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:	11863							
Facility Name:	Olympia	Medical Center						
Address:	5900 W	Olympic Blvd						
City:	Los Ang	eles						
Hospital Owner/Licensee:		Olympia Health Care, LLC						
Year of Reporting:		2017						
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]						
Name of Submitter:		Olympia Medical Center						
Submission	Date:	10/9/2017 11:04:39 AM						

Report Year: 2017 11863 Olympia Medical Center Los Angeles Page:2 of 23

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.		Alternate Building Address	Building	Final SPC Rating	Extension	Anticipated
No. Building Name			Resolution	If Required	Date	Completion Date
BLD- 00369	East Wing & Additions	5900 West Olympic Blvd.	Retrofit	SPC2	01/01/2020	12/31/2019

Report Year: 2017 11863 Olympia Medical Center Los Angeles Page:3 of 23

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).

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11863

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Building No: BLD-0	00369	East Wing & Additions		Retrofit/Re	eplacement	Hazus-Pla	anned	
Facility Project Number Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review

12/31/201

12/31/2014

07/31/2019

ACTI No

Report Year: 2017	11863	Olympia Medical Center		Los Angeles		Page:4 of 23	
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-00369 Building Name: East Wing & Additions							
Type of Service Prov	<u>ided</u>						
X Nursing	Inpatient Beds	139 Inpatient Days	16406	X Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days	0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days	0	Clinical Lab	X Emergency	1	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days	0	X Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days	0	X Pharmaceutical Dietetic	Rehabilitat Therapy	ion	
Intermediate Care	Inpatient Beds	0 Inpatient Days	0	X Administration	Renal Dial	<i>y</i> sis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days	0	Support Services	X Outpatient Surgery		
	Deus	Total Beds this Building	139	Obstetrical Cesarean/Deliv	X Central Pla	nt	

Report Year: 2017 11863 Olympia Medical Center Los Angeles Page:5 of 23 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00369 **Building Number: Building Name:** East Wing & Additions Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 139 Inpatient 1640 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient 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 139 Inpatient Inpatient Inpatient 139 Bed Days Days Bed

Report Year: 2017 11863 Olympia Medical Center Los Angeles Page:6 of 23

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-00368	North Wing	Remain
BLD-00369	East Wing & Additions	Retrofit
BLD-00370	West Wing & Additions	Remain
BLD-00371	Pavilion / Addition	Remain

Report Year:	2017	11863	Olympia Medical Center	Los Angeles	Page:7 of 23			
No proposed ne	No proposed new buildings to be constructed at this or another site.							

Report Year: Olympia Medical Center Los Angeles 2017 11863 Page:8 of 23 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year:	2017	11863	Olympia Medical Center	Los Angeles	Page:9 of 23
No data reporte	ed for Section	n 130061(c)(2)(D).		

Report Year:	2017	11863	Olympia Medical Center	Los Angeles	Page:10 of 23			
No data reporte	No data reported for Section 130061(c)(2)(D).							

Report Year:	2017	11863	Olympia Medical Center		Los Angeles	Page:11 of 23
No data reporte	ed for whethe	er the genera	al acute care services and beds will bumbers for buildings with a Building I	e relocated to a	new, existing or retrofitted building a	and any
corresponding	building sites	s or project i	numbers for buildings with a building i	vesolution of iv	ebulla of Replace per dection 130	5001(c)(z)(L).

Report Year:	2017	11863	Olympia Medical Center	Los Angeles	Page:12 of 23
No data reporte	ed for Section	on 130061(c))(3).		

Building Number: BLD-00369 Building Name: East Wing & Additions									
Type of Service Provided									
		X	Surgical	Ш	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy		
X	Nursing		Anesthesia						
	IntensiveCare				Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol		Clinical Lab		•	[∵]	Outpatient		
	escent	x	Radiological/		Newborn/ WellBaby	X	Surgery		
	Psychiatric		Imaging		•				
_	Nursing	X	Pharmaceutical	X	Emergency	X	Central Plant		
	Obstetrical Ante/Postprtum				Nuclear		Support		
	, unto, i cotpitam		Dietetic		Medicine	Ш	Services		
	Intermediate								
	Care	X	Administration						
	Skilled Nursing								

Report Year: 2017 11863	Olympia Medical Center	Los Angeles	Page:14 of 23					
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-00368	Building Name: North 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	Emergency	Central Plant					
Care	Administration	Nuclear Medicine	Support Services					
Skilled Nursing	_							

eport Year:	2017 11863	Olympia Med	lical Center		Los Angeles	Page:15 of 23
	ether by retrofit or by				ach building will comply be provided in each gen	
uilding Number:	: BLD-00369	Building Na	me: East Wing & Ad	ditions		
Configuration:	N/A					
Type of Service	ce Provided					
1	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical			
,	Ante/i Ostpitam		D'ataba		Emergency	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	Support
	Skilled Nursing		Administration			Services

Report Year: 20	11863	Olympia Med	ical Center		Los Angeles		Page:16 of 23
Report the final cor requirements wheth per Section 130061	her by retrofit or by i	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 car	s-5/NPC-4 or 5 re hospital building
Building Number:	BLD-00370	Building Na	me: West Wing & Add	itions			
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/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

port Year: 2017 11	Olympia Mo	edical Center		Los Angeles		Page:17 of 23
eport the final configuration equirements whether by retrest Section 130061(c)(5)						
uilding Number: BLD-003	71 Building N	lame: Pavilion / Additi	on			
Configuration: N/A						
Type of Service Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation herapy
IntensiveCar	,	Anesthesia		Obstetrical	F	Renal Dialysis
Pediatric/Adeescent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprt	m	Pharmaceutical		Emergency		Central Plant
Intermediate		Dietetic		Emergency		entiai Piant
Care Skilled Nursi		Administration		Nuclear Medicine		Support Services
Oou . turoi	·					

Report Year: 2017	11863 O	lympia Medica	l Center	Los Angeles	Page:18 of 23
Include information o 4D and SPC-5 per Se	n the number of ection 130061(e)	inpatient beds	by type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: B	LD-00368	Building N	Name: North Wing		
Type of Service Pro	<u>ovided</u>				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtur	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services
Skilled Nursino] Inpatient Beds	0	Administration		
Total Beds this Building	S	0			

oort Year:	2017	11863	Olympia Medical	Center			Los Angeles		Page:19 of 23
Include inforr 4D and SPC				y type of S	Service provided by b	ouildi	ngs that are classified a	s SPC-2	, SPC-3, SPC-4, SPC-
Building Num	nber: BLD	0-00370	Building Na	ame: We	est Wing & Additions				
Type of Ser	vice Provi	ided							
X Nursin	g	Inpatient Beds	21		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intens	iveCare	Inpatient Beds	0		Anesthesia				
Pediat escent	ric/Adol t	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psych Nursin	iatric g	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstei Ante/F	trical Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Interm Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled	l Nursing	Inpatient Beds	0	X	Administration				
Total E Buildir	Beds this		21						

4D and		he number of							
Buildin	2 C. C C PO. COO.	tion 130061(e		by type of S	Service provided by b	buildir	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
	g Number: BLD	D-00371	Building N	ame: Pa	vilion / Addition				
<u>Type</u>	of Service Prov	ided							
X	Nursing	Inpatient Beds	32		Surgical	[Obstetrical Cesarean/Deliv		ehabilitation herapy
X	IntensiveCare	Inpatient Beds	12		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	[X Obstetrical Recovery	R	enal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	[Newborn/ WellBaby		Outpatient urgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	[Emergency		entral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X s	upport ervices
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		44						

Report Year: 2017 11863 Olympia Medical Center Los Angeles Page:21 of 23

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)

4D and SPC-5 per Se		om bode by type of a	ini provided by bandinge that	
Building Number:	BLD-00368	Building Name:	North Wing	
Medical / Surgical (In	clude GYN)	Acute Respir	atory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient O	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Ne	ewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Car Nursery	e Newborn	Intermediate Care
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitatio Center	n	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical De	pendency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service

Report Year: 11863 Olympia Medical Center Los Angeles 2017 Page:22 of 23

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)

<u> </u>			
Building Number:	BLD-00370 Build	ling Name: West Wing & Additions	
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 21 Bed	Inpatient 2590 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 21

Report Year: Los Angeles Olympia Medical Center 2017 11863 Page:23 of 23

4D and SPC-5 per Section 13		us by type of utilit pro	ovided by buildings that a	e classilled as SFC-2, S	PC-3, 3PC-4, 3PC
Building Number: BLD-00	D371 Buildir	ng Name: Pavil	ion / Addition		
Medical / Surgical (Include 0	GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 32 Inpa Bed Day	atient 6309	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays
Perinatal (Exclude Newborn	n / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpa Bed Day	atient 0	Inpatient 0 Bed	Inpatient 0 Days		patient 0
Pediatric		Intensive Care New Nursery	vborn	Intermediate Care	
Inpatient 0 Inpa Bed Day	atient 0	Inpatient 0 Bed	Inpatient 0 Days		patient 0 ays
Intensive Care		Rehabilitation Center		Int. Care / Developme Disabled	ntally
Inpatient 6 Inpa Bed Day	atient 1173	Inpatient 0 Bed	Inpatient 0		patient 0 ays
Coronary Care		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 6 Inpa Bed Day	atient 1173	Inpatient 0 Bed	Inpatient 0	Unit 44	Service 44