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:	11646		
Facility Name:	Pacific A	Iliance Medical Center	
Address:	531 W. C	College St.	
City:	Los Ange	eles	
Hospital Owner/Lice	ensee:	PAMC Ltd.	
Year of Rep	porting:	2017	
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:	LISA FOK	
Submission	n Date:	10/26/2017 11:26:45 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- 00686	West Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 00687	East Wing	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 05825	East Wing Addition	531 W. College St.	Retrofit	SPC2	01/01/2020	01/01/2020

Report Year: 11646 Pacific Alliance Medical Center Los Angeles Page:3 of 34 2017 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). West Wing Building No: BLD-00686 Retrofit/Replacement No Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 11646 IL101468-0 6/30/2010 ACTI No 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-00687 East Wing Retrofit/Replacement No Project: Facility Project Sub Plan Approved Projected Projected CEQA Completion Date Status Date Start Date Review Number Number Num Scope Date In 0 ACTI No 11646 IL101470-0 6/30/2010 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). **East Wing Addition Building No:** BLD-05825 Retrofit/Replacement No Proiect: CEQA Plan Approved Projected Projected Facility Project Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 11646 IL101470-0 0 6/30/2010 ACTI No

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: BL	_D-00686	Building Name: We	est Wing		
Type of Service Prov	<u>/ided</u>				
X Nursing	Inpatient Beds	12 Inpatient 4201 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 1259	Pharmaceutical Dietetic	Rehabilitatio Therapy	n
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialys	is
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support	Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plan	t

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Prov	ide the number of	inpatient bed	ls and patient days per	type of service	e per building per Sec	ction 130061(c)(1)(F)	
Build	ling Number: BL	D-00687	Building N	lame:	East Wing		
Туре	e of Service Prov	<u>rided</u>			_		
X	Nursing	Inpatient Beds	43 Inpatient Days	15126	Surgical		Obstetrical Secovery
	IntensiveCare	Inpatient Beds	0 Inpatient Day	s 0	Anesthes		lewborn/ /ellBaby
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Da	ys 0	Clinical L	ab E	mergency
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Da	ys 0	Radiologi Imaging		luclear ledicine
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Da	ys 0	Pharmace Dietetic	□R	ehabilitation herapy
	Intermediate Care	Inpatient Beds	0 Inpatient Da	ys 0	Administr		enal Dialysis
	Skilled Nursing	Inpatient Beds	0 Inpatient Da	ys 0	X Support Services	□s	utpatient urgery
		Deus	Total Beds this Building	43	Obstetrice Cesarear	o/Doliv —	entral Plant

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Provide the number	r of inpatient be	ds and patient days per type of service pe	er building per Section 13006	11(c)(1)(F)
Building Number:		Building Name: Ea	ast Wing Addition	
Type of Service Pr	<u>rovided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtu	Inpatient m Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursin	g Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

Report Year: 2017 11646 Pacific Alliance Medical Center Los Angeles Page:7 of 34 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) West Wing **Building Number: Building Name:** BLD-00686 Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 12 Inpatient 4201 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 0 Inpatient Inpatient 1259 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

Bed

Inpatient

Bed

Inpatient

Days

Inpatient

Days

18

18

Report Year: 2017 11646 Pacific Alliance Medical Center Los Angeles Page:8 of 34 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00687 **Building Number: Building Name: East Wing** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 43 Inpatient 1512 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 6 Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 43 Inpatient Inpatient 43 Inpatient Inpatient Days Days Bed Bed

Report Year: 2017 11646 Pacific Alliance Medical Center Los Angeles Page:9 of 34 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05825 **East Wing Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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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-00686	West Wing	Retrofit
BLD-00687	East Wing	Retrofit
BLD-00688	Northwest Wing	Remain
BLD-00689	Northeast Wing	Remain
BLD-00690	South Wing	Remain
BLD-05825	East Wing Addition	Retrofit
BLD-06261	OB Wing	Remain

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No proposed n	ew building:	s to be consti	ructed at this or another site.		

Report Year: Pacific Alliance Medical Center Los Angeles 2017 11646 Page:12 of 34 No data reported for Section 130061 (c)(2)(A), (B), or (C)

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No data reporte	ed for Section	n 130061(c))(2)(D).		

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No data reporte	d for Sectio	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:	2017	11646	Pacific Alliance Medica	I Center	Los Angeles	Page:15 of 34
conresponding building sites or project numbers for buildings with a building Resolution of "Rebuild" of "Replace" per Section 130061(c)(2)(E).	No data reporte	ed for wheth	er the genera	al acute care services a	nd beds will be relocated to a	new, existing or retrofitted building a	and any
	corresponding	building site	s or project n	lumbers for buildings wi	th a Building Resolution of "R	ebuild or "Replace" per Section 130	0061(C)(Z)(E).

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

ling Number:	BLD-00686 Buildin	ng Name: W	est Wing			
ype of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia	Ocsarcar / Deliv		,
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging	WellBaby		
	-		Pharmaceutical	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

ilding Number:	BLD-00687 Buildi	ng Name: E	ast Wing				
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia	Obstetrical		Renal Dialysis	
	IntensiveCare Pediatric/Adol		Clinical Lab	Recovery		Outpatient	
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration				
	Skilled Nursing						

ilding Number:	BLD-05825 Buildi	ng Name: E	ast Wing Addition				
Type of Service	Provided		Surgical		Obstetrical		Rehabilitation
	Nursing		Gurgical	Ш	Cesarean/Deliv		Therapy
Ш	rearing		Anesthesia		01		Renal Dialysis
	IntensiveCare				Obstetrical Recovery	Ш	Reliai Dialysis
	Pediatric/Adol escent		Clinical Lab		Newborn/	П	Outpatient Surgery
_			Radiological/ Imaging		WellBaby		Odigery
Ш	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical		r namadoutida.				
	Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate						
	Care		Administration				
	Skilled Nursing						
	J	-					

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Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)	dings on the hospital campus show replacement and the type of service	ring how each building will comply we that will be provided in each gener	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-00686	Building Name: West 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	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic	Enlergency	Central Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing			

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Report the final cor requirements wheth per Section 130061	ner by retrofit or by i	dings on the eplacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply on provided in each gene	with the SPC eral acute car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-00687	Building Nar	me: East Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	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
Interior Ca	ermediate ire		Dietetic		Nuclear Medicine	П	Support
Sk	illed Nursing		Administration				Services

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Report the final con requirements wheth per Section 130061	ner by retrofit or by r	dings on the eplacement	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-00688	Building Nar	me: Northwest Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	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

port Year:	2017 11646 F	Pacific Allian	ce Medical Center		Los Angeles		Page:23 of 34
	ether by retrofit or by r				each building will comply be provided in each gen		
uilding Number:	: BLD-00689	Building Na	me: Northeast Wing				
Configuration:	N/A						
Type of Service	ce Provided						
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical				
F	Ante/Postphum			Ш	Emergency	Ш	Central Plant
	ntermediate Care		Dietetic		Nuclear Medicine		Support
П ,	Skilled Nursing		Administration				Services

on the hospital campus scement and the type of selling Name: South Wing Surgical Anesthesia	Showing how each building will complervice that will be provided in each generated that will be provided in each generated and the control of	Rehabilitation Therapy
Surgical		
Anesthesia		
	Obstetrical Recovery	Renal Dialysis
Clinical Lab	Recovery	
Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Pharmaceutical	Emorgonov	Central Plant
Dietetic	Efficiency	Central Flant
	Nuclear Medicine	Support Services
	Dietetic Administration	Nuclear Medicine

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Report the final cor requirements wheth per Section 130061	her by retrofit or by i	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply wo be provided in each gener	rith the SPC al acute car	e-5/NPC-4 or 5 e hospital building
Building Number:	BLD-05825	Building Nar	ne: East Wing Addition	າ			
Configuration:	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic		Nuclear Medicine		Support
Sk	cilled Nursing		Administration	_			Services

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Report the final con requirements wheth per Section 130061	ner by retrofit or by r	dings on the eplacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply voe provided in each gene	with the SPC ral acute car	e-5/NPC-4 or 5 re hospital building
Building Number:	BLD-06261	Building Na	me: OB Wing				
Configuration:	N/A						
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine		Support
Ski	illed Nursing		Administration			_	Services

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Include information or 4D and SPC-5 per Se	n the number of the	of inpatient beds t e)	by type of Service provided by I	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: Bl	_D-00688	Building Na	ame: Northwest Wing		
Type of Service Pro	ovided				
X Nursing	Inpatient Beds	8	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 X Ante/Postprtum	Inpatient Beds	12	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		20			

port Year: 2017	11646	Pacific Alliance Me	edical Center	Los Angeles	Page:28 of 34
Include information or 4D and SPC-5 per Se			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: Bl	_D-00689	Building Na	me: Northeast Wing		
Type of Service Pro	ovided				
X Nursing	Inpatient Beds	32	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	9	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient n 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		41			

ort Year: 2017	11646	Pacific Alliance Mo	edical Center	Los Angeles	Page:29 of 34
nclude information or 4D and SPC-5 per Se			y type of Service provided by I	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	_D-00690	Building Na	me: South Wing		
Type of Service Pro	vided				
X Nursing	Inpatient Beds	12	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	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		12			

port Year: 2017	11646 F	Pacific Alliance Me	edical Center	Los Angeles	Page:30 of 34
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-06261	Building Nar	me: OB Wing		
Type of Service Prov	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	Dietetic	Nuclear Medicine	Support Services
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_S

4D and SPC-5 per S		inpatient beds by type (n arms provided by banding	gs that are classified as t	51 0 2, 01 0 0, 01 0 4, 01 0	
Building Number:	BLD-00688	Building Name:	Northwest Wing			
Medical / Surgical (Include GYN)	Acute Res	piratory Care	Acute Psychi	atric	
Inpatient 20 Bed	Inpatient Days	5031 Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	
Perinatal (Exclude	Newborn / GYN)	Burn		Skilled Nursir	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	
Pediatric		Intensive (Nursery	Care Newborn	Intermediate (Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	
Intensive Care		Rehabilita Center	tion	Int. Care / Dev Disabled	velopmentally	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	
Coronary Care		Chemical	Dependency	Total Beds th Building Per	is Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Unit 2	Service	

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4D and SPC-5 per Section 130061(e)		
Building Number: BLD-00689 Building Number:	ilding Name: Northeast Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 32 Inpatient 13742 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 0 Inpatient 0 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 9 Inpatient 742 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care Chemical Dependency		Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 41 41

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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(a)

4D and SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SFC-2, SFC-3, SFC-4, SFC
Building Number: BLD-00690 Building Number:	Ilding Name: South Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 12 Inpatient 2659 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 Days	Inpatient 0 Inpatient 0 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 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 12

Los Angeles Report Year: 2017 11646 Pacific Alliance Medical Center Page:34 of 34 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-06261 **OB** Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Days Bed 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 Inpatient Inpatient 0 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