## 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:   | 11598                          |   |  |  |  |  |  |  |
| Facility Name:   | East Lo                        | s Angeles Doctors Hospital  |  |  |  |  |  |  |
| Address:   | 4060 W                         | hittier Blvd.   |  |  |  |  |  |  |
| City:  | Los Ang                        | peles   |  |  |  |  |  |  |
| Year of Re  Contact 1 e-mail A  Contact 2 e-mail A  Contact 3 e-mail A | porting:<br>ddress:<br>ddress: | 2016  [Confidential data left blank intentionally.]  [Confidential data left blank intentionally.]  [Confidential data left blank intentionally.] |  |  |  |  |  |  |
| Name of Sub  |                                | ELADH   |  |  |  |  |  |  |
| Submission   | n Date:                        | 10/4/2016 10:29:17 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, SPC4D 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.<br>No.  | Building Name     | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|---------------|-------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD-<br>00670 | Original Building | 4060 Whittier Blvd.        | Retrofit               | SPC2                            | 01/01/2019        | 03/01/2018                     |

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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-00670 Original Building Retrofit/Replacement Yes-Submitted Project: Facility Project Projected Projected CEQA Sub Plan Approved Completion Date Status Number Number Num Scope Date Start Date Review Date In 11598 H142413-19 0 VSI for 11598: Original Building (BLD-00670, 10/20/201 10/14/2015 10/15/2016 03/01/2018 PEND No Bldg 01) SPC-2 Reclassification Project -00 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-00670 Building Name: Original Building  |                   |  |  |                                   |              |  |  |
| Type of Service Pro  | <u>vided</u>      |  |  |                                   |              |  |  |
| Nursing  | Inpatient<br>Beds | 0 Inpatient 0 Days                     | X Surgical                                       | X Obstetrical Recovery            |              |  |  |
| IntensiveCare  | Inpatient<br>Beds | 0 Inpatient Days 0                     | X Anesthesia                                     | X Newborn/<br>WellBaby            |              |  |  |
| X Pediatric/Adol escent  | Inpatient<br>Beds | 7 Inpatient Days 661                   | X Clinical Lab                                   | Emergency                         | /            |  |  |
| Psychiatric Nursing  | Inpatient<br>Beds | 0 Inpatient Days 0                     | X Radiological/<br>Imaging                       | Nuclear<br>Medicine               |              |  |  |
| X Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 14 Inpatient Days 1368                 | X Pharmaceutical Dietetic                        | Rehabilitati Therapy              | ion          |  |  |
| Intermediate Care  | Inpatient<br>Beds | 0 Inpatient Days 0                     | X Administration                                 | Renal Dialy                       | ysis .       |  |  |
| Skilled Nursing  | Inpatient<br>Beds | 0 Inpatient Days 0  Total Beds this 21 | X Support Services  X Obstetrical Cesarean/Deliv | X Outpatient Surgery  Central Pla | int          |  |  |
|  |                   | Building                               |  |                                   |              |  |  |

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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-00670 <b>Buil</b> 6 | BLD-00670 Building Name: Original Building |                     |   |  |  |  |  |
| Medical / Surgical  | (Include GYN)           | Acute Respiratory                          | Care                | Acute Psychiatric                       |  |  |  |  |
| Inpatient 0<br>Bed  | Inpatient 0 Days        | Inpatient 0<br>Bed                         | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |  |  |  |
| Perinatal (excluse  | Newborn / GYN)          | Burn                                       |                     | Skilled Nursing                         |  |  |  |  |
| Inpatient 14<br>Bed   | Inpatient 1368 Days     | Inpatient 0<br>Bed                         | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |  |  |  |
| Pediatric   |                         | intensive Care Ne<br>Nursery               | wborn               | Intermediate Card                       |  |  |  |  |
| Inpatient 7<br>Bed  | Inpatient 661<br>Days   | Inpatient 0<br>Bed                         | Inpatient 0 Days    | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |  |  |  |
| Intensive Care  |                         | Rehabilitation<br>Center                   |                     | Int. Care / development<br>Disabled     |  |  |  |  |
| Inpatient 0<br>Bed  | Inpatient 0 Days        | Inpatient 0<br>Bed                         | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |  |  |  |
| Coronary Care   |                         | Chemical<br>Dependency                     |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |  |  |  |
| Inpatient 0<br>Bed  | Inpatient 0 Days        | Inpatient 0<br>Bed                         | Inpatient 0<br>Days | 21                                      | 21   |  |  |  |

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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<br>Removed / Replaced / Rebuilt |  |  |
|-------------------------------|-------------------|--|--|--|
| BLD-00670                     | Original Building | Retrofit                                       |  |  |
| BLD-00673                     | South Addition    | Remain   |  |  |

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Report Year: Los Angeles 2016 11598 East Los Angeles Doctors Hospital Page:8 of 17 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year: Los Angeles 2016 11598 East Los Angeles Doctors Hospital Page:9 of 17 No data reported for Section 130061(c)(2)(D).

Report Year: Los Angeles Page:10 of 17 2016 11598 East Los Angeles Doctors Hospital No data reported for Section 130061(c)(2)(D).

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|-----------------|--|--------------|--------------------------|--------------------------|------------|-----------------------|-------------|---------------|
| No data reporte | 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). |              |                          |                          |            |                       |             |               |
| corresponding i | Juliuli ig Sites   | or project i | idilibera foi bullulliga | with a building resoluti | 1011 01 10 | ebulia of Replace per | Section 150 | 001(0)(2)(L). |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |
|                 |  |              |                          |                          |            |                       |             |               |

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| Building Number: BLD-00670 Building Name: Original Building       |                               |   |                |   |                         |   |                     |  |
|---|-------------------------------|---|----------------|---|-------------------------|---|---------------------|--|
| Type of Service Provided  X Surgical X Obstetrical Rehabilitation |                               |   |                |   |                         |   |                     |  |
|   | Nuroina                       |   | Surgical       |   | Cesarean/Deliv          | Ш | Therapy             |  |
|   | Nursing                       | X | Anesthesia     |   |                         |   | 5 15:1 :            |  |
|   | IntensiveCare                 |   |                | Х | Obstetrical<br>Recovery |   | Renal Dialysis      |  |
| X   | Pediatric/Adol                | X | Clinical Lab   |   |                         | Х | Outpatient          |  |
|   | escent                        | X | Radiological/  | Х | Newborn/<br>WellBaby    |   | Surgery             |  |
|   | Psychiatric<br>Nursing        |   | Imaging        |   | _                       |   |                     |  |
|   | -                             | × | Pharmaceutical |   | Emergency               |   | Central Plant       |  |
| X   | Obstetrical<br>Ante/Postprtum |   | Dietetic       |   | Nuclear<br>Medicine     | X | Support<br>Services |  |
| _   |                               |   | Dietetic       |   |                         |   |                     |  |
|   | Intermediate<br>Care          | x | Administration |   |                         |   |                     |  |
|   | Olilla d N. saisa             |   |                |   |                         |   |                     |  |
|   | Skilled Nursing               | I |                |   |                         |   |                     |  |

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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-00670  | Building Name: Original Building  |                               |                        |  |  |  |  |  |
| Configuration: N/A  |                                   |                               |                        |  |  |  |  |  |
| Type of Service Provided  |                                   |                               |                        |  |  |  |  |  |
| Nursing   | Surgical                          | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |  |  |  |  |  |
| IntensiveCare   | Anesthesia                        | Obstetrical Recovery          | Renal Dialysis         |  |  |  |  |  |
| Pediatric/Adol escent   | Clinical Lab                      | Recovery                      |                        |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging          | Newborn/<br>WellBaby          | Outpatient<br>Surgery  |  |  |  |  |  |
| Obstetrical Ante/Postprtum  | Pharmaceutical                    | Emergency                     | Central Plant          |  |  |  |  |  |
| Intermediate  | Dietetic                          | Efficiency                    | Central Plant          |  |  |  |  |  |
| Care  | Administration                    | Nuclear Medicine              | Support<br>Services    |  |  |  |  |  |
| Skilled Nursing   | _                                 |                               |                        |  |  |  |  |  |
|   |                                   |                               |                        |  |  |  |  |  |
|   |                                   |                               |                        |  |  |  |  |  |
|   |                                   |                               |                        |  |  |  |  |  |

|                                 |                               |             | eles Doctors Hospital    | vina how e    | Los Angeles ach building will comply | with the SP   | Page:15 of 17  C-5/NPC-4 or 5 |
|---------------------------------|-------------------------------|-------------|--------------------------|---------------|--------------------------------------|---------------|-------------------------------|
| equirements wheer Section 13006 | ether by retrofit or by       | replacement | and the type of service  | e that will l | pe provided in each gen              | eral acute ca | are hospital building         |
| uilding Number:                 | BLD-00673                     | Building Na | me: South Addition       |               |                                      |               |                               |
| Configuration:                  | N/A                           |             |                          |               |                                      |               |                               |
| Type of Service                 | ce Provided                   |             |                          |               |                                      |               |                               |
|                                 | lursing                       |             | Surgical                 |               | Obstetrical<br>Cesarean/Deliv        |               | Rehabilitation<br>Therapy     |
| Ir                              | ntensiveCare                  |             | Anesthesia               |               | Obstetrical<br>Recovery              |               | Renal Dialysis                |
|                                 | Pediatric/Adol<br>escent      |             | Clinical Lab             |               | recovery                             |               |                               |
|                                 | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |               | Newborn/<br>WellBaby                 |               | Outpatient<br>Surgery         |
|                                 | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |               | F                                    |               | Control Plant                 |
|                                 | ntermediate                   |             | Dietetic                 |               | Emergency                            |               | Central Plant                 |
|                                 | Care                          |             | Administration           |               | Nuclear Medicine                     |               | Support<br>Services           |
| <u></u>                         | Skilled Nursing               |             |                          |               |                                      |               |                               |
|                                 |                               |             |                          |               |                                      |               |                               |
|                                 |                               |             |                          |               |                                      |               |                               |

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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, SPC-4D and SPC-5 per Section 130061(e) |                   |                  |                          |                            |                        |  |  |  |
| Building Number: BLD-00673 Building Name: South Addition  |                   |                  |                          |                            |                        |  |  |  |
| Type of Service Prov  | <u>rided</u>      |                  |                          |                            |                        |  |  |  |
| X Nursing   | Inpatient<br>Beds | 71               | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |
| X IntensiveCare   | Inpatient<br>Beds | 10               | Anesthesia               |                            |                        |  |  |  |
| Pediatric/Adol escent   | Inpatient<br>Beds | 0                | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |  |  |  |
| Psychiatric Nursing   | Inpatient<br>Beds | 0                | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |  |  |
| Obstetrical Ante/Postprtum  | Inpatient<br>Beds | 0                | Pharmaceutical           | X Emergency                | X Central Plant        |  |  |  |
| Intermediate Care   | Inpatient<br>Beds | 0                | X Dietetic               | Nuclear<br>Medicine        | X Support<br>Services  |  |  |  |
| Skilled Nursing   | Inpatient<br>Beds | 25               | Administration           |                            |                        |  |  |  |
| Total Beds this<br>Building   |                   | 106              |                          |                            |                        |  |  |  |
|   |                   |                  |                          |                            |                        |  |  |  |
|   |                   |                  |                          |                            |                        |  |  |  |

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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, SPC-4D and SPC-5 per Section 130061(e)

| 4D and SPC-5 per Section 130061(e) |                         |                           |                    |   |  |  |  |
|------------------------------------|-------------------------|---------------------------|--------------------|---|--|--|--|
| Building Number:                   | BLD-00673               | Building Name:            | South Addition     |   |  |  |  |
| Medical / Surgical (I              | nclude GYN)             | Acute Respira             | tory Care          | Acute Psychiatric   |  |  |  |
| Inpatient 71<br>Bed                | Inpatient 11689<br>Days | Inpatient Bed             | 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days                              |  |  |  |
| Perinatal (Exclude N               | lewborn / GYN)          | Burn                      |                    | Skilled Nursing   |  |  |  |
| Inpatient 0<br>Bed                 | Inpatient Days          | Inpatient Bed             | 0 Inpatient 0 Days | Inpatient 25 Inpatient 8093 Bed Days                      |  |  |  |
| Pediatric                          |                         | Intensive Care<br>Nursery | • Newborn          | Intermediate Care   |  |  |  |
| Inpatient 0<br>Bed                 | Inpatient C<br>Days     | Inpatient Bed             | 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days                              |  |  |  |
| Intensive Care                     |                         | Rehabilitation<br>Center  |                    | Int. Care / Developmentally<br>Disabled                   |  |  |  |
| Inpatient 4<br>Bed                 | Inpatient 925<br>Days   | Inpatient Bed             | 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days                              |  |  |  |
| Coronary Care                      |                         | Chemical Dep              | endency            | Total Beds this Total Beds this Building Per Building Per |  |  |  |
| Inpatient 6<br>Bed                 | Inpatient 1387<br>Days  | Inpatient Bed             | 0 Inpatient 0 Days | Unit Service 106 106                                      |  |  |  |
|                                    |                         |                           |                    |   |  |  |  |