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: 12014						
Facility Name:	Saint Vir	ncent Medical Center				
Address:	2131 W.	3rd St.				
City:	Los Ang	eles				
Hospital Owner/Lic	ensee:	Daughters of Charity Health System				
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 Ad	ldress::	[Confidential data left blank intentionally.]				
Name of Sub	omitter:	Mike Garko				
Submission	n Date:	12/23/2015 11:58:09 AM				

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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- 01211	Main Hospital	2131 W. 3rd St.	Retrofit	SPC2	01/01/2019	01/01/2019
BLD- 01213	Doheny Wing	2131 W. 3rd St.	Retrofit	SPC2	01/01/2019	01/01/2020

Report Year: 12014 Saint Vincent Medical Center Los Angeles Page:3 of 24 2015 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). Main Hospital Yes-Submitted Building No: BLD-01211 Retrofit/Replacement Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 12014 IL111926-0 0 VSI for 12014: MAIN HOSPITAL (BLD-7/14/2011 07/12/2017 ACTI No 01211, Bldg 01) SPC2 Reclassification Project 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). BLD-01213 **Doheny Wing** Yes-Submitted Retrofit/Replacement Building No: Project: Facility Project Plan Approved Projected Projected CEQA Sub Date Start Date Completion Date Status Review Number Number Num Scope Date In ACTI No 12014 IL111400-0 0 VSI for 12014: DOHENY WING (BLD-01213, 5/25/2011 07/12/2017 Bldg 03) SPC2 Reclassification Project

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Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-01211 Building Name: Main Hospital								
Type of Service Prov	<u>/ided</u>							
X Nursing	Inpatient Beds	253 Inpatient 33040 Days	X Surgical	Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	67 Inpatient Days 3665	X Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	/			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitati Therapy	ion			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialy	ysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical Cesarean/Deliv	U Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Pla	int			

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Provide	e the number of	inpatient bed	s and pat	ient days per ty	pe of service	e per building per	r Section 130061((c)(1)(F)	
	g Number: BL			Building Na	ıme:	Doheny Wing			
<u>Type o</u>	of Service Prov	<u>ided</u>				•			
N	lursing	Inpatient Beds	0	Inpatient Days	0	X Surg	ical	Obstetrica Recovery	
X In	ntensiveCare	Inpatient Beds	19	Inpatient Days	5445	Anes	thesia	Newborn/ WellBaby	
	Pediatric/Adol scent	Inpatient Beds	0	Inpatient Days	s 0	Clinic	cal Lab	X Emergend	су
	Psychiatric Iursing	Inpatient Beds	0	Inpatient Days	s 0	Radio Imagi	ological/ ing	Nuclear Medicine	
	Obstetrical ante/Postprtum	Inpatient Beds	0	Inpatient Days	s 0	Pharr	maceutical	X Rehabilita Therapy	ation
	ntermediate Care	Inpatient Beds	0	Inpatient Days	0		inistration	Renal Dia	
x s	Skilled Nursing	Inpatient Beds	27	Inpatient Days	7482	Supp Servi	ices	Surgery	t.
		2000	Total Be Building		46		etrical arean/Deliv	Central P	lant

Report Year: 2015 12014 Saint Vincent Medical Center Los Angeles Page:6 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) Main Hospital BLD-01211 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 253 Inpatient 3304 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 3655 Inpatient 67 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 320 Inpatient Inpatient Inpatient 320 Bed Days Days Bed

Report Year: 2015 12014 Saint Vincent Medical Center Los Angeles Page:7 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01213 **Doheny Wing Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient 27 Inpatient 7482 Bed Days Days Bed Days Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center 5445 Inpatient Inpatient Inpatient Inpatient Inpatient 19 Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 46 Inpatient 46 Inpatient Inpatient Inpatient Days Days Bed 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-01211	Main Hospital	Retrofit
BLD-01212	Central Plant / Parking Garage	Remain
BLD-01213	Doheny Wing	Retrofit
BLD-01214	Cath Lab	Remain

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

Report Year: Saint Vincent Medical Center Los Angeles 2015 12014 Page:10 of 24 No data reported for Section 130061 (c)(2)(A), (B), or (C)

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

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

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No data reporte	ed for whethe	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	idifibers for buildings with a building itesolution of	IX	ebulla of Neplace per Section 130	0001(C)(Z)(L).

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No data reporte	ed for Section	n 130061(c)	(3).		

ding Number:	BLD-01211 Buildi	ng Name: M	ain Hospital				
Type of Service	e Provided	. —		_			
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare				Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol	X	Clinical Lab	_			Outpatient
	escent	X	Radiological/	Ш	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Imaging		_		
	-	X	Pharmaceutical	Ш	Emergency	Ш	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services
	Intermediate						
	Care	X	Administration				
	Skilled Nursing						

eport Year: 201 Report any general	5 12014 Sain acute care hospital in	t Vincent Medic		general	Los Angeles acute care hospital	building t	Page:16 of 24	4
per Section 130061					·			_
Building Number:	BLD-01213 Build	ing Name: D	oheny Wing					
Type of Service	Provided							
		X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	Nursing		Anesthesia				Denal Dialysis	
X	IntensiveCare			Ш	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	П	Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
	Nursing		Pharmaceutical	X	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care	X	Administration					
X	Skilled Nursing							

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Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)	ldings on the hospital campus showing replacement and the type of service	ing how each building will comply we that will be provided in each gener	ith the SPC-5/NPC-4 or 5 al acute care hospital building
Building Number: BLD-01211	Building Name: Main Hospital		
Configuration: N/A			
Type of Service Provided			
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	X Anesthesia	Obstetrical Recovery	X Renal Dialysis
Pediatric/Adol escent	X Clinical Lab	Recovery	
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical	X Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate	X Dietetic		
Care	X Administration	X Nuclear Medicine	X Support Services
Skilled Nursing	Administration		

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Report the final config requirements whether per Section 130061(c	r by retrofit or by re	ngs on the h placement a	nospital campus showing and the type of service the	g how ea	ach building will comply wi e provided in each genera	th the SPC- al acute care	5/NPC-4 or 5 e hospital building
Building Number:	BLD-01212 E	Building Nam	ne: Central Plant / Park	king Gai	rage		
Configuration:	V/A						
Type of Service P	rovided						
Nurs	ing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inten	siveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
Pedia esce	atric/Adol nt		Clinical Lab		Recovery		
Psyc Nurs	hiatric ing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	etrical /Postprtum		Pharmaceutical		Emergency	X c	Central Plant
Interi Care	mediate		Dietetic		Nuclear Medicine		Support
Skille	ed Nursing		Administration	_			Services

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l configuration of all bui whether by retrofit or by 0061(c)(5)	ildings on the replacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
er: BLD-01213	Building Na	me: Doheny Wing				
: N/A		· · · · · · · · · · · · · · · · · · ·				
vice Provided						_
Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
IntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical	₩.	F		O and a library
Intermediate		Dietetic	[X]	⊏mergency		Central Plant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	hether by retrofit or by 20061(c)(5) er: BLD-01213 : N/A vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate	chether by retrofit or by replacement 20061(c)(5) er: BLD-01213 Building Na : N/A vice Provided Nursing X IntensiveCare X Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate	thether by retrofit or by replacement and the type of service 2061(c)(5) er: BLD-01213 Building Name: Doheny Wing : N/A vice Provided Nursing X Surgical IntensiveCare X Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Dietetic	Thether by retrofit or by replacement and the type of service that will I D061(c)(5) Per: BLD-01213 Building Name: Doheny Wing IN/A Vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Dietetic Intermediate Care	thether by retrofit or by replacement and the type of service that will be provided in each gen 2061 (c) (5) Building Name: Doheny Wing Intensive Care X	er: BLD-01213 Building Name: Doheny Wing N/A

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	whether by retrofit or by			ach building will comply be provided in each gen		
uilding Numb	er: BLD-01214	Building Na	me: Cath Lab			
Configuration	n: N/A					
Type of Sei	vice Provided					
	Nursing	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	_		
	Intermediate		Dietetic	Emergency	Ш	Central Plant
Ш	Care			Nuclear Medicine		Support Services
	Skilled Nursing		Administration			Cervices
		•				

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Include and S	de information on SPC-5 per Section	the number of in 130061(e)	npatient beds b	y type of S	Service provided by b	uilding	s that are classified as	SPC-2	2, SPC-3, SPC-4,
Buildi	ng Number: BLI	D-01212	Building Na	ame: Ce	ntral Plant / Parking (Garag	е		
Тур	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0		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		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0	Ш	Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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	le information on t PC-5 per Section		npatient beds by ty	pe of	Service provided by bui	lding	s that are classified as	SPC-2,	SPC-3, SPC-4,
Buildi	ng Number: BLE	D-01214	Building Name	e: Ca	ath Lab				
Туре	of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing	Include information on the number of inpatient be SPC-5 per Section 130061(e)	eds by type of unit provided by buildings that ar	re classified as SPC-2, SPC-3, SPC-4, and
Inpatient 0 Inpatient	Building Number: BLD-01212 Buildi	ng Name: Central Plant / Parking Garage	е
Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing Inpatient	Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient O Inpatient			
Pediatric Intensive Care Newborn Inpatient	Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient			
Intensive Care Rehabilitation Center Center Inpatient 0 Inpatient 0 Days	Pediatric		Intermediate Care
Inpatient 0 Inpati			
Coronary Care Chemical Dependency Inpatient 0 Inpati	Intensive Care		
Inpatient 0 Inpati			
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0	Coronary Care	Chemical Dependency	

Los Angeles Report Year: 2015 12014 Saint Vincent Medical Center Page:24 of 24 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-01214 Cath Lab **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 0