## 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:	11848	11848						
Facility Name:	Southern	Southern California Hospital At Culver City						
Address:	3828 De	elmas Ter						
City:	Culver C	Culver City						
Hospital Owner/Lic	ensee:	Brotman Medical Center Inc.						
Year of Rep	oorting:	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 Ad	ldress::	[Confidential data left blank intentionally.]						
Name of Sub	omitter:	Mohammad Davani						
Submission	n Date:	10/3/2016 12:01:00 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- 00355	Tower	3828 Delmas Ter	Retrofit	SPC2	01/01/2019	12/31/2018
BLD- 00356	Pavilion	3828 Delmas Ter	Retrofit	SPC2	01/01/2020	06/30/2019

Report Year: 11848 Southern California Hospital At Culver City Culver City Page:3 of 21 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: Retrofit/Replacement BLD-00355 Tower No Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 11848 1130012-19-12/17/201 06/01/2016 12/31/2018 ACTI No 00 3 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). No BLD-00356 **Pavilion** Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 11848 I130013-19-0 12/17/201 06/01/2016 06/30/2019 ACTI No 00 3

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Provide the number of	inpatient bed	ds and patient days per type of service	e per building per Section 130061	(c)(1)(F)
Building Number: BL	D-00355	Building Name:	Tower	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	50 Inpatient 4639 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	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	14 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	21 Inpatient Days 6154	X Support Services  X Obstetrical	Outpatient Surgery
		Total Beds this Building  85	Cesarean/Deliv	X Central Plant

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Provi	ide the number of	inpatient bed	s and pation	ent days per typ	oe of servic	e per building	g per	Section 130061(c)	(1)(F	)	
Build	ling Number: BL	D-00356		Building Na	me:	Pavilion					
Туре	e of Service Prov	<u>ided</u>									
X	Nursing	Inpatient Beds		Inpatient Days	35285	X :	Surgio	cal		Obstetrical Recovery	
X	IntensiveCare	Inpatient Beds	20 I	npatient Days	4023	X A	Anesth	nesia		Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0	X	Clinica	al Lab		Emergency	
X	Psychiatric Nursing	Inpatient Beds	70	Inpatient Days	22599		Radiol Imagin	ogical/ ng		Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0		Pharm Dieteti	aceutical		Rehabilitati Therapy	on
	Intermediate Care	Inpatient Beds	0	Inpatient Days	0		Admin Suppo	istration		Renal Dialy Outpatient	sis
	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0		Servic	es	X	Surgery	
			Total Be Building	ds this	335		Obstet Cesare	ean/Deliv		Central Pla	nt

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Provide the number	of Inpatient beds and p	patient days per type of unit	per building per Section 1	30061(c)(1)(F)	
Building Number:	BLD-00355	Building Name: Tow	er		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 32 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 14 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 6154 Days
Pediatric		intensive Care New Nursery	vborn	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 / developr Disabled	nent
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 18 Bed	Inpatient 0 Days	85	85

Report Year: 2016 11848 Southern California Hospital At Culver City Culver City Page:7 of 21 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00356 **Building Number: Building Name: Pavilion** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 213 Inpatient 3528 Inpatient Inpatient 0 Inpatient Inpatient 2259 70 Bed Days 5 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 intensive Care Newborn **Pediatric Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient 2161 32 4704 Inpatient 10 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 10 1862 Inpatient 335 Inpatient Inpatient Inpatient 335 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-00355	Tower	Retrofit		
BLD-00356	Pavilion	Retrofit		
BLD-00357	Outpatient Building & Additions	Remain		

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

Report Year: Southern California Hospital At Culver City Culver City 2016 11848 Page:10 of 21 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year: Southern California Hospital At Culver City Culver City 2016 11848 Page:11 of 21 No data reported for Section 130061(c)(2)(D).

Report Year: Southern California Hospital At Culver City Culver City 2016 11848 Page:12 of 21 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whethe	er the general	al acute care so	ervices and bed	ls will be relocate	ed to a	new, existing or r	etrofitted building e" per Section 13	and any 0061(c)(2)(E).	
oon oop on amig .	ounum g onco	, or project in		iidiiigo IIIIIi a Di	anding recording		ssana er respiae	e per eccuent to	300 ! (0)(2)(2):	

Report Year: Southern California Hospital At Culver City Culver City 2016 11848 Page:14 of 21 No data reported for Section 130061(c)(3).

port Year: 20°	16 11848 South	ern California	Hospital At Culver Cit	У	Culver City		Page:15 of 21
Report any general er Section 130061	acute care hospital inpa (c)(4)	atient service t	hat is provided in any	general	acute care hospital	building t	hat is rated SPC-1
Building Number:	BLD-00355 Buildin	g Name: To	ower				
Type of Service	e Provided	. —					
			Surgical	Х	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab		·		Outpatient
	escent		Radiological/	Х	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Imaging				
	Nuising		Pharmaceutical	X	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum				Nuclear	Х	Support
			Dietetic		Medicine		Services
	Intermediate Care						
			Administration				
X	Skilled Nursing	I					

eport Year: 201 eport any general er Section 130061	acute care hospital i		Hospital At Culver Cit	 Culver City acute care hospital	building t	Page:16 of 2	1
uilding Number:	BLD-00356 Bui	lding Name: Pa	avilion				
Type of Service	Provided						
		X	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing	X	Anesthesia			Devel District	
X	IntensiveCare			Obstetrical Recovery	Х	Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab	Newborn/	X	Outpatient Surgery	
X	Psychiatric	X	Radiological/ Imaging	WellBaby			
	Nursing	X	Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration				
	Skilled Nursing						

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Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)	dings on the hospital campus show replacement and the type of service	ring how each building will comply verthat will be provided in each gener	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-00355	Building Name: Tower		
Configuration: N/A			
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	Support Services
Skilled Nursing	_		

BLD-00356 Bu	uilding Na	me: Pavilion				
N/A		<u> </u>				
Provided						_
ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
rensiveCare		Anesthesia		Obstetrical		Renal Dialysis
ediatric/Adol cent		Clinical Lab		Recovery		
sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
ostetrical nte/Postprtum		Pharmaceutical		Emorgonou		Central Plant
ermediate		Dietetic		Emergency		Central Flant
are illed Nursing		Administration		Nuclear Medicine		Support Services
	N/A Provided Irsing ensiveCare Idiatric/Adol cent ychiatric Irsing Distetrical Ite/Postprtum ermediate Ire	N/A  Provided  Irsing  ensiveCare  Idiatric/Adol cent  ychiatric Irsing  Distetrical Ite/Postprtum  ermediate Ire  Incomparison of the provided in the provide	N/A  Provided  Irsing  Insing  Insing	N/A  Provided  Insing  Surgical  ensiveCare  Anesthesia  Clinical Lab  Clinical Lab  Radiological/ Imaging  Pharmaceutical  ermediate Imaging  Administration	N/A  Provided  Irsing	N/A   Provided   Surgical   Obstetrical   Cesarean/Deliv   Obstetrical   Cesarean/Deliv   Obstetrical   Cesarean/Deliv   Obstetrical   Recovery   Obstetrical   Recovery   Obstetrical   Recovery   Obstetrical   Recovery   Obstetrical   Recovery   Obstetrical   Obstetrical   Recovery   Obstetrical   Obstetrical   Recovery   Obstetrical   Obstetrical

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Report the final conf requirements whether per Section 130061	er by retrofit or by rep	gs on the h lacement a	ospital campus showing nd the type of service th	g how ea	ach building will comply with e provided in each general	n the SPC acute car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-00357 Bu	uilding Nam	e: Outpatient Building	& Addit	ions		
Configuration:	N/A						
Type of Service	Provided						
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
Ped	liatric/Adol ent		Clinical Lab		Redevery		
	rchiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant
	rmediate		Dietetic		Lineigeney		Sentral Flant
Car Skil	e led Nursing		Administration	Ш	Nuclear Medicine		Support Services
	ı						

Include inform	ation on the number per Section 130061	of inpatient beds	by type of Service provided by	Culver City buildings that are classified	Page:20 of 21 as SPC-2, SPC-3, SPC-4, SPC-
Building Numb	per: BLD-00357	Building N	lame: Outpatient Building &	Additions	
Type of Serv	rice Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensiv	eCare Inpatient Beds	0	Anesthesia		
Pediatri escent	c/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychia Nursing		0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetri Ante/Po	ical Inpatient estprtum Beds	0	Pharmaceutical	Emergency	X Central Plant
Interme Care	diate Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services
Skilled	Nursing Inpatient Beds	0	Administration		
Total Be Building		0			

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Building Number: BLD	-00357 <b>Buildi</b>	ng Name: Outpa	Outpatient Building & Additions			
Medical / Surgical (Includ	de GYN)	Acute Respiratory	Care	Acute Psychiatric		
	npatient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		
Perinatal (Exclude Newbo	orn / GYN)	Burn		Skilled Nursing		
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		
Pediatric		Intensive Care New Nursery	/born	Intermediate Care		
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
	npatient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days		
Coronary Care		<b>Chemical Depende</b>	ncy	Total Beds this Building Per Total Beds the Building Per		
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service		