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	al Owner and Year of Report per Section 130061(e)
Facility Number:	12047
Facility Name:	Sherman Oaks Hospital
Address:	4929 Van Nuys Blvd.
City:	Sherman Oaks
Hospital Owner/Lic	censee: Prime Healthcare Services II, 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	ubmitter: Sobin-Harte Architects
Submissio	on Date: 10/30/2014 11:22:20 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- 01232	01 Orig Bldg Complex &	4929 Van Nuys Blvd.	Retrofit	SPC2	01/01/2017	06/30/2016

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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-0	1232	01 Orig Bldg Complex & 02 Addition		Retrofit/Rep Project:	Yes-Sub	Yes-Submitted		
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
12047	HL110592-0	0	HAZUS 2010 VSI: COMBINED 1956 (BLDG 01) & 1966 (BLDG 02) BUILDINGS	3/15/2011 12:00:00 AM	1/2/2014 12:00:00 AM	12/15/2014	06/30/2016	PEND	No
12047	SL110896-0	0	1956 BUILDING/BLDG. 01 MATERIALS TESTING PROGRAM	4/13/2011 12:00:00 AM	4/14/2011 12:00:00 AM	08/11/2011	08/26/2014	PEND	No

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Provide the number of	f inpatient bed	ds and patient days per type of service	e per building per Section 130061((c)(1)(F)	
Building Number: BL	_D-01232	Building Name:	01 Orig Bldg Complex & 02 Addit	ion	_
Type of Service Prov	<u>/ided</u>				
X Nursing	Inpatient Beds	66 Inpatient 11646 Days	X Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency	,
X Psychiatric Nursing	Inpatient Beds	19 Inpatient Days 9441	X Radiological/ Imaging	X Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitati Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	rsis
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	X Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	nt

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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)

Flovide the number	or impatient beds and p	allerit days per type or driil	t per building per Section 1	30001(0)(1)(F)	
Building Number:	BLD-01232	Building Name: 01 C	orig Bldg Complex & 02 Add	dition	
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 66 Bed	Inpatient 1164 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 19 Bed	Inpatient 9441 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	vborn	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	85	85

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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-01232	01 Orig Bldg Complex & 02 Addition	Retrofit
BLD-01234	Burn Center Building	Remain

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

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No data reporte	d for Section	n 130061(c)	(2)(D).		

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No data reporte	d for Section	n 130061(c))(2)(D.		

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No data reporte	ed for whethe	er the gener	al acute care service	es and beds will be a	relocated to a	new, existing or re	etrofitted building a	and any
corresponding i	Juliuling Sites	s or project i	idifibers for building	s with a building ive	Solution of To	ebulla of Replac	e per dection 130	001(0)(2)(L).

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

ding Number:	BLD-01232 Buildi	ng Name: 0 ⁻	Orig Bldg Complex	& 02 Add	dition		
Type of Service	e Provided	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				Paral Pintaria
	IntensiveCare		Clinical Lab	Ш	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby	X	Outpatient Surgery
X	Psychiatric Nursing		Imaging Pharmaceutical	X	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum			X	Nuclear	X	Support
		X	Dietetic		Medicine		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-01232 Building Name: 01 Orig Bldg Complex & 02 Addition								
Configuration: N/A								
Type of Service Provided								
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recovery						
X Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	X Emergency	X Central Plant					
Intermediate	X Dietetic							
Care Skilled Nursing	Administration	X Nuclear Medicine	X Support Services					
<u>—</u>	I							

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configuration of all bui nether by retrofit or by 061(c)(5)	ldings on the replacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each gen	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building		
r: BLD-01234	Building Na	me: Burn Center Bu	ilding					
Configuration: N/A								
rice Provided								
Nursing	X	Surgical		Obstetrical Cesarean/Deliv		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		Emorgonov		Central Plant		
Intermediate		Dietetic		Emergency		Central Flam		
Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		
	r: BLD-01234 N/A rice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	r: BLD-01234 Building Na N/A rice Provided Nursing IntensiveCare X Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care X Building Na X X X X	r: BLD-01234 Building Name: Burn Center Builting Name: Burn Center Burn Name: Bur	r: BLD-01234 Building Name: Burn Center Building N/A ice Provided Nursing X Surgical	r: BLD-01234 Building Name: Burn Center Building N/A	r: BLD-01234 Building Name: Burn Center Building N/A		

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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)									
Building Number: BLD-01234 Building Name: Burn Center Building									
Type of Service Provided									
X	Nursing	Inpatient Beds	30	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	16	X	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
X	Skilled Nursing	Inpatient Beds	22	X	Administration				
	Total Beds this Building		68						

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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)						
Building Number: BLD-01234	Building Name:	Burn Center Building				
Medical / Surgical (Include GYN) Acute Resp	oiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Perinatal (Exclude Newborn / G	YN) Burn		Skilled Nursing			
Inpatient 0 Inpatient Days	0 Inpatient Bed	30 Inpatient 0 Days	Inpatient 22 Inpatient 2489 Bed Days			
Pediatric	Intensive C Nursery	are Newborn	Intermediate Care			
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Intensive Care	Rehabilitati Center	on	Int. Care / Developmentally Disabled			
Inpatient 8 Inpatient Days	3408 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical D	ependency	Total Beds this Building Per Building Per			
Inpatient 8 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 68			