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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:	12014		
Facility Name:	Saint Vi		
Address:	2131 W	'. 3rd St.	
City:	Los Ang	geles	
Hospital Owner/Lice	ensee:	Verity Health System	
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 Sub	mitter:	Thomas Holliday	
Submission	Date:	1/10/2018 10:14:24 AM	

Report `	Year: 2017 1	Saint Vincent Medical Center		Los Angeles		Page:2 of 27
rebuild, 130060	retrofit or replace the or 130061.5, for rebu	which are planned for rebuild, retrofit or rep building to SPC2, SPC3, SPC4, SPC4D hild, retrofit or replacement of the building to been approved per Section 130061(c)(1	or SPC5 per 130 hat the hospital o	061(c)(1)(A). The d	eadline, as desc	ribed in Section
Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01211	Main Hospital	2131 W. 3rd St.	Retrofit	SPC2	01/01/2019	01/01/2019
BLD- 01213	Doheny Wing	2131 W. 3rd St.	Retrofit	SPC2	01/01/2020	07/01/2019

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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-01211	Main Hospital		trofit/Replacement oject:	Yes-Submitted]			
Facility Project Sub Number Number Num	Scope	Plan Ap Date In Da	proved Projected ate Start Date	Projected Completion Date Status	CEQA Review			
12014 IL111926-0	0 VSI for 12014: MAIN HOSPITAL (BLD- 01211, Bldg 01) SPC2 Reclassificatio	7/14/2011	07/12/2017	ACT	No			
	planned for rebuild, retrofit or replacement, p t date or dates and projected Completion dat ection 130061(c)(1)(E).				:			
Building No: BLD-01213	Doheny Wing		trofit/Replacement	Yes-Submitted]			
Facility Project Sub Number Number Num	Scope	Plan Ap Date In Da		Projected Completion Date Status	CEQA Review			
2014 IL111400-0	0 VSI for 12014: DOHENY WING (BLD-01213, Bldg 03) SPC2 Reclassification	5/25/2011	07/12/2017	ACT	No			
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Provide the number of inpat	tient beds and patient days per type of service p	er building per Section 130061(c)(1)(F)	
Building Number: BLD-012	211 Building Name: Ma	ain Hospital]
Type of Service Provided			-
X Nursing Inpa Beds	tient 253 Inpatient 35547 s Days	X Surgical Obstetrica Recovery	
X IntensiveCare Inpa Beds	tient 61 Inpatient Days 4320 s	X Anesthesia Newborn/ WellBaby	
Pediatric/Adol Inpa escent Beds	atient 0 Inpatient Days 0 s	X Clinical Lab	су
Psychiatric Inpa Nursing Bed	itient 0 Inpatient Days 0 s	X Radiological/ Nuclear Imaging Medicine	
Obstetrical Inpa Ante/Postprtum Beds	tient 0 Inpatient Days 0 s	X Pharmaceutical X Dietetic Rehabilita Therapy	ation
Intermediate Inpa Care Beds	itient 0 Inpatient Days 0 s	X Administration X Renal Dia	
Skilled Nursing Inpa	itient 0 Inpatient Days 0	X Support Outpatien Services Surgery	t
Deu	Total Beds this 314 Building	Obstetrical Cesarean/Deliv Central P	lant
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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-0	D1213 Building Name: Dor	neny Wing				
Type of Service Provided	ed					
	patient 19 Inpatient 5324 eds Days		ostetrical ecovery			
	patient 6 Inpatient Days 300 eds		ewborn/ ellBaby			
	patient 0 Inpatient Days 0 eds	Clinical Lab	nergency			
	patient 0 Inpatient Days 0 eds		uclear edicine			
	patient 0 Inpatient Days 0		ehabilitation herapy			
	patient 0 Inpatient Days 0 eds		enal Dialysis			
	patient 27 Inpatient Days 7709	Services Su	utpatient Irgery			
	Total Beds this 52 Building	Obstetrical Cesarean/Deliv	entral 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-01211 Build	ding Name: Main Hospital						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 253 Inpatient 3554 Bed Days 7	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Perinatal (excluse 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 Card					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled					
Inpatient 61 Inpatient 4320 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Coronary Care	Chemical Dependency	Total Beds this Total Beds Building Per Building F Unit Service					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	314	314				
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Provide the number of Inp	patient beds and patient of	days per type of unit	per building per Section	on 130061(c)(1)(F)	
Building Number: BLD	D-01213 Buildin	ng Name: Dohe	ny Wing		
Medical / Surgical (Inclu	ide GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Inpatient 0 Inpatient		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newb	oorn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 27 Bed	Inpatient 7709 Days
Pediatric		intensive Care New Nursery	born	Intermediate Card	
Inpatient 0 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 6 Inpat Bed Days		Inpatient 19 Bed	Inpatient 5324 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 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	52	52

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	For all buildings a	t the facility, indicate which ones are scheduled for ger	neral acute service removal.	
	Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
			•	
	BLD-01211	Main Hospital	Retrofit	

BLD-01213

BLD-01214

BLD-03227

Doheny Wing

ER Ambulance and Entrance Cover

Cath Lab

Retrofit

Remain

Remain

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

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No data reporte	d for Section	n 130061 (c	e)(2)(A) , (B), or (C)		

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lo data reported t	for Sectior	n 130061(c)	(2)(D).			

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lo data reporte	ed for Sectio	on 130061(c)(2)(D).		

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No da	ata reporte	d for wheth	er the gene	eral acute care services and	beds will be relocated	to a new, existing or retro	ofitted building and any per Section 130061(c)(2)(E).	
cone	sponding b	funding Site	s or projec	thembers for buildings with	a building resolution (n repuire of replace		

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lo data reporte	d for Sectio	n 130061(c))(3).		

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Report any general per Section 130061	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-01211 Building	g Name: Main Hospital									
Type of Service Provided											
		X Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap							
X	Nursing	X Anesthesia			Nicksia						
X	IntensiveCare	X Clinical Lab	Obstetrical Recovery	X Renal I	Jaiysis						
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	Outpation Surgery							
	Psychiatric Nursing	Imaging [X] Pharmaceutical	Emergency	Central	Plant						
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service	t S						
	Intermediate Care	X Administration									
	Skilled Nursing										
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Report any general per Section 130061		patient service that is provid	ed in any general ac	cute care hospital building	that is rated SPC-1
Building Number:	BLD-01213 Build	ding Name: Doheny Wing			
Type of Service	e Provided				
		X Surgical		Dbstetrical X Cesarean/Deliv	Rehabilitation Therapy
X	Nursing				
	IntensiveCore	Anesthesia		Dbstetrical	Renal Dialysis
X	IntensiveCare	Clinical La		Recovery	
	Pediatric/Adol escent			Newborn/	Outpatient Surgery
_		Radiologio Imaging		VellBaby	
	Psychiatric Nursing		eutical X E	Emergency	Central Plant
	Obstateiasl				Central Flant
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Addicine	Support Services
	Intermediate Care	X Administra	ation		
		Administra	alion		
X	Skilled Nursing	I			
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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-01211 Building Name: Main Hospital Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5											
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5 Type of Service Provided											
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehal Thera	bilitation apy							
X IntensiveCare	X Anesthesia	Obstetrical Recovery	X Renal	l Dialysis							
Pediatric/Adol escent	X Clinical Lab	receively									
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge								
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	Centr	al Plant							
Intermediate Care	X Dietetic	Nuclear Medicine	X Supp	oort							
Skilled Nursing	X Administration		Servi								
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	buildings on the hospital campus show by replacement and the type of service									
Building Number: BLD-01212	Building Name: Central Plant / Pa	arking Garage								
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5										
Type of Service Provided										
Nursing	Surgical	Obste Cesa	etrical	Rehal Thera	bilitation Py					
IntensiveCare	Anesthesia	Obste Reco		Rena	l Dialysis					
Pediatric/Adol escent	Clinical Lab	1000	very							
Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outpa Surge						
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency X	Centra	al Plant					
Intermediate Care	Dietetic			-						
Skilled Nursing	Administration		ear Medicine	_ Supp Servi						
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	by retrofit or by		hospital campus showing and the type of service th								
Building Number: B	LD-01213	Building Nar	me: Doheny Wing								
Configuration: Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5											
Type of Service P	rovided										
X Nursi	ng	X	Surgical		Obstet Cesare	rical ean/Deliv	Х	Rehabilitation Therapy			
X Inten	siveCare		Anesthesia		Obstet Recov			Renal Dialysis			
Pedia escer	atric/Adol nt		Clinical Lab		110001						
Psycl Nursi	hiatric ng		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery			
	etrical Postprtum		Pharmaceutical	X	Emerg	ency		Central Plant			
Interr Care	nediate		Dietetic		Nuclea	ar Medicine		Support			
	ed Nursing	X	Administration		NUClea			Support Services			
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	ner by retrofit or by		hospital campus showin and the type of service t]		
Building Number:	BLD-01214	Building Na	me: Cath Lab								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nui	rsing	X	Surgical		Obster Cesar	trical ean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis			
	diatric/Adol cent		Clinical Lab		110001						
	ychiatric rsing	X	Radiological/ Imaging		Newbo WellBa			Outpatient Surgery			
	stetrical te/Postprtum		Pharmaceutical		Emerg	Jency		Central Plant			
Inte Cai	ermediate re		Dietetic		Nuclea	ar Medicine		Support			
Ski	illed Nursing		Administration					Services			
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	by retrofit or by		hospital campus showin and the type of service th								
Building Number: BL	_D-03227	Building Na	me: ER Ambulance and	d Entran	ce Cove	er					
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service Pro	ovided										
Nursir	ng		Surgical		Obster Cesar	trical ean/Deliv		Rehabilitation Therapy			
Intens	iveCare		Anesthesia		Obste Recov			Renal Dialysis			
Pediat escen	tric/Adol t		Clinical Lab								
Psych Nursir			Radiological/ Imaging		Newbo WellBa			Outpatient Surgery			
Obste Ante/F	trical Postprtum		Pharmaceutical		Emerg	gency		Central Plant			
Interm Care	nediate		Dietetic		Nuclea	ar Medicine		Support			
Skilled	d Nursing		Administration					Services			
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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: BLD-01212 Building Name: Central Plant / Parking Garage											
Type of Service Prov	<u>vided</u>										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy				
IntensiveCare	Inpatient Beds	0		Anesthesia							
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient gery				
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cer	ntral Plant				
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sup Sup Ser	oport vices				
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 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-01214 Building Name: Cath Lab								
Type of Service Prov	vided							
Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		enal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		entral Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		upport ervices
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 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-03227 Building Name: ER Ambulance and Entrance Cover							
Type of Service Prov	vided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	entral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Su Su	pport rvices
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, SPC-4, AD and SPC-5 per Section 130061(e)					
Building Number: BLD-01212 Building Name: Central Plant / Parking Garage					
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0		
Perinatal (Exclude Newborn / GYN)	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0		
Coronary Care	Chemical Dependency		Beds this ling Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi	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, SPC-4D and SPC-5 per Section 130061(e)					
Building Number: BLD-01214 Building	ding Name: Cath Lab				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0		
Perinatal (Exclude Newborn / GYN)	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt O		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt O		
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-03227 Building Name: ER Ambulance and Entrance Cover						
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				
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	Building Per Buildin				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	0			
OSHPD FDD SB499 Report Data Last Update: 01/10/2018 Submission Date: 01/10/2018 Printed: 1/12/2018 6:30 AM						