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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:	11848		
Facility Name:	Souther	ern California Hospital At Culver City	
Address:	3828 D	Delmas Ter	
City:	Culver	City	
Hospital Owner/Lice	ensee:	Brotman Medical Center Inc.	
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:	Drew Dickey	
Submission	Date:	10/8/2015 9:19:25 AM	

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rebuild, 130061	retrofit or replace the build 5, for rebuild, retrofit or rep	are planned for rebuild, retrofit or rep ing to SPC2, SPC3, SPC4 or SPC5 lacement of the building that the hos I per Section 130061(c)(1)(B)	per 130061(c)(1)(A). The deadline, a	as described in S	Section 130060 or
Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00355	Tower	3828 Delmas Ter	Retrofit	SPC2	01/01/2019	12/31/2018
BLD- 00356	Pavilion	3828 Delmas Ter	Retrofit	SPC2	01/01/2020	06/30/2019
	I					

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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-00355 Tower		Retrofit/Repla Project:	cement Yes-Su	ıbmitted	
Facility Project Sub Number Number Num Scope	Date In		ojected Projected art Date Completion Da	CEQA te _{Status} Review	
11848 I130012-19- 00 0 VSI for 11848: TOWER (BLD-00355) for SPC-2 Reclassification Project	12/17/201 3	06	6/01/2016 12/31/2018	ACTI No	
For each building which is planned for rebuild, retrofit or replacement, projected construction start date or dates and projected Completion da status and approvals per Section 130061(c)(1)(E).					
Building No: BLD-00356 Pavilion		Retrofit/Repla Project:	cement Yes-Su	ıbmitted	
Facility Project Sub Number Numer Num Scope	Date In		ojected Projected art Date Completion Da	CEQA te _{Status} Review	
11848 I130013-19- 00 0 VSI for 11848: Pavilion (BLD-00356, Bldg 02 SPC-2 Reclassification Project	2) 12/17/201 3	Oe	6/01/2016 06/30/2019	ACTI No	
OSHPD FDD SB499 Report Data Last Update: 10/08/2015	Submis	sion Date: 10/08/20	015 Printed: 10/10	/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: BLD-00355	Building Name:	ower			
Type of Service Provided					
X Nursing Inpatien Beds	t 50 Inpatient 4438 Days		Dbstetrical Recovery		
IntensiveCare Inpatien Beds	t 0 Inpatient Days 0		Newborn/ WellBaby		
Pediatric/Adol Inpatien escent Beds	t 0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Inpatien Nursing Beds	t 0 Inpatient Days 0	Imaging	Nuclear Medicine		
X Obstetrical Inpatien Ante/Postprtum Beds	t 14 Inpatient Days 0		Rehabilitation Therapy		
Intermediate Inpatien Care Beds	t 0 Inpatient Days 0		Renal Dialysis Dutpatient		
X Skilled Nursing Inpatien Beds	t 21 Inpatient Days 3790		Surgery		
	Total Beds this 85 Building	X Obstetrical Cesarean/Deliv	Central Plant		
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Provide the number of inpatient t	peds and patient days per type of service pe	r building per Section 13006	1(c)(1)(F)
Building Number: BLD-00356	Building Name: Pav	vilion	
Type of Service Provided		_	
X Nursing Inpatient Beds	245 Inpatient 37933 Days	X Surgical	Obstetrical Recovery
X IntensiveCare Inpatient Beds	20 Inpatient Days 5140	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
X Psychiatric Inpatient Nursing Beds	70 Inpatient Days 25354	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	X Support Services	X Outpatient Surgery
	Total Beds this 335 Building	Obstetrical Cesarean/Deliv	Central Plant
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Provide the number of Inpatient beds and pati	ent days per type of unit per building per Section	n 130061(c)(1)(F)
Building Number: BLD-00355 Bu	ilding Name: Tower	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 32 Inpatient 4438 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 14 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 21 Inpatient 3790 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development 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 Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 18 Inpatient 0 Bed Days	85 85
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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-00356	Building Name: Pavilion					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 213 Inpatient 32 Bed Days	285Inpatient0Inpatient03BedDays	Inpatient 70 Inpatient 2535 Bed Days 4				
Perinatal (excluse Newborn / GY	N) Burn	Skilled Nursing				
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 10 Inpatient 26 Bed Days	05 Inpatient 32 Inpatient 5080 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service				
Inpatient 10 Inpatient 25 Bed Days	35 Inpatient 0 Inpatient 0 Bed Days	335 335				

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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-00355	Tower	Retrofit
BLD-00356	Pavilion	Retrofit
BLD-00357	Outpatient Building & Additions	Remain

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No proposed ne	w building	s to be cons	structed at this or another site.		

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

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No data reporte	o data reported for Section 130061(c)(2)(D).							

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

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No data reporte	ed for whethe	er the gener	ral acute care services a	nd beds will be relocated	d to a new, existing or retro	ofitted building and any per Section 130061(c)(2)(E).	
corresponding			numbers for buildings wi	and a building resolution			

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No data reported	d for Sectio	n 130061(c)(3).		

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Report any general per Section 130061	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:	Building Number: BLD-00355 Building Name: Tower							
Type of Service	e Provided							
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	Nursing	Anesthesia				Panal Dialyzia		
	IntensiveCare			Dbstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent	Clinical Lab		Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing	Imaging Pharmaceutical		Emergency	X	Central Plant		
X	Obstetrical Ante/Postprtum		<u>دی</u> ۱ []	Nuclear Medicine	X	Support Services		
	Intermediate Care	Administration						
X	Skilled Nursing							
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Section 130061(c					
Iding Number:	BLD-00356 Buildin	g Name: Pavilion			
Type of Service	Provided				
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabilita Therapy	ation
X	Nursing	X Anesthesia	—		ohusia
X	IntensiveCare	X Clinical Lab	Obstetrical Recovery	X Renal Dia	aiysis
	Pediatric/Adol escent		Newborn/ WellBaby	X Outpatier Surgery	nt
	Psychiatric Nursing	Imaging		_	
		X Pharmaceutical	Emergency	Central P	lant
	Obstetrical Ante/Postprtum	X 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-00355 Configuration: N/A	Building Name: Tower					
Type of Service Provided						
Nursing	Surgical	Obste Cesa	etrical rean/Deliv	Reh The	abilitation rapy	
IntensiveCare	Anesthesia	Obste		Ren	al Dialysis	
Pediatric/Adol escent	Clinical Lab	Reco	very			
Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outp Surg	patient Jery	
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Cen	tral Plant	
Intermediate Care	Dietetic		ear Medicine		port	
Skilled Nursing	Administration				vices	
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	her by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-00356	Building Na	me: Pavilion					
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ırsing		Surgical		Obstetrio Cesarea			Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetric Recover			Renal Dialysis
	ediatric/Adol cent		Clinical Lab			,		
	ychiatric Irsing		Radiological/ Imaging		Newborr WellBab			Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emerger	псу		Central Plant
Int Ca	ermediate		Dietetic		Nhashaan	NA dising		Quantat
	illed Nursing		Administration		Nuclear	Medicine		Support Services
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	ther by retrofit or by		hospital campus showin and the type of service th				
Building Number:	BLD-00357	Building Na	me: Outpatient Building	g & Addi	tions		
Configuration:	N/A						
Type of Service	e Provided						
	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic				
	killed 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)								
Buildin	Building Number: BLD-00357 Building Name: Outpatient Building & Additions								
Туре	of Service Prov	ided							
[] I	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
י 🗌 ו	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Dutpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	X	Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						
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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-00357	Building Name: Outpatient Building & Additio	ns					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient Days	0 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 Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0					
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