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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:	Facility Number: 11621							
Facility Name:	Encino	Hospital Medical Center						
Address:	16237	/entura Blvd.						
City:	Encino							
Hospital Owner/Licensee:		Prime Healthcare Services Encino, LLC						
Year of Reporting:		2017						
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]						
Contact 2 e-mail Address:		[Confidential data left blank intentionally.]						
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]						
Name of Submitter:		Puchlik Design Associates						
Submission	Date:	1/9/2018 2:47:48 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. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date	
BLD- 00677	Main Tower / Basement / Mech Bldg	16237 Ventura Blvd.	Retrofit	SPC2	01/01/2019	03/01/2018	

Building No:     BLD-00677       Main Tower / Basement / Mech Bldg     Retrofit/Replacement Project:       Yes-Submitted									
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
	S152701-19 -00	0	EHMC - Seismic Instrumentation for Bldg 3	10/14/201 5	10/5/2016 12:00:00 AM	01/02/2017	06/01/2017	FIEL	No
1621	SL091334-0	0	MATERIALS TESTING PROGRAM - MAIN HOSPITAL TOWER (BLDG 3)	6/30/2009	2/18/2010 12:00:00 AM			CLOS	No

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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-00677	Building Name:	Main Tower / Basement / Mech Bldg	
Type of Service Provided			
X Nursing Inpatient Beds	60 Inpatient 5934 Days	X Surgical Obstetri Recover	
X IntensiveCare Inpatient Beds	t 10 Inpatient Days 360	Anesthesia Newborn WellBab	
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	псу
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	X Radiological/ Nuclear Imaging	
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	X Pharmaceutical   X Dietetic     Rehabili	
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration Renal D	-
X Skilled Nursing Inpatient Beds	28 Inpatient Days 8870	X Support Outpatie Services Surgery	nt
	Total Beds this 98 Building	Cesarean/Deliv X 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-00677     Building Name:     Main Tower / Basement / Mech Bldg								
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 60 Bed	Inpatient 5934 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days			
Perinatal (excluse	Perinatal (excluse Newborn / GYN) Burn Skilled Nursing							
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 8870 Days			
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days			
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service			
Inpatient 10 Bed	Inpatient 360 Days	Inpatient 0 Bed	Inpatient 0 Days	98	98			
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all buildings a	t the facility, indicate which ones are scheduled for genera	al acute service removal.	
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-00675	North Wing	Remain	
BLD-00676	West Wing	Remain	
BLD-00677	Main Tower / Basement / Mech Bldg	Retrofit	

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

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

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No data reported for Section 13006	1(c)(2)(D).		

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lo data reporte	d for Sectio	n 130061(c	c)(2)(D).		

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No data reported for whether the general acute care services and beds will be relocated to a new, existing of corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rep	or retrofitted building and any place" per Section 130061(c)(2)(E).

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

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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-00677 Buildir	ng Name: Main Tower / Basemer	nt / Mech Bldg				
Type of Service	e Provided						
		X Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap			
X	Nursing		Ocsarcal / Deliv		, ,		
		Anesthesia		Renal [	Dialvsis		
X	IntensiveCare		Obstetrical Recovery		Jaryon		
	Pediatric/Adol	Clinical Lab		Outpati	ent		
	escent	X Radiological/	Newborn/ WellBaby	Surgery			
	Psychiatric	X Radiological/ Imaging	Weilbaby				
	Nursing	X Pharmaceutical	Emergency	X Central	Plant		
	Obstation						
	Obstetrical Ante/Postprtum		Nuclear Medicine	X Suppor Service	t		
		X Dietetic	Medionie				
	Intermediate						
	Care	X Administration					
X	Skilled Nursing						
	entitied itereining	•					
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	Il buildings on the hospital campus show r by replacement and the type of service			
Building Number: BLD-00675	Building Name: North Wing			
Configuration: Remove from	GAC service by 1/1/2030			
Type of Service Provided				
Nursing	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation py
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant
Intermediate Care	Dietetic	Nuclear Medicine		ort
Skilled Nursing	Administration		Supp Servi	
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	her by retrofit or by				ach building will comply w be provided in each gener			
Building Number:	BLD-00676	Building Na	me: West Wing					
Configuration:	Remove from GA	C service by	1/1/2030					
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate		Dietetic		Nuclear Medicine		Summert	
	illed Nursing		Administration		Nuclear 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: BL	.D-00677	Building Nar	me: Main Tower / Base	ement / N	/lech Bldg			
Configuration:	emove from GAC	C service by ?	1/1/2030					
Type of Service Pro	ovided							
Nursin	g		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	iveCare		Anesthesia		Obstetrical		Renal Dialysis	
Pediat escent	ric/Adol t		Clinical Lab		Recovery			
Psychi Nursin			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obster Ante/F	trical Postprtum		Pharmaceutical		Emergency		Central Plant	
Interm Care	ediate		Dietetic					
	Nursing		Administration		Nuclear Medicine		Support Services	
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	nation on the num 5 per Section 130		s by type of \$	Service provided by bui	ldings that are classified a	as SPC-2, S	PC-3, SPC-4, SPC-
Building Numl	ber: BLD-00675	Building	Name: No	orth Wing			]
Type of Serv	vice Provided						
Nursing	g Inpatie Beds	ent 0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
X Intensiv	veCare Inpatie Beds	ent 12		Anesthesia			
Pediatr escent	ic/Adol Inpatie Beds	ent 0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis
Psychia X Nursing		ent 13		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery
Obstetr Ante/Po	ical Inpatie ostprtum Beds	ent 0		Pharmaceutical	Emergency	Ce	ntral Plant
Interme Care	ediate Inpatie Beds	ent 0		Dietetic	Nuclear Medicine	X Su Se	pport rvices
Skilled	Nursing Inpatie Beds	ent 0		Administration			
Total B Building	eds this	25					
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Include information on 4D and SPC-5 per Sec			by type of Service	provided by build	ings that are classified	as SPC-2, S	PC-3, SPC-4, SPC-
Building Number: BL	D-00676	Building N	lame: West Wir	ng			]
Type of Service Prov	vided						
X Nursing	Inpatient Beds	25	Surg	ical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0	Anes	thesia			
Pediatric/Adol	Inpatient Beds	0		cal Lab	Obstetrical Recovery	Re	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radio Imag	ological/ ing	Newborn/ WellBaby		itpatient irgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Phan	maceutical	X Emergency	X Ce	entral Plant
Intermediate	Inpatient Beds	0	Diete	tic	Nuclear Medicine		pport prvices
Skilled Nursing	Inpatient Beds	0	Admi	nistration			
Total Beds this Building		25					
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Include information on the number of inpatient 4D and SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3,	SPC-4, SPC-
Building Number: BLD-00675 Buil	ding Name: North Wing		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient <u>13</u> Inpatient Bed Days	4045
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		Beds this ing Per
Inpatient 12 Inpatient 432 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi	
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Include information on the number of inpatien 4D and SPC-5 per Section 130061(e)	t beds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, S	PC-4, SPC-
Building Number: BLD-00676 Bu	ilding Name: West Wing		
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	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
ntensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
npatient 0 Inpatient 0 Bed Days	Inpatient 25 Inpatient 7745 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency		Beds this ng Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic	25
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