



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: | <input type="text" value="11848"/> |
| Facility Name: | <input type="text" value="Southern California Hospital At Culver City"/> |
| Address: | <input type="text" value="3828 Delmas Ter"/> |
| City: | <input type="text" value="Culver City"/> |

| | |
|----------------------------|--|
| Hospital Owner/Licensee: | <input type="text" value="Southern California Hospital At Culver City"/> |
| Year of Reporting: | <input type="text" value="2017"/> |
| Contact 1 e-mail Address: | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Contact 2 e-mail Address: | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Contact 3 e-mail Address:: | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Name of Submitter: | <input type="text" value="Mohammad Davani"/> |
| Submission Date: | <input type="text" value="10/19/2017 5:40:16 PM"/> |

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-00355 | Tower | 3828 Delmas Ter | Retrofit | SPC2 | 01/01/2019 | 12/31/2018 |
| BLD-00356 | Pavilion | 3828 Delmas Ter | Retrofit | SPC2 | 01/01/2020 | 06/30/2019 |

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: Retrofit/Replacement Project:

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Projected Start Date | Projected Completion Date | Status | CEQA Review |
|-----------------|----------------|---------|-------|------------|--------------------|----------------------|---------------------------|--------|-------------|
| 11848 | 1130012-19-00 | 0 | | 12/17/2013 | | 06/01/2016 | 12/31/2018 | 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: Retrofit/Replacement Project:

| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Projected Start Date | Projected Completion Date | Status | CEQA Review |
|-----------------|----------------|---------|-------|------------|--------------------|----------------------|---------------------------|--------|-------------|
| 11848 | 1130013-19-00 | 0 | | 12/17/2013 | | 06/01/2016 | 06/30/2019 | ACTI | No |

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-00355

Building Name: Tower

Type of Service Provided

| | | | | |
|--|----------------|---------------------------------|----------------|-----------------------------------|
| <input checked="" type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="50"/> | Inpatient Days | <input type="text" value="4700"/> |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="14"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input checked="" type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="21"/> | Inpatient Days | <input type="text" value="5947"/> |

Total Beds this Building

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/Imaging
- Pharmaceutical
- Dietetic
- Administration
- Support Services
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/WellBaby
- Emergency
- Nuclear Medicine
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-00356

Building Name: Pavilion

Type of Service Provided

Nursing Inpatient Beds 245 Inpatient Days 39779

IntensiveCare Inpatient Beds 20 Inpatient Days 4411

Pediatric/Adol escent Inpatient Beds 0 Inpatient Days 0

Psychiatric Nursing Inpatient Beds 103 Inpatient Days 22993

Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

Intermediate Care Inpatient Beds 0 Inpatient Days 0

Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 368

Surgical Obstetrical Recovery

Anesthesia Newborn/ WellBaby

Clinical Lab Emergency

Radiological/ Imaging Nuclear Medicine

Pharmaceutical

Dietetic Rehabilitation Therapy

Administration Renal Dialysis

Support Services Outpatient Surgery

Obstetrical Cesarean/Deliv Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-00355

Building Name: Tower

Medical / Surgical (Include GYN)

Inpatient Bed 32 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 14 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 21 Inpatient Days 5974

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 18 Inpatient Days 4700

Total Beds this Building Per Unit

85

Total Beds this Building Per Service

85

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-00356

Building Name: Pavilion

Medical / Surgical (Include GYN)

Inpatient Bed 213
Inpatient Days 3549
3

Acute Respiratory Care

Inpatient Bed 0
Inpatient Days 0

Acute Psychiatric

Inpatient Bed 103
Inpatient Days 2299
3

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0
Inpatient Days 0

Burn

Inpatient Bed 0
Inpatient Days 0

Skilled Nursing

Inpatient Bed 0
Inpatient Days 0

Pediatric

Inpatient Bed 0
Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0
Inpatient Days 0

Intermediate Card

Inpatient Bed 0
Inpatient Days 0

Intensive Care

Inpatient Bed 10
Inpatient Days 2024

Rehabilitation Center

Inpatient Bed 32
Inpatient Days 4286

Int. Care / development Disabled

Inpatient Bed 0
Inpatient Days 0

Coronary Care

Inpatient Bed 10
Inpatient Days 2387

Chemical Dependency

Inpatient Bed 0
Inpatient Days 0

Total Beds this Building Per Unit

368

Total Beds this Building Per Service

368

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-00355 | Tower | Retrofit |
| BLD-00356 | Pavilion | Retrofit |
| BLD-00357 | Outpatient Building & Additions | Remain |

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

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

No data reported for Section 130061(c)(2)(D).

No data reported for Section 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).

No data reported for Section 130061(c)(3).

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-00355

Building Name: Tower

Type of Service Provided

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input checked="" type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input checked="" type="checkbox"/> Emergency | <input checked="" type="checkbox"/> Central Plant |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input checked="" type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-00356

Building Name: Pavilion

Type of Service Provided

| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation Therapy |
| <input checked="" type="checkbox"/> IntensiveCare | <input checked="" type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input checked="" type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input checked="" type="checkbox"/> Outpatient Surgery |
| <input checked="" type="checkbox"/> Psychiatric Nursing | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input checked="" type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input checked="" type="checkbox"/> Administration | | |

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-00355 Building Name: Tower

Configuration: N/A

Type of Service Provided

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-00356 Building Name: Pavilion

Configuration: N/A

Type of Service Provided

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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-00357

Building Name: Outpatient Building & Additions

Configuration: N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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: BLD-00357

Building Name: Outpatient Building & Additions

Type of Service Provided

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adolescent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postpartum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

Surgical

Anesthesia

Clinical Lab

Radiological/Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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-00357 **Building Name:** Outpatient Building & Additions

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (Exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

Intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Care

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / Developmentally Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service