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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:	12014		
Facility Name:	Saint Vind	cent Medical Center	
Address:	2131 W. 3	Brd St.	
City:	Los Ange	les	
Hospital Owner/Lice	ensee:	Verity Health System	
Year of Reporting:		2016	
Contact 1 e-mail Address:		[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:	Casey Gordon	
Submission	Date:	1/17/2017 2:46:09 PM	

Report `	Year: 2016 12014	Saint Vincent Medical Center		Los Angeles		Page:2 of 27		
rebuild, 1 130060	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- 01211	Main Hospital	2131 W. 3rd St.	Retrofit	SPC2	01/01/2019	01/01/2019		
BLD- 01213	Doheny Wing	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	07/01/2019		

Report Year: 2016	12014 Saint Vincent Medical Center		Los Angeles	Page:3 of 27					
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-01211	Main Hospital		trofit/Replacement	Yes-Submitted					
Facility Project Sub Number Number Nur		Plan Apı Date In Da	proved Projected Proj te Start Date Comple	ected CEQA tion Date Status Review					
12014 IL111926-0	0 VSI for 12014: MAIN HOSPITAL (BLD- 01211, Bldg 01) SPC2 Reclassification Project	7/14/2011	07/12/2017	ACTI No					
	planned for rebuild, retrofit or replacement, p t date or dates and projected Completion dat Section 130061(c)(1)(E).								
Building No: BLD-01213	Doheny Wing		trofit/Replacement	Yes-Submitted					
Facility Project Sub Number Number Nur		Plan Apj Date In Da		ected CEQA tion Date Status Review					
12014 IL111400-0	0 VSI for 12014: DOHENY WING (BLD-01213, Bldg 03) SPC2 Reclassification Project	5/25/2011	07/12/2017	ACTI No					
OSHPD FDD SB499 Report	Data Last Update: 01/12/2017	Submission Date	e: 01/17/2017 Printed	: 1/19/2017 6:30 AM					

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-01	1211 Building Name:	Main Hospital	]					
Type of Service Provided	<u>d</u>		-					
X Nursing Inp Bea	oatient 253 Inpatient 35215 Days	X Surgical Obstetric Recovery						
X IntensiveCare Inp Bea	batient 67 Inpatient Days 4707	X Anesthesia Newborn WellBaby						
Pediatric/Adol Inp escent Bed	oatient 0 Inpatient Days 0	X Clinical Lab	су					
Psychiatric Inp Nursing Bed	oatient 0 Inpatient Days 0 eds	X Radiological/ Nuclear Imaging Medicine						
Obstetrical Inp Ante/Postprtum Bea	oatient 0 Inpatient Days 0	X Pharmaceutical X Dietetic Rehabilit Therapy	ation					
Intermediate Inp Care Bee	oatient 0 Inpatient Days 0	X Administration X Renal Dia						
Skilled Nursing Inp	Datient 0 Inpatient Days 0	X Support Outpatier Services Surgery	IL					
	Total Beds this <b>320</b> Building	Obstetrical     Cesarean/Deliv     Central F	Plant					
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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-01213	Building Name:	Joheny Wing					
Type of Service Provided							
Nursing Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery				
X IntensiveCare Inpatient Beds	19 Inpatient Days 4401	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	X Emergency				
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical     Dietetic	X Rehabilitation Therapy				
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
X Skilled Nursing Inpatient Beds	27 Inpatient Days 7854	Support Services	Outpatient Surgery				
	Total Beds this <b>46</b> Building	Cesarean/Deliv	Central Plant				
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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-01211 Bui	Iding Name: Main Hospital							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 253 Inpatient 3521 Bed Days 5	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 0 Inpatie Bed Days	ont 0					
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 67 Inpatient 4707 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 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	320	320					
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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-01213 Build	ing Name: Doh	eny Wing					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 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 27 Bed	Inpatient 7854 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 / developn Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 19 Bed	Inpatient 5424 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	46	46			

Re	eport Year: 2	016 12014 Saint Vincent Medical Center	Los Angeles	Page:8 of 27
F	or all buildings at	the facility, indicate which ones are scheduled for general act	ute service removal.	
	Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
	BLD-01211	Main Hospital	Retrofit	
	BLD-01212	Central Plant / Parking Garage	Remain	
	BLD-01213	Doheny Wing	Retrofit	

BLD-01214

BLD-03227

Cath Lab

ER Ambulance and Entrance Cover

Remain

Remain

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					-

No proposed new buildings to be constructed at this or another site.

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No data reported	No data reported for Section 130061 (c)(2)(A), (B), or (C)								

Report Year:	2016	12014	Saint Vincent Medie	cal Center	Los Angeles	Page:11 of 27
No data reporte	d for Sectio	n 130061(c	)(2)(D).			

Report Year:	2016	12014	Saint Vincent Medical Center	Los Angeles	Page:12 of 27
No data reporte	ed for Sectio	on 130061(c	)(2)(D).		

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No data reporte	d for wheth	er the gene	ral acute care service numbers for building	es and beds will be r is with a Building Re	relocated to a	new, existing or rel ebuild" or "Replace	rofitted building a	and any 0061(c)(2)(E)
	sananig one	с с. р.с <b>ј</b> сс.		,				

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

Report Year:       2016       12014       Saint Vincent Medical Center       Los Angeles       Page:15 of 27													
Report any general per Section 130061	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:													
Type of Service	Type of Service Provided												
		X Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap									
X	Nursing	X Anesthesia			Diekusia								
X	IntensiveCare	X Clinical Lab	Obstetrical Recovery	X Renal I	Jiaiysis								
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	Outpati Surgery									
	Psychiatric Nursing	Imaging [X] Pharmaceutical	Emergency	Central	Plant								
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service	t PS								
	Intermediate Care	X Administration											
	Skilled Nursing												
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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-01213 Buildin	g Name: Doheny Wing											
Type of Service	e Provided												
		X Surgical		Dbstetrical X Cesarean/Deliv	Rehabilitation Therapy								
	Nursing	Anesthesia		_	Danal Dialucia								
X	IntensiveCare		R	Obstetrical	Renal Dialysis								
	Pediatric/Adol escent	Clinical Lat	<u> </u>	lewborn/	Outpatient Surgery								
	Psychiatric Nursing	Radiologica Imaging	al/ v\	VellBaby									
	Nuronig	Pharmaceu	utical X E	mergency	Central Plant								
	Obstetrical Ante/Postprtum	Dietetic		luclear Iedicine	Support Services								
	Intermediate Care	X Administrat	tion										
X	Skilled Nursing												
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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-01211	Building Name: Main Hospital											
Configuration: N/A												
Type of Service Provided												
Nursing	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy								
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	I Dialysis								
Pediatric/Adol escent	Clinical Lab											
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge									
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant								
Intermediate Care	Dietetic											
Skilled Nursing	Administration	Nuclear Medicine	Supp Serv									
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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-01212	Building Na	me: Central Plant / Pa	arking Ga	rage						
Configuration:	N/A										
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetric Cesarea			Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetric Recover			Renal Dialysis			
	diatric/Adol cent		Clinical Lab			y					
	ychiatric Irsing		Radiological/ Imaging		Newborn WellBaby			Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emerger	юу		Central Plant			
Inte Ca	ermediate Ire		Dietetic		Nuclear	Medicine		Support			
Sk	illed Nursing		Administration		- Huoloui -			Services			
OSHPD FDD SB499 R	Report	Data Last Updat	e: 01/12/2017	Submiss	ion Date:	01/17/2017	Printed:	1/19/2017 6:30 AM			

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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-01213	Building Na	me: Doheny Wing								
Configuration:	N/A										
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/D	eliv	Reha Ther	abilitation apy			
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Rena	al Dialysis			
	diatric/Adol cent		Clinical Lab		Receivery						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outp Surg	atient ery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Cent	ral Plant			
Inte Ca	ermediate Ire		Dietetic		Nuclear Med	dicine	Sup	port			
Sk	illed Nursing		Administration					vices			
			04/40/0047		·	17/0017	1 4/42/				
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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-01214	Building Nam	ne: Cath Lab							
Configuration:	N/A									
Type of Service	e Provided									
Nu	ursing		Surgical		Obster Cesar	trical ean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recov	ory .				
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	jency		Central Plant		
Int Ca	termediate		Dietetic		-					
	killed Nursing		Administration		Nuclea	ar Medicine		Support Services		
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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-03227	Building Na	me: ER Ambulance and	d Entran	ce Cover						
Configuration:	N/A										
Type of Service	e Provided										
	ursing		Surgical		Obstetrical Cesarean/D	eliv		Rehabilitation Therapy			
	tensiveCare		Anesthesia		Obstetrical Recovery			Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Receivery						
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery			
	bstetrical hte/Postprtum		Pharmaceutical		Emergency			Central Plant			
	termediate are		Dietetic		Nuclear Me	dicipo		Support			
Sk	killed 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-4, AD and SPC-5 per Section 130061(e)										
Building Number: BLD-01212 Building Name: Central Plant / Parking Garage											
Type of Service Pro	vided										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy				
IntensiveCare	Inpatient Beds	0		Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	ntral Plant				
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sul Sei	oport rvices				
Skilled Nursing	Inpatient Beds	0		Administration							
Total Beds this Building		0									
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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 Number: BLI	D-01214	Building N	ame: Cath Lab		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	X 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	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		0			
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Report Year: 2016	12014 S	aint Vincent Me	edical Cente	Pr	Los Angeles		Page:24 of 27
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)						PC-3, SPC-4, SPC-	
Building Number: BL	D-03227	Building N	lame: ER	Ambulance and En	trance Cover		]
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency		entral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		pport rvices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		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)					
Building Number:     BLD-01212     Building Name:     Central Plant / Parking Garage					
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t0		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0		
Coronary Care	Chemical Dependency	Building Per Build	Beds this ling Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi	0		
OSHPD FDD SB499 Report Data Last U	pdate: 01/12/2017 Submission Date:	01/17/2017 Printed: 1/19/2	2017 6:30 AM		

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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-01214 Buil	ding Name: Cath Lab				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt O		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt O		
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0		
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Include information on the number of inpatier 4D and SPC-5 per Section 130061(e)	nt beds by type of unit provided by buildings that	at are classified as SPC-2, SPC-3, SPC-4	4, SPC-	
Building Number:     BLD-03227     Building Name:     ER Ambulance and Entrance Cover				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0	
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 P		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	0	
OSHPD FDD SB499 Report Data Las	t Update: 01/12/2017 Submission Date	: 01/17/2017 Printed: 1/19/2017 6:	30 AM	