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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:	11621		
Facility Name:	Encino	Hospital Medical Center	
Address:	16237	Ventura Blvd.	
City:	Encino		
Hospital Owner/Licensee:		Prime Healthcare Services Encino, LLC	
Year of Reporting:		2016	
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:	Puchlik Design Associates	
Submission	Date:	10/31/2016 10:36:35 AM	

Report Y	'ear: 2016 11621	Encino Hospital Medical Center		Encino		Page:2 of 20	
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. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date	
BLD- 00677	Main Tower / Basement / Mech Bldg	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2016	06/01/2017	
		D + 1 + 11 + 1 + 10/00/0040					

uilding	No: BLD-0	0677	Main Tower / Basement / Mech Bldg		Retrofit/Re Project:	eplacement	Yes-Subr	nitted	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11621	HL091434-0	0	SPC-2 UPGRADES TO BUILDING #3	7/7/2009		02/01/2014	10/01/2014	ACTI	No
11621	S152701-19 -00	0	EHMC - Seismic Instrumentation for Bldg 3	10/14/201 5	10/5/2016 12:00:00 AM	01/02/2017	06/01/2017	PEND	No
11621	SL091334-0	0	MATERIALS TESTING PROGRAM - MAIN HOSPITAL TOWER (BLDG 3)	6/30/2009	2/18/2010 12:00:00 AM			CLOS	No

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Provide the number of inpat	tient beds and patient days per type of service	per building per Section 130061(c)(1)(F)	
Building Number: BLD-006	677 Building Name:	Main Tower / Basement / Mech Bldg	
Type of Service Provided			
X Nursing Inpa Bed	atient 62 Inpatient 7277 ds Days	X Surgical Obstetrica Recovery	I
X IntensiveCare Inpa Bed	atient 10 Inpatient Days 0	Anesthesia Newborn/ WellBaby	
Pediatric/Adol Inpa escent Bed	atient 0 Inpatient Days 0 Is	Clinical Lab	у
Psychiatric Inpa Nursing Bed	atient 0 Inpatient Days 0	X Radiological/ Nuclear Imaging Medicine	
Obstetrical Inpa Ante/Postprtum Bed	atient 0 Inpatient Days 0 ds	X Pharmaceutical X Dietetic Rehabilita Therapy	tion
Intermediate Inpa Care Bed	atient 0 Inpatient Days 0 Is	X     Administration     Renal Dia       X     Support     Outpatient	
X Skilled Nursing Inpa Bed	atient 28 Inpatient Days 8539	Services Surgery	
	Total Beds this <b>100</b> Building	Obstetrical Cesarean/Deliv X Central Pl	ant
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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-00677 Build	<b>ling Name:</b> Main Tower / Basement / Me	ech Bldg						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 62 Inpatient 7277 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0					
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 28 Inpatie Bed Days	nt 8539					
Pediatric	intensive Care Newborn Nursery	Intermediate Card						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0					
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0					
Coronary Care	Chemical Dependency	Total Beds this Total B Building Per Buildin Unit Servic						
Inpatient 10 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	100	100					
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all buildings a	t the facility, indicate which ones are scheduled for gene	ral acute service removal.	
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-00675	North Wing	Remain	
BLD-00676	West Wing	Remain	
BLD-00677	Main Tower / Basement / Mech Bldg	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 Sectior	n 130061 (c	)(2)(A) , (B), or (C)				

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No data reported	I for Sectio	n 130061(c	e)(2)(D).		

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lo data reporte	d for Sectio	on 130061(d	c)(2)(D).		

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No data reported corresponding b	I for wheth uilding site	er the genera s or project r	al acute care services and beds will າumbers for buildings with a Buildinເ	be relocated to a Resolution of "F	a new, existing or retrofitted building a Rebuild" or "Replace" per Section 130	nd any 061(c)(2)(E).

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No data reporte	d for Section	on 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-00677 Buildin	g Name: Main Tower / Basement	/ Mech Bldg				
Type of Service	e Provided						
		X Surgical	Obstetrical Cesarean/D		ilitation y		
X	Nursing	Anesthesia	<b>—</b>		Dialucia		
X	IntensiveCare	Clinical Lab	Obstetrical Recovery	Renail	Dialysis		
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	Outpat Surger			
	Psychiatric Nursing	Imaging X Pharmaceutical	Emergency	X Centra	l Plant		
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service	rt es		
	Intermediate Care	X Administration					
X	Skilled Nursing						
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Report the final config requirements whether per Section 130061(c)	by retrofit or b	uildings on the ho y replacement an	spital campus showir d the type of service	ng how ea that will b	ach building will comply e provided in each gene	with the SPC-5 eral acute care	/NPC-4 or 5 hospital building
Building Number: Bl	_D-00675	Building Name	North Wing				
Configuration: R	etrofit Non-Cor	nforming building	to SPC 2 and NPC 3	and rem	ove from service by 203	0	
Type of Service Pr	ovided						
Nursir	ng	s	urgical		Obstetrical Cesarean/Deliv		ehabilitation lerapy
X Intens	iveCare	A	nesthesia		Obstetrical Recovery	Re	enal Dialysis
Pedia escen	tric/Adol t		linical Lab				
X Psych Nursir			adiological/ naging		Newborn/ WellBaby		utpatient Irgery
Obste Ante/F	trical Postprtum	P	harmaceutical		Emergency	Ce	entral Plant
Interm Care	nediate		ietetic		Nuclear Medicine	x s	upport
Skilled	d Nursing	X A	dministration			s s	ervices
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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-	00676 Building	Name: West Wing				
Configuration: Retro	ofit Non-Conforming bu	uilding to SPC 2 and NPC 3	3 and remov	e from service by 2030		
Type of Service Provi	ided					
X Nursing		Surgical		Dbstetrical Cesarean/Deliv		habilitation erapy
Intensive	Care	Anesthesia		Dbstetrical Recovery	Re	nal Dialysis
Pediatric, escent	/Adol	Clinical Lab	·			
Psychiatr Nursing	ric	Radiological/ Imaging		lewborn/ VellBaby		tpatient rgery
Obstetric Ante/Pos		Pharmaceutical	X E	mergency	X Ce	ntral Plant
Intermed Care	iate	Dietetic		luclear Medicine		
Skilled N	ursing	Administration				upport ervices
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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-00677	Building Name: Main Tower / Bas	sement / Mech E	Bldg			
Configuration: Retrofit Non-C	Conforming building to SPC 2 and NPC 3	and remove fro	om service by 2030			
Type of Service Provided						
X Nursing	X Surgical		etrical	Rehabilitation Therapy		
X IntensiveCare	X Anesthesia	Obste Reco	etrical X	Renal Dialysis		
Pediatric/Adol escent	Clinical Lab		voly			
Psychiatric Nursing	X Radiological/ Imaging	Newb Well		Outpatient Surgery		
Obstetrical Ante/Postprtum	X Pharmaceutical	Emei	gency X	Central Plant		
	X Dietetic					
Care X Skilled Nursing	X Administration	X Nucle	ear Medicine X	Support Services		
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Include information on 4D and SPC-5 per Se			by type of	Service provided by t	ouildings that are classified a	as SPC-2, S	PC-3, SPC-4, SPC-
Building Number: BL	.D-00675	Building N	Name: No	orth Wing			]
Type of Service Pro	vided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
X IntensiveCare	Inpatient Beds	12		Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis
Psychiatric X Nursing	Inpatient Beds	13		Radiological/ Imaging	Newborn/ WellBaby		tpatient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Sup Sei	oport rvices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		25					
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Include information on 4D and SPC-5 per Sec			by type of Service provided b	y buildings that are classified	as SPC-2, SPC	C-3, SPC-4, SPC-
Building Number: BLI	D-00676	Building N	lame: West Wing			
Type of Service Prov	<u>/ided</u>					
X Nursing	Inpatient Beds	23	Surgical	Obstetrical Cesarean/Deliv	X Reha Thera	abilitation apy
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outp Surge	atient ery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	X Cent	ral Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Supp Servi	
Skilled Nursing	Inpatient Beds	0	Administration			
Total Beds this Building		23				
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Include information on the number of inpatient k 4D and SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-	4, SPC-
Building Number: BLD-00675 Build	ding Name: North Wing		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 13 Inpatient 4 Bed Days	4742
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 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 F	
Inpatient 12 Inpatient 968 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	25
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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)					
Building Number: BLD-00676 Building	ding Name: West Wing				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 23 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	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 Bed Days 0			
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           23         23			
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