Services				
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)								
Building Number:	BLD-05236	Building Na	me: Main Hospital - O	gden Bui	lding			
Configuration:	N/A							
Type of Service	e Provided							
X Nu	ursing	X	Surgical		Obstetrical Cesarean/De	eliv		Rehabilitation Therapy
	tensiveCare	X	Anesthesia		Obstetrical Recovery			Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Receivery			
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Х	Outpatient Surgery
	bstetrical hte/Postprtum	X	Pharmaceutical		Emergency		X	Central Plant
	termediate	X	Dietetic		Lineigeney			
	are killed Nursing	X	Administration		Nuclear Mec	licine	X	Support Services
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No data reported for Section 130061(e)									

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No data reported for Section 130061(e) .										