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 C	Owner and	Year of Report per Section 130061(e)						
Facility Number:	11598							
Facility Name:	East Los	Angeles Doctors Hospital						
Address:	4060 Wh	nittier Blvd.						
City:	Los Ang	eles						
Hospital Owner/Licensee:		Avanti Health System						
Year of Reporting:		2017						
Contact 1 e-mail Add	dress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Add	dress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]						
Name of Subr	mitter:	ELADH						
Submission	Date:	10/17/2017 11:55:03 AM						

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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- 00670	Original Building	4060 Whittier Blvd.	Retrofit	SPC2	01/01/2019	03/01/2018

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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-00670 Original Building Retrofit/Replacement Yes-Submitted Project: Facility Project Projected Projected CEQA Sub Plan Approved Completion Date Status Start Date Number Number Num Scope Date Review Date In 11598 H142413-19 0 VSI for 11598: Original Building (BLD-00670, 10/20/201 10/14/2015 10/15/2016 03/01/2018 FIEL No Bldg 01) SPC-2 Reclassifi -00 4 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-00670	Building Name: Ori	iginal Building					
Type of Service Pro	<u>vided</u>							
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	X Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby				
X Pediatric/Adol escent	Inpatient Beds	7 Inpatient Days 615	X Clinical Lab	Emergency	/			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	14 Inpatient Days 1405	X Pharmaceutical Dietetic	Rehabilitati Therapy	ion			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	ysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services X Obstetrical	X Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Pla	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-00670 Bu	Iding Name: Orig	ginal Building					
Medical / Surgical	(Include GYN)	Acute Respiratory	y 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 14 Bed	Inpatient 1405 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card				
Inpatient 7 Bed	Inpatient 615 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	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	21	21			

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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-00670	Original Building	Retrofit
BLD-00673	South Addition	Remain

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Report Year: East Los Angeles Doctors Hospital Los Angeles 2017 11598 Page:9 of 17 No data reported for Section 130061(c)(2)(D).

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No data reporte	d for whethe	er the general	al acute care ser	vices and beds w	ill be relocated to a ng Resolution of "R	new, existing or	retrofitted building a	and any 061(c)(2)(E).
oon oop on amig s	Januariy onco	or project in		go mar a Dana.	ng recolution of the		oo per coolien rec	33.(3)(2)(2).

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

Building Number: BLD-00670 Building Name: Original Building									
Type of Service	e Provided	I X	Surgical	X	Obstetrical		Rehabilitation		
			Surgical		Cesarean/Deliv	Ш	Therapy		
	Nursing	X	Anesthesia						
	IntensiveCare			Х	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	X	Clinical Lab				Outpatient		
X	escent	X	Radiological/	X	Newborn/ WellBaby	X	Surgery		
	Psychiatric		Imaging		·				
	Nursing	X	Pharmaceutical		Emergency		Central Plant		
X	Obstetrical Ante/Postprtum				Nuclear	X	Support		
			Dietetic		Medicine		Services		
	Intermediate								
	Care	X	Administration						
	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-00670 Bu	uilding Name	e: Original Building						
Configuration:	V/A								
Type of Service P	rovided								
Nurs	ing	s	Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy		
Inten	siveCare		nesthesia		Obstetrical Recovery	R	enal Dialysis		
Pedia esce	atric/Adol nt		Clinical Lab		Recovery				
Psyc Nurs	hiatric		Radiological/ maging		Newborn/ WellBaby		utpatient urgery		
	etrical /Postprtum	F	Pharmaceutical		Emergency		entral Plant		
	mediate		Dietetic		Emergency				
Care	ed Nursing		Administration		Nuclear Medicine		Support Services		
	ya riaising								

1(c)(5)		aa type o. oooo	that will b	be provided in each gene	ral acute c	PC-5/NPC-4 or 5 are hospital building
DI D 00072	ildia a Na	man Courth Addition				
	liding Na	me. South Addition				
e Provided						
ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
ediatric/Adol scent		Clinical Lab		Recovery		
sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
bstetrical		Pharmaceutical				
nte/Postprtum				Emergency		Central Plant
termediate are	Ш	Dietetic		Nuclear Medicine		Support
killed Nursing		Administration				Services
1 1 5 1 1 1 1 1 1 1 1 1	N/A Provided ursing tensiveCare ediatric/Adol scent sychiatric ursing ostetrical ote/Postprtum termediate are	N/A Provided ursing tensiveCare ediatric/Adol scent sychiatric ursing ostetrical ote/Postprtum termediate are	N/A Provided Ursing Ursing	N/A Provided Ursing Surgical Anesthesia Clinical Lab Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration	N/A Provided Jursing Surgical Obstetrical Cesarean/Deliv Jursing Jursing Anesthesia Obstetrical Recovery Clinical Lab Radiological/ Imaging Pharmaceutical Determediate Jursing Dietetic Termediate Jursing Administration	N/A Provided Jursing Surgical Obstetrical Cesarean/Deliv Jursing Anesthesia Obstetrical Recovery Clinical Lab Radiological/ Imaging Pharmaceutical Obstetrical Recovery Dietetic Emergency Administration

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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-00673	Building Na	me: South Addition				
Type of Service Prov	<u>rided</u>						
X Nursing	Inpatient Beds	71	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCare	Inpatient Beds	10	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	X Emergency	X Central Plant		
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient Beds	25	Administration				
Total Beds this Building		106					

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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-00673 Build	South Addition						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 71 Inpatient 3187 Bed Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 25 Inpatient 8389 Bed Days					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 4 Inpatient 2013 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days					
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per					
Inpatient 6 Inpatient 7468 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 106					