## 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:	11646							
Facility Name:	Pacific A	Illiance Medical Center						
Address:	531 W. (	College St.						
City:	Los Ang	eles						
Hospital Owner/Lic	ensee:	PAMC Ltd.						
Year of Reporting:		2016						
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 Address::		[Confidential data left blank intentionally.]						
Name of Submitter:		Ron Anderson						
Submission	n Date:	1/16/2017 1:41:53 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, 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- 00686	West Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 00687	East Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 05825	East Wing Addition	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020

Report Year: 11646 Pacific Alliance Medical Center Los Angeles Page:3 of 32 2016 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: West Wing Retrofit/Replacement Yes-Submitted BLD-00686 Project: Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 VSI for PAMC 11646: West Wing (BLD-11646 IL101468-0 6/30/2010 ACTI No 00686, Bldg 1 &1A) SPC 2 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). **Building No:** BLD-00687 Hazus-Submitted **East Wing** Retrofit/Replacement Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 ACTI No 11646 IL101470-0 6/30/2010

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Provide the number of	inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: BL	D-00686	Building Name: We	est Wing		
Type of Service Prov	<u>rided</u>				
X Nursing	Inpatient Beds	12 Inpatient 4201 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	/
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 1259	Pharmaceutical Dietetic	Rehabilitat Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dial	ysis
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Beds	Total Beds this Building	X Obstetrical Cesarean/Deliv	Central Pla	ant

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Prov	ide the number of	inpatient bed	ds and patient days per type of serv	ice per building per Section 13000	61(c)(1)(F)	
	ing Number: BL		Building Name:	East Wing		
_			42 Innation 4542C	Surgical	☐ Obstetrical	
X	Nursing	Inpatient Beds	43 Inpatient 15126 Days	Surgical	Recovery	
	IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
				Pharmaceutical	_	
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy	
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
	Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
		beas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

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Provide the number	of inpatient be	ds and patient days per type of service pe	er building per Section 13006	11(c)(1)(F)
Building Number:		Building Name: Ea	ast Wing Addition	
Type of Service Pro	<u>ovided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtur	Inpatient m Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	g Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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r rovide trie ridilibei	or impatient beds and pa	allerit days per type or uni	t per building per Section 1	30001(0)(1)(1)	
Building Number:	BLD-00686 <b>B</b>	Building Name: Wes	t Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 12 Bed	Inpatient 4201 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 1259 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	18	18

Report Year: 2016 11646 Pacific Alliance Medical Center Los Angeles Page:9 of 32 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00687 **Building Number: Building Name: East Wing** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 43 Inpatient 1512 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 6 Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed 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 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 43 Inpatient Inpatient 43 Inpatient Inpatient Days Days Bed Bed

Report Year: 2016 11646 Pacific Alliance Medical Center Los Angeles Page:10 of 32 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05825 **East Wing Addition 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 Inpatient 0 Bed Days Days Days Bed 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 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol 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-00686	West Wing	Retrofit
BLD-00687	East Wing	Retrofit
BLD-00688	Northwest Wing	Remain
BLD-00689	Northeast Wing	Remain
BLD-00690	South Wing	Remain
BLD-05825	East Wing Addition	Retrofit

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

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

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

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No data reporte	ed for whethe	er the genera	al acute care services a	nd beds will be relocated to a	new, existing or retrofitted building a	and any
corresponding	bullaing sites	s or project n	lumbers for buildings wi	th a Building Resolution of "R	ebuild" or "Replace" per Section 130	0061(C)(Z)(E).

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

ling Number:	BLD-00686 Buildi	ng Name: W	est Wing			
ype of Service	e Provided		Surgical	X	Obstetrical	Rehabilitation
X	Nursing		Anesthesia		Cesarean/Deliv	Therapy
	IntensiveCare				Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	X	Newborn/	Outpatient Surgery
	Psychiatric		Radiological/ Imaging		WellBaby	
	Nursing		Pharmaceutical		Emergency	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

ilding Number:	BLD-00687 Buildi	ng Name: E	ast Wing				
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia	Obstetrical		Renal Dialysis	
	IntensiveCare Pediatric/Adol		Clinical Lab	Recovery		Outpatient	
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration				
	Skilled Nursing						

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Report any general per Section 130061		tient service that is provided in an	y general ad	cute care hospital	building th	nat is rated SPC-1
Building Number:	BLD-05825 Buildin	g Name: East Wing Addition				
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesthesia			_	
	IntensiveCare			Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent	Clinical Lab		Newborn/		Outpatient Surgery
	Psychiatric	Radiological/ Imaging		WellBaby		3 ,
	Nursing	Pharmaceutical	E	Emergency		Central Plant
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care	Administration				
	Skilled Nursing					

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Report the fina requirements w per Section 130	al configuration of all buil whether by retrofit or by 0061(c)(5)	dings on the replacement	hospital campus sho and the type of servi	wing how e ce that will b	ach building will comply be provided in each gen	with the SPC- eral acute car	-5/NPC-4 or 5 e hospital building
Building Numb	er: BLD-00686	Building Na	me: West Wing				
Configuration	n: Remove from GAG	C service by	1/1/2030				
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Гherapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	Ш	Emergency		Sential Flant
_	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	Okineu Ivulaniy	l					

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	nether by retrofit or by			ach building will comply be provided in each geno		
uilding Numbe	r: BLD-00687	Building Na	me: East Wing			
Configuration:	Remove from GAG	C service by	1/1/2030			
Type of Serv	ice Provided					
X	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		Pharmaceutical			
_	Ante/Postprtum			Emergency	Ш	Central Plant
	Intermediate Care		Dietetic	Nuclear Medicine	X	Support
	Skilled Nursing		Administration		_	Services

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	whether by retrofit or by				ach building will comply be provided in each gene					
Building Numb	per: BLD-00688	Building Na	me: Northwest Wing							
Configuration	Configuration: Remove from GAC service by 1/1/2030									
Type of Se	rvice Provided									
X	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		Pharmaceutical							
_	Ante/Postprtum			Ш	Emergency	Ш	Central Plant			
	Intermediate Care		Dietetic	П	Nuclear Medicine		Support			
	Skilled Nursing		Administration	_ <del></del>			Services			

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	al configuration of all bu whether by retrofit or by 30061(c)(5)						
uilding Numl	ber: BLD-00689	Building Na	me: Northeast Wing				
Configuratio	n: Remove from GA	C service by	1/1/2030				
Type of Se	ervice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency	X	Central Plant
	Intermediate Care	X	Dietetic	X	Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

eport Year: 20	016 11646 Pa	acific Allian	ce Medical Center		Los Angeles		Page:25 of 32
Report the final cor equirements whet per Section 13006	ther by retrofit or by re	ings on the placement	hospital campus show and the type of service	ing how e that will l	ach building will comply be provided in each gen	with the SF eral acute o	PC-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-00690 E	Building Na	me: South Wing				
Configuration:	Remove from GAC	service by	1/1/2030				
Type of Service	e Provided						
X Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		_		
74	nto/i ootpitum		Distatis		Emergency		Central Plant
	termediate are	Ш	Dietetic		Nuclear Medicine	X	Support
Sk	killed Nursing		Administration				Services
Ca	are		Dietetic  Administration		Nuclear Medicine	X	Support Services

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	ouildings on the hospital campus show by replacement and the type of service		
Building Number: BLD-05825	Building Name: East Wing Additi	ion	
Configuration: Remove from G	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	Emergency	Central Plant
Intermediate	Dietetic	Emergency	Central Flant
Care	Administration	Nuclear Medicine	X Support Services
Skilled Nursing			

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Include information o 4D and SPC-5 per So			by type of Serv	rice provided by bu	uildings that are classified a	s SPC-2, S	PC-3, SPC-4, SPC-
Building Number:	LD-00688	Building Na	ame: Northy	vest Wing			]
Type of Service Pro	ovided						
X Nursing	Inpatient Beds	8	Su	urgical	Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0	Ar	nesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Cli	inical Lab	Obstetrical Recovery	Rei	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		adiological/ aging	Newborn/ WellBaby		tpatient gery
Obstetrical  X Ante/Postprtur	Inpatient n Beds	12	Ph	narmaceutical	Emergency	Cei	ntral Plant
Intermediate Care	Inpatient Beds	0	□ <sub>Di</sub>	etetic	Nuclear Medicine	Sup Sei	oport vices
Skilled Nursing	Inpatient Beds	0	Ac	Iministration			
Total Beds this Building	6	20					

eport Year: 2016	11646	Pacific Alliance Me	edical Center	Los Angeles	Page:28 of 32
Include information on 4D and SPC-5 per Sec			type of Service provided by	v buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00689	Building Na	me: Northeast Wing		
Type of Service Pro	<u>vided</u>				
X Nursing	Inpatient Beds	32	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	9	Anesthesia	_	
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	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		41			

port Year: 2016	11646	Pacific Alliance Me	edical Center	Los Angeles	Page:29 of 32
Include information on 4D and SPC-5 per Se			y type of Service provided by I	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00690	Building Na	me: South Wing		
Type of Service Pro	vided				
X Nursing	Inpatient Beds	12	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	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		12			

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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-00688	Buildir	ng Name: North	nwest Wing				
Medical / Surgical (I	nclude GYN)		Acute Respiratory	Care	Acute Psychiatric			
Inpatient 20 Bed	Inpatient Days		Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Perinatal (Exclude Newborn / GYN)			Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient Days		Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Pediatric			Intensive Care New Nursery	vborn	Intermediate Care			
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Intensive Care			Rehabilitation Center		Int. Care / Developmentally Disabled			
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days			
Coronary Care			Chemical Depende	ency	Total Beds this Building Per Total Beds this Building Per			
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Unit Service 20			

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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-006	89 Buildi	ng Name: Northeast Wing					
Medical / Surgical (Include G	YN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 32 Inpatie Bed Days	ent 13742	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Perinatal (Exclude Newborn /	GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatie Bed Days	ent 0	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric		Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatie Bed Days	ent 0	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 9 Inpatie Bed Days	ent 742	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Coronary Care		Chemical Dependency	Total Beds this Total Beds this Building Per Building Per				
Inpatient 0 Inpatie Bed Days	ent 0	Inpatient 0 Inpatient 0 Days	Unit Service 41				

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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) BLD-00690 South Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 12 Inpatient Inpatient Inpatient Inpatient Inpatient 0 2659 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 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 Days Bed Days Bed 12 12