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:	11863		
Facility Name:	Olympia	Medical Center	
Address:	5900 We	est Olympic Blvd.	
City:	Los Ange	eles	
Hospital Owner/Lice	ensee:	Olympia Health Care, LLC	
Year of Rep	oorting:	2016	
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Sub	omitter:	Olympia Medical Center	
Submission	n Date:	1/5/2017 10:21:22 AM	

Report Year: 2016 11863 Olympia Medical Center Los Angeles Page:2 of 23

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- 00369	East Wing & Additions	5900 West Olympic Blvd.	Retrofit	SPC2	01/01/2020	12/31/2019

Report Year: 2016 11863 Olympia Medical Center Los Angeles Page:3 of 23

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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Reclassification Project

Building No: BLD-00369 East Wing & Additions Retrofit/Replacement Yes-Submitted Project: Facility Project Projected Projected CEQA Sub Plan Approved Completion Date Status Date Number Number Num Scope Start Date Review Date In 11863 I140020-19-0 VSI for Olympia 11863: East Wing & 12/31/201 12/31/2014 07/31/2019 ACTI No Additions (BLD-00369, Bldg 02) SPC-2

4

Report Year: 2016	11863	Olympia Medical Center	Los Angeles	Page:4 of 23
Provide the number of	of inpatient be	ds and patient days per type of service p	per building per Section 13006	1(c)(1)(F)
Building Number:	LD-00369	Building Name:	ast Wing & Additions	
Type of Service Pro	<u>vided</u>			
X Nursing	Inpatient Beds	139 Inpatient 16830 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

Report Year: 2016 11863 Olympia Medical Center Los Angeles Page:5 of 23 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00369 **Building Number: Building Name:** East Wing & Additions Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 139 Inpatient 1683 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 139 Inpatient Inpatient Inpatient 139 Bed Days Days Bed

Report Year: 2016 11863 Olympia Medical Center Los Angeles Page:6 of 23

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-00368	North Wing	Remain
BLD-00369	East Wing & Additions	Retrofit
BLD-00370	West Wing & Additions	Remain
BLD-00371	Pavilion / Addition	Remain

Report Year:	2016	11863	Olympia Medical Center	Los Angeles	Page:7 of 23
No proposed n	ew buildings	to be const	ructed at this or another site.		

Report Year: Olympia Medical Center Los Angeles 2016 11863 Page:8 of 23 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year:	2016	11863	Olympia Medical Center	Los Angeles	Page:9 of 23
No data reporte	d for Section	n 130061(c))(2)(D).		

Report Year:	2016	11863	Olympia Medical Center	Los Angeles	Page:10 of 23
No data reporte	d for Section	n 130061(c))(2)(D).		

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).	Report Year:	2016	11863	Olympia Medical Center		Los Angeles	Page:11 of 23
corresponding building sites of project numbers for buildings with a building Resolution of Rebuild of Replace per Section 130061(c)(z)(E).	No data reporte	ed for whether	er the genera	al acute care services and	beds will be relocated to a	new, existing or retrofitted building a	and any
	corresponding	bullaing sites	s or project n	numbers for buildings with	a Building Resolution of Ri	ebuild of Replace per Section 130	0061(C)(Z)(E).

Report Year:	2016	11863	Olympia Medical Center	Los Angeles	Page:12 of 23
No data reporte	ed for Section	n 130061(c)(3).		

ding Number:	BLD-00369 Buildi	ing Name: Ea	ast Wing & Additions				
Type of Service	e Provided						Dalad West
		X	Surgical		Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab		•		Outpatient
	escent	l x	Radiological/		Newborn/ WellBaby	X	Surgery
	Psychiatric		Imaging		,		
_	Nursing	X	Pharmaceutical	X	Emergency		Central Plant
	Obstetrical Ante/Postprtum			П	Nuclear		Support
	, w. 1.6, 1. 65 p. 1.6		Dietetic		Medicine		Services
	Intermediate Care						
	Cale	X	Administration				
	Skilled Nursing						

quirements whether by retrofit or by r Section 130061(c)(5)	replacement and the type of service	wing how each building will comply ce that will be provided in each gene	eral acute care hospital building
ilding Number: BLD-00368	Building Name: North Wing		
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	Receivery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	Support
Skilled Nursing	Administration	_	Services
	•		

	with the SPC-5/NF				Olympia Med	11863	201	eport Year:
 		ich building will comply e provided in each ger				er by retrofit or b	whethe	
			ditions	ame: East Wing &	Building Na	BLD-00369	nber: [Building Num
						N/A	on:	Configuration
						Provided	ervice F	Type of Se
habilitation erapy		Obstetrical Cesarean/Deliv		Surgical		rsing	Nurs	
nal Dialysis	Rena	Obstetrical		Anesthesia		ensiveCare	Inter	
		Recovery		Clinical Lab		diatric/Adol cent	Pedi esce	
tpatient gery	Outpo Surgo	Newborn/ WellBaby		Radiological/ Imaging		ychiatric rsing		
				Pharmaceutical		stetrical		
ntral Plant	Centi	Emergency	Ш	D		le/Postpitum	Ante	
ıpport		Nuclear Medicine		Dietetic		ermediate re	Inter Care	
rvices	Serv			Administration		lled Nursing	Skille	
gery ntral Plant	Surge Surge	WellBaby		Imaging Pharmaceutical Dietetic		rsing stetrical te/Postprtum ermediate re	Obsi Ante Inter Care	

Report Year: 20	11863	Olympia Med	cal Center		Los Angeles		Page:16 of 23
Report the final cor requirements wheth per Section 130061	ner by retrofit or by	dings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply voe provided in each gene	vith the SPC- ral acute care	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-00370	Building Nar	me: West Wing & Add	itions			
Configuration:	uration: N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration				Services

Leport Year: 2016 11863	Olympia Medical Center	Los Angeles	Page:17 of 23			
	all buildings on the hospital campus show or by replacement and the type of service					
Building Number: BLD-00371	Building Name: Pavilion / Addition	on				
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 Skilled Nursing	Administration	Nuclear Medicine	Support Services			
	I					

Report Year: 2016	11863 Oly	ympia Medica	l Center		Los Angeles		Page:18 of 23
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: BL	D-00368	Building N	lame: No	rth Wing			
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0	X	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant
Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Sup Ser	pport vices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					

oort Year:	2016	11863	Olympia Medical	Center			Los Angeles		Page:19 of 23
	ormation on t C-5 per Sect			y type of S	Service provided by b	uildii	ngs that are classified a	s SPC-2	2, SPC-3, SPC-4, SPC-
Building Nu	ımber: BLD	-00370	Building Na	ame: We	est Wing & Additions				
Type of S	ervice Provi	ided							
X Nurs	ing	Inpatient Beds	21		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	siveCare	Inpatient Beds	0		Anesthesia				
Pedi-	atric/Adol nt	Inpatient Beds	0		Clinical Lab	[Obstetrical Recovery		Renal Dialysis
Psyc Nurs	chiatric ing	Inpatient Beds	0		Radiological/ Imaging	[Newborn/ WellBaby		Outpatient Surgery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical	[Emergency		Central Plant
Inter Care	mediate	Inpatient Beds	0		Dietetic	[Nuclear Medicine		Support Services
Skille	ed Nursing	Inpatient Beds	0	X	Administration				
Tota Build	I Beds this ling		21						

port Year:	2016	11863	Olympia Medical (Center			Los Angeles		Page:20 of 23
	ormation on t C-5 per Sec			y type of \$	Service provided by	buildii	ngs that are classified a	s SPC-2	, SPC-3, SPC-4, SPC-
Building Nu	ımber: BLD	D-00371	Building Na	me: Pa	vilion / Addition				
Type of S	ervice Prov	<u>ided</u>							
X Nurs	ing	Inpatient Beds	32		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inter	nsiveCare	Inpatient Beds	12		Anesthesia				
Pedi esce	atric/Adol ent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psyc Nurs	chiatric ing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical /Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Inter Care	mediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skille	ed Nursing	Inpatient Beds	0	X	Administration				
Tota Build	I Beds this ling		44						

Report Year: 2016 11863 Olympia Medical Center Los Angeles Page:21 of 23

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-00368 **Building Name:** North Wing **Building Number:** Medical / Surgical (Include GYN) **Acute Psychiatric Acute Respiratory Care** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 0 Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Davs Bed Davs Bed Davs Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 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 Days Bed Bed Days 0

Report Year: Olympia Medical Center 2016 11863 Los Angeles Page:22 of 23

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 S	section 130061(e)			
Building Number:	BLD-00370	Building Name:	West Wing & Additions	
Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric
Inpatient 21 Bed	Inpatient 32 Days	460 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitatio Center	n	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical De	pendency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 21

Los Angeles Report Year: 2016 11863 Olympia Medical Center

Page:23 of 23 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-00371 Pavilion / Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 32 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 5537 Days Days Days Bed Bed Bed Perinatal (Exclude Newborn / GYN) Burn **Skilled Nursing** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient 1515 Inpatient Inpatient Inpatient Inpatient 6 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this**

Inpatient

Days

Building Per

44

Unit

0

Building Per

44

Service

0

Inpatient

Bed

Inpatient

Days

1515

Inpatient

Bed