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	l Owner and	d Year of Report per Section 130061(e)	
Facility Number:	11847		
Facility Name:	Mission	Community Hospital	
Address:	14850 F	Roscoe Blvd.	
City:	Panorar	ma City	
Year of Re Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A	eporting: Address:	2016 [Confidential data left blank intentionally.] [Confidential data left blank intentionally.]	
Name of Su	bmitter:	Ola Ostlund	
Submissio	on Date:	10/30/2016 6:00:35 PM	
Submissio	on Date:	10/30/2016 6:00:35 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- 00352	Building A - Tower	14850 Roscoe Blvd.	Retrofit	SPC2	01/01/2018	05/01/2017

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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).

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Building No:	BLD-00352	Building A - Tower		Retrofit/Re Project:	eplacement	No]
Facility Proje Number Num		cope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11847 P-201	2- 0		10/24/201	6/20/2016	07/01/2013	12/01/2014	ACT	I No

12:00:00 AM

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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: BL	D-00352	Building Name:	Building A - Tower						
Type of Service Prov	<u>rided</u>								
X Nursing	Inpatient Beds	25 Inpatient 1329 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/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitat Therapy	ion				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	ysis				
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery					
	Beds	Total Beds this Building 25	Obstetrical Cesarean/Deliv	Central Pla	nnt				

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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-00352 Buil	ding Name: Build	ding A - Tower				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 25 Bed	Inpatient 1329 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Ne 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	25	25		

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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-00352	Building A - Tower	Retrofit
BLD-00354	Building C - Emergency Department B	Remain
BLD-03891	Building D - South Tower	Remain

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

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Report Year: Mission Community Hospital Panorama City 2016 11847 Page:9 of 20 No data reported for Section 130061(c)(2)(D).

Report Year: Mission Community Hospital Panorama City 2016 11847 Page:10 of 20 No data reported for Section 130061(c)(2)(D).

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No data reported for whether the gener	al acute care services and beds will be relocated to a numbers for buildings with a Building Resolution of "R	new, existing or retrofitted building a	and any
corresponding building sites or project i	numbers for buildings with a building Resolution of R	repulla di Replace pel Section 130	0001(C)(Z)(E).

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No data reported for S	Section 130061(c)(3).		

Surgical Obstetrical Rehabilitation Therapy	Section 130061 ding Number:		ng Name: B	uilding A - Tower				
Nursing	Гуре of Service	e Provided		0 : 1				Dah ah ilitation
Anesthesia		N. selec		Surgical			Ш	
IntensiveCare	X	Nursing		Anesthesia				B 18:1 :
Pediatric/Adol escent		IntensiveCare						Renai Dialysis
Psychiatric Nursing Pharmaceutical Emergency Central Plant Obstetrical Ante/Postprtum Dietetic Medicine Support Services Intermediate Care Administration Administration				Clinical Lab		Navela aug /		
Psychiatric Nursing							<u> </u>	Cargory
Ante/Postprtum Dietetic Nuclear Medicine Support Services Intermediate Care Administration					П	Emergency		Central Plant
Dietetic Medicine Services						Nuclear		Support
Care Administration		Ante/Postprtum		Dietetic				
Skilled Nursing				Administration				
		Skilled Nursing						

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Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)			
Building Number: BLD-00352	Building Name: Building A - Tow	ver	
Configuration: Remove from GA	C service by 1/1/2030		
Type of Service 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 Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic		
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services
	1		

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Report the fina requirements per Section 13	whether by retrofit or by	illdings on the hospital c replacement and the ty	campus showing how on the complex can be a service that will	each building will co be provided in each	mply with the SPC-5/I general acute care h	NPC-4 or 5 ospital building
Building Numb	ber: BLD-00354	Building Name: Buil	ding C - Emergency D	epartment B		
Configuratio	n: N/A	_				
Type of Se	rvice Provided					
	Nursing	Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy
	IntensiveCare	Anesthe	sia	Obstetrical Recovery	Rei	nal Dialysis
	Pediatric/Adol escent	Clinical	Lab	Receivery		
	Psychiatric Nursing	Radiolog Imaging		Newborn/ WellBaby		patient gery
	Obstetrical Ante/Postprtum	Pharma	ceutical	Emergency	☐ Cer	ntral Plant
	Intermediate	Dietetic		Emorgonoy		ind i lain
	Care Skilled Nursing	Adminis	tration	Nuclear Medicine		pport rvices
		ı				

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	ether by retrofit or by				ach building will comply be provided in each gen		
uilding Number:	BLD-03891	Building Na	me: Building D - Sou	th Tower			
Configuration:	N/A						
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical				
<i>,</i>	Ante/Fostpitum		D		Emergency	Ш	Central Plant
	ntermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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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 Numb	er: BLD-00354	Building Na	ame: Building C - Emergency	y Department B	
Type of Serv	ice Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensiv	eCare Inpatient Beds	0	Anesthesia		
Pediatric escent	c/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychia Nursing		0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetri Ante/Po		0	Pharmaceutical	X Emergency	Central Plant
Intermed Care	diate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled N	Nursing Inpatient Beds	0	Administration		
Total Be Building		0			

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Include information 4D and SPC-5 per			y type of Service provided by	v buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-03891	Building Na	me: Building D - South To	wer	
Type of Service	<u>Provided</u>				
X Nursing	Inpatient Beds	50	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCa	re Inpatient Beds	10	X Anesthesia		
Pediatric/Ad escent	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric X Nursing	Inpatient Beds	60	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postpr	Inpatient tum Beds	0	X Pharmaceutical	Emergency	X Central Plant
Intermediate Care	e Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services
Skilled Nurs	ing Inpatient Beds	0	X Administration		
Total Beds t Building	his	120			

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4D and SPC-5 per Section		eas by type of anit pro	ovided by buildings that al	e classified as SFC-2,	370-3, 370-4, 370-
Building Number: BL	_D-00354 Buildi	ng Name: Build	ling C - Emergency Depa	rtment B	
Medical / Surgical (Incl	ude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Perinatal (Exclude New	born / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Pediatric		Intensive Care New Nursery	wborn	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developm Disabled	nentally
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0		Inpatient 0 Days
Coronary Care		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Unit 0	Service 0

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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: BLI	D-03891 Buildi	ng Name: Building D - South Tower		
Medical / Surgical (Inclu	ıde GYN)	Acute Respiratory Care	Acute Psychiatric	
	Inpatient 12831 Days	Inpatient 0 Inpatient 0 Days	Inpatient 60 Inpatient 19868 Days	
Perinatal (Exclude Newl	born / GYN)	Burn	Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		Intensive Care Newborn Nursery	Intermediate Care	
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled	
	Inpatient 2127 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency	Total Beds this Building Per Building Per	
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 120	