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: Facility Name:	Facility Number: 11545							
Address: City:	4081 E.	Olympic Blvd. eles]					
Hospital Owner/Lic	ensee:	Alta Los Angeles Hospitals Inc.						
Year of Rep	_	2017	1					
Contact 1 e-mail Ac		[Confidential data left blank intentionally.] [Confidential data left blank intentionally.]]					
Contact 3 e-mail Ad		[Confidential data left blank intentionally.]]					
Name of Sub	omitter:	Mohammad Davani]					
Submission	n Date:	10/19/2017 6:34:48 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.	g.		Building Final SPC Rating Resolution If Required		Extension	Anticipated
No.	Building Name Alternate Building Address				Date	Completion Date
BLD- 03779	1st and 2nd Story Addition	4081 E. Olympic Blvd.	Retrofit	SPC2	01/01/2019	01/01/2019

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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).

Building No: BLD-03779 1st and 2nd Story Addition Retrofit/Replacement No Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Date Start Date Number Number Num Scope Review Date In 0 11545 P-2011-12/16/201 12/21/2011 12/22/2011 12/31/2015 FIEL No 00876 12:00:00 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: B	LD-03779	Building Name: 1s	at and 2nd Story Addition		_			
Type of Service Pro	vided							
X Nursing	Inpatient Beds	29 Inpatient 11881 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
X Pediatric/Adol escent	Inpatient Beds	12 Inpatient Days 540	X Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy	on			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialys	sis			
X Skilled Nursing	Inpatient Beds	39 Inpatient Days 11504 Total Beds this Building	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery X Central Plar	nt			

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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-03779	Building Name: 1st a	and 2nd Story Addition		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 1188 Days 1	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 39 Bed	Inpatient 1150 Days 4
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 12 Bed	Inpatient 540 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 0 Bed	Inpatient 0 Days	80	80

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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-00654	Original Building & Additions	Remain
BLD-00655	Dietary Addition	Remain
BLD-03779	1st and 2nd Story Addition	Retrofit

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

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No data reporte	ed for whethe	er the genera	al acute care serv	vices and beds will	be relocated to a	new, existing or	retrofitted building a ace" per Section 130	and any
corresponding	bullaling sites	s or project i	idifibers for build	ings with a buildin	g ivesolution of iv	eballa of Neph	ace per section 130	0001(C)(Z)(L).

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No data reporte	d for Section	130061(c)	(3).		

eport Year: 201		ngeles Comm			Los Angeles		Page:13 of 20
per Section 130061	acute care hospital inpa (c)(4)	ittent service t	nat is provided in any	generai	acute care nospitar	building t	nat is rated SPC-1
Building Number:	BLD-03779 Buildin	g Name:	st and 2nd Story Addi	tion			
Type of Service	e Provided	. \Box					B 1 100 0
			Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol	X	Clinical Lab				Outpatient
[^]	escent	X	Radiological/		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging		_		
	-		Pharmaceutical	Ш	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
			Diototio				
	Intermediate Care		Administration				
X	Skilled Nursing						
<u> </u>	Chillog Haroling	•					

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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-00654	Building Name: Original Building	& Additions								
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	Pharmaceutical									
Ante/Postprtum		Emergency	Central Plant							
Intermediate	Dietetic									
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services							
т v	I									

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eport the fina equirements er Section 13	whether by retrofit or by	uildings on the y replacement	hospital campus show and the type of servic	ving how e e that will b	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
uilding Numb	per: BLD-00655	Building Na	me: Dietary Addition	1			
Configuration	n: N/A						
Type of Se	rvice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Necovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emorgongy		Central Plant
	Intermediate		Dietetic		Emergency		Ociliai Fiaili
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final con requirements wheth per Section 130061	ner by retrofit or by r	dings on the replacement	hospital campus showir and the type of service	ng how e that will t	ach building will comply voe provided in each gene	vith the SPC ral acute ca	c-5/NPC-4 or 5 re hospital building			
Building Number:	BLD-03779	Building Nar	ne: 1st and 2nd Story	Addition	ı					
Configuration:	N/A									
Type of Service Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Into	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing		Administration			_	Services			

Include information		os Angeles Cor f inpatient beds	•		Los Angeles buildings that are classified	as SPC-2, S	Page:17 of 20 PC-3, SPC-4, SPC-
Building Numbe	er: BLD-00654	Building N	lame: Oriç	ginal Building & Add	ditions]
Type of Service	<u>ce Provided</u>						
X Nursing	Inpatient Beds	28	X	Surgical	X Obstetrical Cesarean/Deliv		habilitation erapy
X Intensive	Care Inpatient Beds	6	X	Anesthesia			
Pediatric/	/Adol Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Re	nal Dialysis
Psychiatr Nursing	ic Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby		tpatient rgery
Obstetric X Ante/Pos		16	X	Pharmaceutical	Emergency	X Ce	ntral Plant
Intermed Care	iate Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Se	pport rvices
Skilled N	ursing Inpatient Beds	0	X	Administration			
Total Bed Building	ds this	50					

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Include information on 4D and SPC-5 per Se			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00655	Building Na	me: Dietary Addition		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	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	X Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	X 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-00654 Building		Original Building & Additions						
Medical / Surgical (Include GYN)		Acute Respiratory	Care	Acute Psychiatric				
Inpatient 28 Inpatient Days		Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (Exclude Newborn / GY	N)	Burn		Skilled Nursing				
Inpatient 16 Inpatient Days		Inpatient 0	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days			
Pediatric		Intensive Care New Nursery	/born	Intermediate Care				
Inpatient 0 Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / Developr Disabled	mentally			
Inpatient 6 Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Depende	ncy	Total Beds this Building Per	Total Beds this Building Per			
Inpatient 0 Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Unit 50	Service 50			

Los Angeles Community Hospital Los Angeles Report Year: 2017 11545 Page:20 of 20 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-00655 **Dietary Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days 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 0 Inpatient Inpatient 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 ol 0