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:		s Angeles Doctors Hospital	1						
Facility Name:]						
Address:		nittier Blvd.	1						
City:	Los Ang	eles							
Hospital Owner/Lice	ensee.	Avanti Health System	1						
1 loopital Owner, Lioc	511000.	/Walta Floatan Gystom							
Year of Rep	orting:	2015							
Contact 1 e-mail Ad	ldress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]							
Name of Sub	mitter:	ELADH							
Submission	Date:	12/9/2015 9:43:47 AM							
		<u></u>	•						

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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 Anticipated Date Completion Date	
BLD- 00670	Original Building	4060 Whittier Blvd.	Retrofit	SPC2	01/01/2019	03/01/2018

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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	Ilding No: BLD-00670 Original Building Retrofit/Replacement Project:					eplacement	Yes-Subr	Yes-Submitted		
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review	
11598	H132422-19 -00	0	Building 4 00673 Voluntary Seismic Improvement for SPC-2 Reclassification	10/24/201 3	4/8/2014 12:00:00	09/08/2014	11/12/2014	CLOS	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-00670 Building Name: Original Building									
Type of Service Prov	<u>/ided</u>								
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	X Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby					
X Pediatric/Adol escent	Inpatient Beds	7 Inpatient Days 38	X Clinical Lab	Emergency	/				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine					
X Obstetrical Ante/Postprtum	Inpatient Beds	14 Inpatient Days 1304	X Pharmaceutical Dietetic	Rehabilitat Therapy	ion				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	ysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 21	X Support Services X Obstetrical Cesarean/Deliv	X Outpatient Surgery Central Pla	nt				
		Building							

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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 Name: Original Building									
Acute Respiratory Care	Acute Psychiatric								
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days								
Perinatal (excluse Newborn / GYN) Burn Skilled Nursing									
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days								
intensive Care Newborn Nursery	Intermediate Card								
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days								
Rehabilitation Center	Int. Care / development Disabled								
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days								
Chemical Dependency	Total Beds this Building Per Unit Service								
Inpatient 0 Inpatient 0 Bed Days	21 21								
	Building Name: Original Building Acute Respiratory Care Inpatient								

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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-00670	Original Building	Retrofit
BLD-00673	South Addition	Remain

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

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Report Year: East Los Angeles Doctors Hospital Los Angeles 2015 11598 Page:9 of 17 No data reported for Section 130061(c)(2)(D).

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No data reporte	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 b	dilding sites	or project i		33 With a building ives	oldtion of To	ebulla of Replace pe	r dection 130	001(0)(2)(L).	

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Building Number: BLD-00670 Building Name: Original Building										
ype of Service	e Provided	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing	X	Anesthesia							
	IntensiveCare	X	Clinical Lab	X	Obstetrical Recovery		Renal Dialysis			
X	Pediatric/Adol escent			X	Newborn/ WellBaby	X	Outpatient Surgery			
	Psychiatric Nursing		Radiological/ Imaging		·					
	Obstetrical	[X]	Pharmaceutical		Emergency		Central Plant			
X	Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services			
	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 acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-00670 Building Name: Original Building											
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	Enlergency	Central Flant								
Care	Administration	Nuclear Medicine	Support Services								
Skilled Nursing											

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eport the linal equirements when the section 130	hether by retrofit or by	replacement	and the type of service	e that will	ach building will comply be provided in each gen	eral acute o	eare hospital building			
uilding Numbe	er: BLD-00673	Building Na	me: South Addition							
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		Emorgono.		Central Plant			
	Intermediate		Dietetic	_	Emergency		Central Flam			
	Care Skilled Nursing		Administration		Nuclear Medicine	Ш	Support Services			

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Include and S	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	Building Number: BLD-00673 Building Name: South Addition										
Туре	Type of Service Provided										
X	Nursing	Inpatient Beds	71		Surgical		Obstetrical Cesarean/Deliv	Reh	abilitation rapy		
X	IntensiveCare	Inpatient Beds	10		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Ren	al Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	Outp	patient gery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency	X Cen	tral Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X Sup Serv	port vices		
X	Skilled Nursing	Inpatient Beds	25		Administration						
	Total Beds this Building		106								

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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-00673	Building Name: South Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 71 Inpatient Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days	Inpatient 25 Inpatient 8403 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 4 Inpatient Days	699 Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per
Inpatient 6 Inpatient 1 Bed Days	O48 Inpatient 0 Inpatient 0 Days	Unit Service