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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:	11646	
Facility Name:	Pacific Alliance Medical Center]
Address:	531 W. College St.]
City:	Los Angeles]
Hospital Owner/Lice	ensee: PAMC Ltd.]
Year of Rep	orting: 2015	
Contact 1 e-mail Ad	dress: [Confidential data left blank intentionally.]]
Contact 2 e-mail Ad	dress: [Confidential data left blank intentionally.]]
Contact 3 e-mail Add	dress:: [Confidential data left blank intentionally.]]
Name of Sub	mitter: Ron Anderson]
Submission	Date: 10/26/2015 3:49:08 PM]

Report `	Year: 2015 11	646 Pacific Alliance Medical Cent	er	Los Angeles		Page:2 of 32
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)						
Bidg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
LD- 0686	West Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020
LD- 0687	East Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020
LD- 5825	East Wing Addition	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020

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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-00686	West Wing		trofit/Replacement oject:	Yes-Submitted			
Facility Project Sub Number Number Num S	Scope	Plan Ap Date In Da	proved Projected F te Start Date Con	Projected CEQA npletion Date Status Review			
0	/SI for PAMC 11646: West Wing (BLD- 0686, Bldg 1 &1A) SPC 2 Reclassification Project	6/30/2010		ACTI No			
	ned for rebuild, retrofit or replacement, p te or dates and projected Completion date on 130061(c)(1)(E).						
Building No: BLD-00687	East Wing		trofit/Replacement oject:	Hazus-Submitted			
Facility Project Sub Number Number Num S	Scope	Plan Ap Date In Da	proved Projected F te Start Date Con	Projected CEQA npletion Date Status Review			
11646 IL101470-0 0		6/30/2010		ACTI No			
OSHPD FDD SB499 Report	Data Last Update: 10/26/2015	Submission Date	e: 10/26/2015 Prin	ted: 10/28/2015 6:25 AM			

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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-05825	East Wing Addition		trofit/Replacement oject:	Hazus-S	Submitted		
Facility Project Sub Number Number Num Scop	be	Plan Ap Date In Da		Projected Completion Date	CEQA Status Review		
11646 IL101470-0 0		6/30/2010			ACTI No		
OSHPD FDD SB499 Report	Data Last Update: 10/26/2015	Submission Dat	e: 10/26/2015	Printed: 10/28/2	2015 6:25 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: BL	D-00686	Building Name:	Vest Wing			
Type of Service Prov	rided					
X Nursing	Inpatient Beds	12 Inpatient 3804 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 1116	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
	2000	Total Beds this 18 Building	X Obstetrical Cesarean/Deliv	Central Plant		
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Provide the number of inpatient I	peds and patient days per type of service pe	er building per Section 130061(c)(1)(F)	
Building Number: BLD-00687 <u>Type of Service Provided</u>	Building Name: Ea	ist Wing	
X Nursing Inpatient Beds	43 Inpatient 11186 Days	Surgical Obster	
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia Newb Well	
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	gency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Nucle Imaging	
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	bilitation apy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration Rena X Support Outpation	l Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Services Surge	
	Total Beds this 43 Building	Obstetrical Cesarean/Deliv Centr	al Plant
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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-0582	Building Name: East	Wing Addition				
Type of Service Provided						
Nursing Inpati Beds		Surgical Obste				
IntensiveCare Inpati Beds		Anesthesia Newb				
Pediatric/Adol Inpaties		Clinical Lab	gency			
Psychiatric Inpati Nursing Beds		Radiological/ Nucle Imaging				
Obstetrical Inpati Ante/Postprtum Beds		Pharmaceutical Dietetic	bilitation apy			
Intermediate Inpati Care Beds		Administration Rena	l Dialysis			
Skilled Nursing Inpati Beds		Services Surge				
	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	al Plant			
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Provide the number	r of Inpatient beds and patien	nt days per type of unit	per building per Secti	ion 130061(c)(1)(F)	
Building Number:	BLD-00686 Build	ling Name: Wes	t Wing]
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 12 Bed	Inpatient 3804 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 1116 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 / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		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	18	18
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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-00687 Build	ling Name: East	Wing			
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 43 Bed	Inpatient 1118 Days 6	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 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	43	43	

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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-05825 Build	ling Name: East	Wing Addition				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 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 Nev 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 / developı 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	0	0		

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For all buildings at the fa	acility, indicate which ones are scheduled for general acu	ite service removal.	
Building		Building to be	

Number	Building Name	Removed / Replaced / Rebuilt
BLD-00686	West Wing	Retrofit
BLD-00687	East Wing	Retrofit
BLD-00688	Northwest Wing	Remain
BLD-00689	Northeast Wing	Remain
BLD-00690	South Wing	Remain
BLD-05825	East Wing Addition	Retrofit

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No proposed new buildings to be constructed at this or another site.

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No data reported for Sectio	on 130061 (c)(2	2)(A) , (B), or (C)		

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lo data reporte	ed for Sectio	n 130061(c)(2)(D).			

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lo data reporte	ed for Sectio	n 130061(c	e)(2)(D).		

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No data reporte	d for wheth	er the gener	al acute care se	rvices and beds v dings with a Build	will be relocated	d to a new	, existing or re	trofitted building	g and any	
corresponding b	ouilding site	s or project i	numbers for build	dings with a Build	ding Resolution	of "Rebui	ld" or "Replace	e" per Section 1	30061(c)(2)(E)).

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No data reporte	o 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-00686 Building Name: West Wing									
Type of Service Provided									
		Surgical	X Obstetrical Cesarean/Deliv	Rehabi Therap					
X	Nursing	Anesthesia		Renal [
	IntensiveCare	Clinical Lab	Obstetrical Recovery		Jaiysis				
	Pediatric/Adol escent	Radiological/	X Newborn/ WellBaby	Outpati Surger					
	Psychiatric Nursing	Imaging							
		Pharmaceutical	Emergency	Central	Plant				
X	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	t Is				
	Intermediate Care	Administration							
	Skilled Nursing								
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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-00687 Buildin	g Name: East Wing					
Type of Service	e Provided						
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap			
X	Nursing	Anesthesia	_	<u> </u>			
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis		
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery	ent /		
	Psychiatric	Radiological/ Imaging	WellBaby				
	Nursing	Pharmaceutical	Emergency	Central	Plant		
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
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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-05825 Buildin	g Name: East Wing Addition					
Type of Service	e Provided						
		Surgical		Dbstetrical Cesarean/Deliv		ehabilitation herapy	
	Nursing						
	IntensiveCare	Anesthesia		Obstetrical	R	enal Dialysis	
		Clinical Lab	H	Recovery			
	Pediatric/Adol escent			Newborn/		utpatient urgery	
	Psychiatric	Radiological/ Imaging	L v	VellBaby			
	Nursing	Pharmaceutical	E	Emergency	c	entral Plant	
	Obstetrical Ante/Postprtum	Dietetic		luclear Iedicine		upport ervices	
	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 acute care hospital building per Section 130061(c)(5)								
Building Number: BLD-00686	Building Name: West 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	Receivery						
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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	ner by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-00687	Building Na	me: East Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
-	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic				
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services
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	ner by retrofit or by				ach building will comply w be provided in each gener			
Building Number:	BLD-00688	Building Na	me: Northwest Wing					
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
-	diatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ermediate		Dietetic					
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services	
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	ner by retrofit or by				ach building will comply w be provided in each gener			
Building Number:	BLD-00689	Building Na	me: Northeast Wing					
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
-	diatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ermediate		Dietetic					
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services	
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	ner by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-00690	Building Na	me: South Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
-	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic				
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services
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	ner by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-05825	Building Na	me: East Wing Addition	n			
Configuration:	N/A						
Type of Service	Provided						
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
-	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic				
Ca	illed 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)						PC-3, SPC-4,
Building Number:	BLD-00688	Building Na	ame: No	orthwest Wing			
Type of Service Pr	ovided						
X Nursing	Inpatient Beds	8		Surgical	Obstet Cesare		nabilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obsteti Recove		nal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging	Newbo WellBa		patient gery
Obstetrical X Ante/Postprtu	Inpatient m Beds	12		Pharmaceutical	Emerge	ency Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclea Medicir		oport vices
Skilled Nursin	g Inpatient Beds	0		Administration			
Total Beds thi Building	s	20					
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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	ing Number: BLE	D-00689	Building N	lame: No	ortheast Wing]
Тур	e of Service Prov	rided							
X	Nursing	Inpatient Beds	32	X	Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
X	IntensiveCare	Inpatient Beds	9		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	Re	nal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	Ce	ntral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Γ	Nuclear Medicine	Su Se	oport rvices
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		41						
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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: BL	D-00690	Building N	lame: So	uth Wing]
Type of Service Pro	vided							
X Nursing	Inpatient Beds	12		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		itpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Ľ	Emergency	Ce	entral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Ľ	Nuclear Medicine	X Su Se	pport rvices
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		12						
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Include information on the number of inpatient to SPC-5 per Section 130061(e)	beds by type of unit provided by buildings the	at are classified as SPC-2, SPC-3,	SPC-4, and
Building Number: BLD-00688 Build	ding Name: Northwest Wing		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 20 Inpatient 4699 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t O
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Coronary Care	Chemical Dependency		l Beds this ling Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	
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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-00689 Build	ding Name: Northeast Wing					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 32 Inpatient 7867 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Days	0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 9 Inpatient 1206 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Coronary Care	Chemical Dependency	Total Beds this Total Beds Building Per Building P				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	41			
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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-00690 Build	ding Name: South Wing					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 12 Inpatient 2278 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 12 12				
OSHPD FDD SB499 Report Data Last U	pdate: 10/26/2015 Submission Date:	10/26/2015 Printed: 10/28/2015 6:25 AM				