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:	11863	11863						
Facility Name:	Olympia	Medical Center						
Address:	5900 We	est Olympic Blvd.						
City:	Los Ang	eles						
Hospital Owner/Lice	ensee:	Olympia Health Care, LLC						
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:	Newport Architectural Group						
Submission	n Date:	12/21/2015 3:21:45 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- 00369	East Wing & Additions	5900 West Olympic Blvd.	Retrofit	SPC2	01/01/2020	03/31/2019

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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).

East Wing & Additions

Building No: BLD-00369

					─ Project:				1
Facility Number	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11863	I140020-19- 00	0	VSI for Olympia 11863: East Wing & Additions (BLD-00369, Bldg 02) SPC-2 Reclassification Project	12/31/201 4		12/31/2014	07/31/2019	ACTI	No

Retrofit/Replacement

Yes-Submitted

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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-00369 Building Name: East Wing & Additions							
Type of Service Prov	<u>/ided</u>						
X Nursing	Inpatient Beds	139 Inpatient 17481 Days	X Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	' <u>_</u>	X Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	' I <u>—</u>	Renal Dialysis			
Skilled Nursing	Inpatient	0 Inpatient Days 0	' I 	X Outpatient Surgery			
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant			

Report Year: 2015 11863 Olympia Medical Center Los Angeles Page:5 of 23 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00369 **Building Number: Building Name:** East Wing & Additions Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 139 Inpatient 1748 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 139 139 Bed Days Days Bed

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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-00368	North Wing	Remain
BLD-00369	East Wing & Additions	Retrofit
BLD-00370	West Wing & Additions	Remain
BLD-00371	Pavilion / Addition	Remain

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

Report Year: Olympia Medical Center Los Angeles 2015 11863 Page:8 of 23 No data reported for Section 130061 (c)(2)(A), (B), or (C)

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No data reporte	ed for Section	n 130061(c)(2)(D).		

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

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).	Report Year:	2015	11863	Olympia Medical Center		Los Angeles	Page:11 of 23
corresponding pulluling sites or project numbers for buildings with a building resolution of "Rebuild" or "Replace" per Section (3006)(c)(z)(E).	No data reporte	ed for whether	er the genera	al acute care services and	beds will be relocated to a	new, existing or retrofitted building a	and any
	corresponding	bullaing sites	s or project n	numbers for buildings with	a Building Resolution of R	ebulla of Replace per Section 130	0061(C)(Z)(E).

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No data reporte	d for Section	130061(c)	(3).		

port Year: 201	11863 Olymp	oia Medical Ce	nter		Los Angeles		Page:13 of 23
Report any general er Section 130061	acute care hospital inpa (c)(4)	itient service t	hat is provided in any	general	acute care hospital	building t	hat is rated SPC-1
Building Number:	BLD-00369 Buildir	g Name: E	ast Wing & Additions				
Type of Service	e Provided	. —					
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare		Ariestriesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Х	Outpatient
	escent	X	Radiological/ Imaging		Newborn/ WellBaby		Surgery
	Psychiatric Nursing	X	Pharmaceutical	X	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
	Skilled Nursing						

ilding Number: BLD-00368	Building Name: North Wing		
onfiguration: Remove from GA	C service by 1/1/2030		
Type of Service Provided			
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	X Clinical Lab	,	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical	Pharmaceutical		
Ante/Postprtum		Emergency	X Central Plant
Intermediate Care	X Dietetic	Nuclear Medicine	X Support
Skilled Nursing	Administration		Services

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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-00369	Building Nar	me: East Wing & Addit	ions								
Configuration: Remove from GAC service by 1/1/2030												
Type of Service Provided												
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis					
Ped	diatric/Adol ent		Clinical Lab		Necovery							
	vchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery					
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support					
Skil	lled Nursing		Administration				Services					

eport Year:	2015 11863	Olympia Med	lical Center		Los Angeles		Page:16 of 23					
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-00370 Building Name: West Wing & Additions												
Configuration: Remove from GAC service by 1/1/2030												
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		_							
	Anteri Ostpitum		District		Emergency		Central Plant					
	Intermediate Care		Dietetic		Nuclear Medicine		Support					
	Skilled Nursing		Administration				Services					

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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-00371 Building Name: Pavilion / Addition												
Configuration: Remove from GAC service by 1/1/2030												
Type of Service Provided												
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
In	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	ediatric/Adol scent		Clinical Lab		Recovery							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant					
	itermediate are		Dietetic		Nuclear Medicine		Compart					
	killed Nursing		Administration		Nuclear Medicine		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	ng Number: BLI	D-00368	Building Na	me: No	rth Wing				
Тур	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic		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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building N	umber: BLD)-00370	Building Name:	We	est Wing & Additions				
Type of S	Service Prov	ided							
X Nurs	sing	Inpatient Beds	21		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	nsiveCare	Inpatient Beds	0		Anesthesia				
Ped esce	iatric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psyd Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
Inte	rmediate e	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skill	ed Nursing	Inpatient Beds	0	X	Administration				
Tota Build	al Beds this ding		21						

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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	ng Number: BLE	D-00371	Building Nan	ne: Pa	avilion / Addition					
Type of Service Provided										
X	Nursing	Inpatient Beds	32		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	12		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		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		44							

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Los Angeles Report Year: 2015 11863 Olympia Medical Center Page:23 of 23 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-00371 Pavilion / Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 32 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 5158 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center 1328 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 1328 0 0 Bed Days Bed Days 44 44