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:	12024		
Facility Name:	Miracle I	Mile Medical Center	
Address:	6000 Sa	n Vicente Blvd.	
City:	Los Ang	eles	
Hospital Owner/Lice	ensee:	930000143/Gil Tepper, MD	
Year of Reporting:		2017	
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	dress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]	
Name of Submitter:		Miracle Mile Medical Center	
Submission	Date:	9/25/2017 11:30:02 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- 03234	Tower Building	6000 San Vicente Blvd.	Remove	N/A	01/01/2020	08/26/2016
BLD- 05236	Main Hospital - Ogden Building	6000 San Vicente Blvd.	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-0	5236	Main Hospital - Ogden Building		Retrofit/Re	eplacement	Yes-Subn	nitted]
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
12024	P-2012- 00138	0	RRU- OSHPD Deficiencies-Anchorage.	1/24/2012	5/31/2012 12:00:00 AM			CLOS	No
12024	S143010-19 -00	0	VSI for MMMC 12024: Main Hospital (BLD-05236, Bldg 01A) SPC 2 Reclassi	12/31/201 4	12/30/2015 12:00:00 AM	06/01/2016	12/31/2016	PEND	No

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Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-03234 Building Name: Tower Building							
Type of Service Prov	<u>/ided</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/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	on		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy:	sis		
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery			
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plar	nt		

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Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BL		Building Name:	Main Hospital - Ogden Building				
Type of Service Prov	<u>/Idea</u>		I —				
X Nursing	Inpatient Beds	17 Inpatient 508 Days	X Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	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 X Dietetic	Rehabilitat Therapy	ion		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialy X Outpatient	/sis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery			
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	nt		

Report Year: 2017 12024 Miracle Mile Medical Center Los Angeles Page:6 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03234 **Building Number: Building Name:** Tower Building 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 0 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 Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2017 12024 Miracle Mile Medical Center Los Angeles Page:7 of 24 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05236 Main Hospital - Ogden Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 508 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 17 17 Inpatient Inpatient 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-03234	Tower Building	Remove		
BLD-05236	Main Hospital - Ogden Building	Retrofit		

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List ALL prop	posed new buildings to be constructed at this	or another site.	
Building Number	Building Name	New Site	
N_1	Main Hospital Ogden Building		

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)						
Building Number: BLD-03234 Tower Building Removal Date: 08/26/2016						
Planned Uses for the	building to be rer	moved from acute care service:				
Planned use for build	ling:					
Inpatient services cur	rently delivered in	n the building:				
Nursing IntensiveC	are	Surgical Anesthesia		Obstetrical Cesarean/Deliv	Rehabilitatio Therapy	n
Pediatric/A escent	dol	Clinical Lab		Obstetrical Recovery	Renal Dialys	is
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postp		Pharmaceutical		Emergency	Central Plan	t
Intermedia Care	te	Dietetic		Nuclear Medicine	Support Services	
Skilled Nur	sing	Administration				

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Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D).	cient days per unit for the year of 2013, 2014,	and 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-03234 Building Name:	Tower Building	Year of Information: 2014	
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	0
Beds Days	Beds Days	Total Beds this Building per Service	0

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Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-03234 Building Name:	Tower Building	Year of Information: 2015					
Unit Type Information Current As Of:							
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing					
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Days	0				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled				
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0				
Coronary Care	Chemical Dependency	Total Beds this					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	0				
23.,0	20.00	Total Beds this Building per Service	0				

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Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-03234 Building Name:	Tower Building	Year of Information: 2016	· ·				
Unit Type	Ir	nformation Current As Of:					
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disc	abled				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Coronary Care Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this Building per Unit	0				
Deus Days	beus Days	Total Beds this Building per Service	0				

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	Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-0	D3234 Building Name:	Tower Building		Year of Information:	2014			
Type of Services Provided				Information Current As Of:				
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis			
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	X Clinical Lab	Recovery	_			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceution	cal Emergency	Central Plant			
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administratio	n				
Total Beds this B	uilding per service	0						

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	Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).								
Building Nbr: BLD-03234 Building Name: Tower Building Year of Information: 2015									
Type of Services Of:									
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis				
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	-				
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	I Emergency	Central Plant				
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration						
Total Beds this B	uilding per service	0							

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	Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).								
Building Nbr: BLD-03234 Building Name: Tower Building Year of Information: 2016									
Type of Services Of:									
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis				
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery					
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	l Emergency	Central Plant				
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration						
Total Beds this B	uilding per service	0							

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No data reporte	ed for whether	er the genera	al acute care services and beds will numbers for buildings with a Building	be relocated to a	new, existing or retrofitted building	and any
corresponding	bulluling sites	s or project r	idifibers for buildings with a building	Resolution of R	ebulla di Replace pel Section 13	50001(c)(2)(E).

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

ding Number:	BLD-03234 Buildin	ng Name: T	ower Building			
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		Cesarear/Deliv	
	IntensiveCare		Clinical Lab		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby	Outpatient Surgery
	Psychiatric Nursing		Imaging Pharmaceutical		Emergency	Central Plant
	Obstetrical		Friamiaceutical		Nuclear	Support
_	Ante/Postprtum		Dietetic	ш	Medicine	Services
	Intermediate Care		Administration			
	Skilled Nursing					

Building Number: BLD-05236 Building Name: Main Hospital - Ogden Building Trace of Commission Breef Inc.								
Type of Service	Provided	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	_	Recovery Newborn/	X	Outpatient Surgery	
	Psychiatric	X	Radiological/ Imaging		WellBaby		Curgery	
	Nursing Obstetrical	X	Pharmaceutical		Emergency	X	Central Plant	
	Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration					
	Skilled Nursing							

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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-03234	Building Name: Tower Building							
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	Lineigeney	Contrary lane					
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services					
	1							

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									
Section 130061(c)(5)									
Building Number: BLD-05236 Building Name: Main Hospital - Ogden Building									
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	Linergency							
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services						
Okilied Natisting									

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No data reported for Section 130061(e)							

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No data reported for Section 130061(e).							