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:	11545	11545							
Facility Name:	Los Ange	os Angeles Community Hospital							
Address:	4081 E.	81 E. Olympic Blvd.							
City:	Los Ange	eles							
Hospital Owner/Lice	ensee:	Alta Los Angeles Hospitals Inc.							
Year of Rep	porting:	2015							
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]							
Name of Sub	omitter:	Jose Colon							
Submission	n Date:	10/12/2015 1:35:43 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-	1st and 2nd Story	4081 E. Olympic Blvd.	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).

1st and 2nd Story Addition

Building No: BLD-03779

J			,		Project:	•			l
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11545	P-2011- 00876	0	Building 3 Material Testing Project	12/16/201 1	12/21/2011 12:00:00 AM	12/22/2011	12/31/2015	FIEL	No

Yes-Submitted

Retrofit/Replacement

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Provide the number o	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-03779	Building Name: 1s	st and 2nd Story Addition				
Type of Service Prov	<u>vided</u>						
X Nursing	Inpatient Beds	29 Inpatient 10689 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	12 Inpatient Days 1410	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	X Rehabilitati Therapy	ion		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	ysis		
X Skilled Nursing	Inpatient Beds	39 Inpatient Days 12918 Total Beds this 80 Building	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery X Central Pla	ınt		

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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-03779	Building Name: 1st a	and 2nd Story Addition		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 1068 Days 9	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 39 Bed	Inpatient 1291 Days 8
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 12 Bed	Inpatient 1410 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	80	80

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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-00654	Original Building & Additions	Remain
BLD-00655	Dietary Addition	Remain
BLD-03779	1st and 2nd Story Addition	Retrofit

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No proposed no	ew buildings	to be constr	ructed at this or another site.		

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Report Year: Los Angeles Community Hospital Los Angeles 2015 11545 Page:9 of 20 No data reported for Section 130061(c)(2)(D).

Report Year: Los Angeles Community Hospital Los Angeles 2015 11545 Page:10 of 20 No data reported for Section 130061(c)(2)(D).

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No data reported	d for whethe	er the genera	al acute care serv	ices and beds will ngs with a Building	be relocated to a	new, existing or re	etrofitted building a	and any
corresponding b	dialing sites	or project i	difficers for buildi	ngs with a ballaing	resolution of te	could of Replac	c per occion 100	001(0)(2)(2).

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eport Year: 201	5 11545 Los A	ngeles Commi	unity Hospital		Los Angeles		Page:13 of 20
Report any general per Section 130061	acute care hospital inpa (c)(4)	atient service t	nat is provided in any	general	acute care hospital	building t	hat is rated SPC-1
Building Number:	BLD-03779 Buildir	g Name: 1	st and 2nd Story Addi	tion			
Type of Service	e Provided						B 1 100 0
			Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol escent	×	Clinical Lab				Outpatient
		X	Radiological/ Imaging		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency	Х	Central Plant
	Obstetrical		T Harmadoullour				
	Ante/Postprtum		Dietetic	Ш	Nuclear Medicine	X	Support Services
	Intermediate						
	Care		Administration				
X	Skilled Nursing						

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Report the final configuration of all built requirements whether by retrofit or by per Section 130061(c)(5)	Idings on the hospital campus show replacement and the type of service	ving how each building will comply verthat will be provided in each gene	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-00654	Building Name: Original Building	& Additions	
Configuration: N/A	-		
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic	Emergency	Central Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing			

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whether by retrofit or by	ildings on the hor replacement and	spital campus showing the type of service	ng how e that will l	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
per: BLD-00655	Building Name	Dietary Addition				
n: N/A						
rvice Provided						
Nursing	S	urgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	A	nesthesia		Obstetrical Recovery		Renal Dialysis
Pediatric/Adol escent		linical Lab		Recovery		
Psychiatric Nursing				Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	P	harmaceutical		Emorgonov		Central Plant
Intermediate		ietetic		Emergency		Ceniidi Fidiii
Care Skilled Nursing	A	dministration		Nuclear Medicine		Support Services
	al configuration of all but whether by retrofit or by 10061(c)(5) Der: BLD-00655 The N/A Tryice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	al configuration of all buildings on the hosy whether by retrofit or by replacement and 10061(c)(5) Der: BLD-00655 Building Name: N/A Tvice Provided Nursing State Pediatric/Adol escent Care Psychiatric Nursing Rain Care Rain Care Care Care Ante/Postprtum Intermediate Care Ante/Postprtum Intermediate Care Ante/Postprtum	al configuration of all buildings on the hospital campus showing whether by retrofit or by replacement and the type of service (10061 (c) (5)) Der: BLD-00655 Building Name: Dietary Addition Dietary Addition Dietary Addition Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Administration	al configuration of all buildings on the hospital campus showing how ewhether by retrofit or by replacement and the type of service that will be solded (c)(5) BLD-00655 Building Name: Dietary Addition BLD-00655 Building Name: Dietary Addition Clinical Lab Pediatric/Adol escent Pediatric/Adol Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Administration	al configuration of all buildings on the hospital campus showing how each building will comply whether by retrofit or by replacement and the type of service that will be provided in each gen concern. BLD-00655 Building Name: Dietary Addition Dietary Addition Surgical Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Pharmaceutical Ante/Postprtum Dietetic Intermediate Care Administration	al configuration of all buildings on the hospital campus showing how each building will comply with the SF whether by retrofit or by replacement and the type of service that will be provided in each general acute of cools (c) (5) Per: BLD-00655 Building Name: Dietary Addition Per: BLD-00655 Building Name: Dietary Addition Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Newborn/ WellBaby Obstetrical Ante/Postprtum Pharmaceutical Intermediate Care Dietetic Intermediate Care Nuclear Medicine Administration

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eport the final equirements w er Section 130	hether by retrofit or by	ildings on the replacement	hospital campus show and the type of service	wing how e e that will l	ach building will comply be provided in each gen	with the SF eral acute o	PC-5/NPC-4 or 5 are hospital building
uilding Numbe	er: BLD-03779	Building Na	me: 1st and 2nd Sto	ory Addition			
Configuration:	: N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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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-00654 Building Name: Original Building & Additions									
Type of Service Provided									
X	Nursing	Inpatient Beds	28	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	6	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	16	X	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		50						

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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	r: BLD-00655	Building Nar	ne: Dieta	ary Addition					
Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Intensive(Care Inpatient Beds	0		Anesthesia					
Pediatric/	Adol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
Psychiatri Nursing	ic Inpatient Beds	0		Radiological/ maging		Newborn/ WellBaby		Outpatient Surgery	
Obstetrica Ante/Post		0	_	Pharmaceutical		Emergency		Central Plant	
Intermedi Care	ate Inpatient Beds	0	X [Dietetic		Nuclear Medicine	X	Support Services	
Skilled Nu	ursing Inpatient Beds	0	X A	Administration					
Total Bed Building	s this	0							

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Include information on the num SPC-5 per Section 130061(e)	ber of inpatient bed	ds by type of unit pro	vided by buildings that ar	e classified as SPC-2,	, SPC-3, SPC-4, and			
Building Number: BLD-006	54 Buildir	ing Name: Original Building & Additions						
Medical / Surgical (Include G	YN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 28 Inpatient Days	ent 2435	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days			
Perinatal (Exclude Newborn /	GYN)	Burn		Skilled Nursing				
Inpatient 16 Inpatient Days	ent 4338	Inpatient 0	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days			
Pediatric		Intensive Care Nev Nursery	vborn	Intermediate Care				
Inpatient 0 Inpatient Days	ent 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / Developn Disabled	mentally			
Inpatient 6 Inpatient Days	ent 1764	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Depende	ncy	Total Beds this Building Per	Total Beds this Building Per			
Inpatient 0 Inpatient Days	ent 0	Inpatient 0 Bed	Inpatient 0 Days	Unit 50	Service 50			

Los Angeles Community Hospital Los Angeles Report Year: 2015 11545 Page:20 of 20 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-00655 **Dietary Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days 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 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 Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0