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:	11621	11621								
Facility Name:	Encino I	Hospital Medical Center								
Address:	16237 V	'entura Blvd.								
City:	Encino									
Hospital Owner/Licensee:		Prime Healthcare Services Encino, LLC								
Year of Rep	oorting:	2015								
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]								
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]								
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]								
Name of Sub	omitter:	Puchlik Design Associates								
Submission	n Date:	10/28/2015 7:42:13 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- 00677	Main Tower / Basement / Mech Bldg	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2016	12/01/2014

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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: Main Tower / Basement / Mech Bldg Retrofit/Replacement Yes-Submitted BLD-00677 Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Date Number Number Num Scope Start Date Review Date In 11621 HL091434-0 0 SPC-2 UPGRADES TO BUILDING #3 7/7/2009 02/01/2014 10/01/2014 ACTI No 11621 SL091334-0 0 MATERIALS TESTING PROGRAM - MAIN 6/30/2009 2/18/2010 CLOS No **HOSPITAL TOWER (BLDG 3)** 12:00:00

AM

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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-00677 Building Name: Main Tower / Basement / Mech Bldg									
Type of Service Provided									
X Nursing	Inpatient Beds	62 Inpatient 5435 Days	X Surgical	Obstetrical Recovery					
X IntensiveCa	are Inpatient Beds	10 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby					
Pediatric/Adescent	dol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine					
Obstetrical Ante/Postpi	Inpatient rtum Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy	on				
Intermediate Care	e Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialys	sis				
X Skilled Nurs	sing Inpatient Beds	28 Inpatient Days 8064 Total Beds this 100 Building	X Support Services Obstetrical Cesarean/Deliv	X Outpatient Surgery X Central Plar	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)

T TOTAG ATO TIGHTSOT	or impationit bodo and pr	and it days per type or aim	r por banding por bookon r	00001(0)(1)(1)		
Building Number:	BLD-00677 E	Building Name: Mair	Tower / Basement / Mech	Bldg		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 62 Bed	Inpatient 5435 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 28 Bed	Inpatient 8064 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 10 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	100	100	

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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-00675	North Wing	Remain
BLD-00676	West Wing	Remain
BLD-00677	Main Tower / Basement / Mech Bldg	Retrofit

Report Year: Encino Hospital Medical Center 2015 11621 Encino Page:7 of 20 No proposed new buildings to be constructed at this or another site.

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Report Year: Encino Hospital Medical Center 2015 11621 Encino Page:9 of 20 No data reported for Section 130061(c)(2)(D).

Report Year: Encino Hospital Medical Center 2015 11621 Encino Page:10 of 20 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whether	er the genera	al acute care services and beds will be relocated to numbers for buildings with a Building Resolution of	o a	new, existing or retrofitted building a	and any
corresponding	bulluling sites	s or project i	numbers for buildings with a building resolution of	1	ebulla of Replace per dection for	0001(c)(2)(L).

Report Year: Encino Hospital Medical Center 2015 11621 Encino Page:12 of 20 No data reported for Section 130061(c)(3).

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number: BLD-00677 Building Name: Main Tower / Basement / Mech Bldg								
Type of Service Provided								
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	X	Anesthesia					
X	IntensiveCare			Ш	Obstetrical Recovery	X	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/	X	Outpatient Surgery	
	Psychiatric	X	Radiological/ Imaging	Ш	WellBaby		Canger,	
	Nursing	X	Pharmaceutical		Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum	X	Dietetic	X	Nuclear Medicine	Х	Support Services	
	Intermediate Care	X	Administration					
X	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-00675 Building Name: North Wing										
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	_									

port Year:	2015 11621 E	Encino Hospi	tal Medical Center		Encino		Page:15 of 20
eport the final or quirements wher Per Section 1300	ether by retrofit or by r	dings on the eplacement	hospital campus show and the type of servic	ving how e e that will b	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
uilding Number	: BLD-00676	Building Na	me: West Wing				
Configuration:	N/A						
Type of Servi	ce 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				Control Plant
	Intermediate		Dietetic		Emergency		Central Plant
	Care		Administration		Nuclear Medicine		Support Services
□ `	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-00677 Building Name: Main Tower / Basement / Mech Bldg										
Configuration: N/A										
Type of Service Provided										
Nursing	Surgical		Obstetrical Cesarean/Deliv	Reha Ther	abilitation rapy					
IntensiveCar	Anesthe:	sia	Obstetrical Recovery	Ren	al Dialysis					
Pediatric/Add escent	Clinical I	Lab	recovery							
Psychiatric Nursing	Radiolog Imaging		Newborn/ WellBaby	Outp Surg	patient gery					
Obstetrical	Pharmad	ceutical								
Ante/Postprti			Emergency	Cent	tral Plant					
Intermediate Care	Dietetic		Nuclear Medicine		pport					
Skilled Nursi	ng Administ	tration		Ser	vices					

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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-00675 Building Name: North Wing									
Туре	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	12		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
X	Psychiatric Nursing	Inpatient Beds	13		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care	Inpatient Beds	0	Ш	Dietetic		Nuclear Medicine	X	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		25							

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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)									
Buildi	Building Number: BLD-00676 Building Name: West Wing									
Туре	Type of Service Provided									
X	Nursing	Inpatient Beds	25		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		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency	X	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		25							

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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-00675	Building Name: North Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 13 Inpatient 6566 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per
Inpatient 12 Inpatient 756 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 25

Report Year: 2015 11621 **Encino Hospital Medical Center** Encino 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-00676 West Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient 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 Bed Days 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 25