

**Provide the Hospital Owner and Year of Report per Section 130061(e)**

Facility Number:

11785

Facility Name:

Promise Hospital of East Los Angeles-East L.A. Campus

Address:

443 S. Soto St.

City:

Los Angeles

Hospital Owner/Licensee:

Promise Hospital of East Los Angeles, L.P

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Justin Willis

Submission Date:

1/11/2013 3:47:14 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 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-01723 | Administration / Clinic Building | 443 S. Soto St.            | Retrofit            | SPC2                         | 01/01/2017     | 10/14/2016                  |
| BLD-01725 | Hospital Building A              | 443 S. Soto St.            | Retrofit            | SPC2                         | 01/01/2017     | 10/14/2016                  |
| BLD-01726 | Hospital Building B              | 443 S. Soto St.            | Retrofit            | SPC2                         | 01/01/2017     | 10/14/2016                  |
| BLD-03532 | Medical Records                  | 443 S. Soto St.            | Remove              | N/A                          | 01/01/2013     | 12/31/2012                  |
| BLD-03533 | Medical Record Offices           | 443 S. Soto St.            | Remove              | N/A                          | 01/01/2013     | 12/31/2012                  |

Report Year:

2012

11785

Promise Hospital of East Los Angeles-East  
L.A. Campus

Los Angeles

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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-01723**

Building Name: **Administration / Clinic Building**

**Type of Service Provided**

|  |                |                                |                |                                |
|--|----------------|--------------------------------|----------------|--------------------------------|
| <input type="checkbox"/> Nursing                     | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare               | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent        | 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 type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | 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 type="checkbox"/> Skilled Nursing             | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> |

Total Beds this Building

|  |   |
|--|---|
| <input type="checkbox"/> Surgical                    | <input type="checkbox"/> Obstetrical Recovery   |
| <input type="checkbox"/> Anesthesia                  | <input type="checkbox"/> Newborn/WellBaby       |
| <input type="checkbox"/> Clinical Lab                | <input type="checkbox"/> Emergency              |
| <input type="checkbox"/> Radiological/Imaging        | <input type="checkbox"/> Nuclear Medicine       |
| <input type="checkbox"/> Pharmaceutical              | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Dietetic                    | <input type="checkbox"/> Renal Dialysis         |
| <input checked="" type="checkbox"/> Administration   | <input type="checkbox"/> Outpatient Surgery     |
| <input checked="" type="checkbox"/> Support Services | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Obstetrical Cesarean/Deliv  |   |

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

Building Number: **BLD-01725**

Building Name: **Hospital Building A**

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adol escent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

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 service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01726**Building Name: **Hospital Building B****Type of Service Provided**

|  |                          |                                |                |                                   |   |   |
|--|--------------------------|--------------------------------|----------------|-----------------------------------|---|---|
| <input checked="" type="checkbox"/> Nursing          | Inpatient Beds           | <input type="text" value="6"/> | Inpatient Days | <input type="text" value="1557"/> | <input checked="" type="checkbox"/> Surgical        | <input type="checkbox"/> Obstetrical Recovery   |
| <input checked="" type="checkbox"/> IntensiveCare    | Inpatient Beds           | <input type="text" value="4"/> | Inpatient Days | <input type="text" value="1429"/> | <input checked="" type="checkbox"/> Anesthesia      | <input type="checkbox"/> Newborn/WellBaby       |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Clinical Lab               | <input type="checkbox"/> Emergency              |
| <input type="checkbox"/> Psychiatric Nursing         | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Radiological/Imaging       | <input type="checkbox"/> Nuclear Medicine       |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Pharmaceutical             | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care           | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Dietetic                   | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Skilled Nursing             | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Administration             | <input type="checkbox"/> Outpatient Surgery     |
|  |                          |                                |                |                                   | <input type="checkbox"/> Support Services           |   |
|  |                          |                                |                |                                   | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Central Plant          |
|  | Total Beds this Building |                                |                | <input type="text" value="10"/>   |   |   |

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

Building Number: **BLD-03532**

Building Name:

**Medical Records****Type of Service Provided**

|  |                          |                                |                |                                |   |   |
|--|--------------------------|--------------------------------|----------------|--------------------------------|---|---|
| <input type="checkbox"/> Nursing                     | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Surgical                   | <input type="checkbox"/> Obstetrical Recovery   |
| <input type="checkbox"/> IntensiveCare               | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia                 | <input type="checkbox"/> Newborn/WellBaby       |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab               | <input type="checkbox"/> Emergency              |
| <input type="checkbox"/> Psychiatric Nursing         | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/Imaging       | <input type="checkbox"/> Nuclear Medicine       |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical             | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care           | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic                   | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Skilled Nursing             | Inpatient Beds           | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Administration             | <input type="checkbox"/> Outpatient Surgery     |
|  |                          |                                |                |                                | <input type="checkbox"/> Support Services           |   |
|  |                          |                                |                |                                | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Central Plant          |
|  | Total Beds this Building | <input type="text" value="0"/> |                |                                |   |   |



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

Building Number: BLD-01723

Building Name: Administration / Clinic Building

**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 Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development 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**

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

Building Number: BLD-01725

Building Name: Hospital Building A

**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 Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development 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**

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

Building Number: BLD-01726

Building Name: Hospital Building B

**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 Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation  
Center**Inpatient Bed  Inpatient Days **Int. Care / development  
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**

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

Building Number: BLD-03532

Building Name: Medical Records

**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 Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development 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**

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

Building Number: BLD-03533

Building Name: Medical Record Offices

**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 Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development 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**

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name                    | Building to be<br>Removed / Replaced / Rebuilt |
|-----------------|----------------------------------|--|
| BLD-01723       | Administration / Clinic Building | Retrofit                                       |
| BLD-01725       | Hospital Building A              | Retrofit                                       |
| BLD-01726       | Hospital Building B              | Retrofit                                       |
| BLD-03532       | Medical Records                  | Remove   |
| BLD-03533       | Medical Record Offices           | Remove   |

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr: BLD-03532

Building Name:

Medical Records

Year of Information: 2009

Information Current As Of:

10/26/2010

Type of Services Provided

|   |                          |                                |
|---|--------------------------|--------------------------------|
| <input type="checkbox"/> Nursing                    | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adol escent      | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds           | <input type="text" value="0"/> |
|   | Total Beds this Building | <input type="text" value="0"/> |

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Surgical              | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy      |
| <input type="checkbox"/> Anesthesia            |   |  |
| <input type="checkbox"/> Clinical Lab          | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis              |
| <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby          | <input type="checkbox"/> Outpatient Surgery          |
| <input type="checkbox"/> Pharmaceutical        | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant               |
| <input type="checkbox"/> Dietetic              | <input type="checkbox"/> Nuclear Medicine           | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Administration        |   |  |

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services  
Provided

|   |                          |                                |   |   |  |
|---|--------------------------|--------------------------------|---|---|--|
| <input type="checkbox"/> Nursing                    | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy      |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia           |   |  |
| <input type="checkbox"/> Pediatric/Adolescent       | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis              |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery          |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical       | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant               |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic             | <input type="checkbox"/> Nuclear Medicine           | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Administration       |   |  |
|   | Total Beds this Building | <input type="text" value="0"/> |   |   |  |

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services  
Provided

|   |                          |                                |   |   |   |
|---|--------------------------|--------------------------------|---|---|---|
| <input type="checkbox"/> Nursing                    | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia           |   |   |
| <input type="checkbox"/> Pediatric/Adolescent       | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical       | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic             | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services       |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Administration       |   |   |
|   | Total Beds this Building | <input type="text" value="0"/> |   |   |   |

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

|   |                          |                                |
|---|--------------------------|--------------------------------|
| <input type="checkbox"/> Nursing                    | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent       | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds           | <input type="text" value="0"/> |
|   | Total Beds this Building | <input type="text" value="0"/> |

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy      |
| <input type="checkbox"/> Anesthesia           |   |  |
| <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis              |
| <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery          |
| <input type="checkbox"/> Pharmaceutical       | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant               |
| <input type="checkbox"/> Dietetic             | <input type="checkbox"/> Nuclear Medicine           | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Administration       |   |  |

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services  
Provided

|   |                          |                                |   |   |  |
|---|--------------------------|--------------------------------|---|---|--|
| <input type="checkbox"/> Nursing                    | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy      |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia           |   |  |
| <input type="checkbox"/> Pediatric/Adolescent       | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis              |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery          |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical       | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant               |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic             | <input type="checkbox"/> Nuclear Medicine           | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds           | <input type="text" value="0"/> | <input type="checkbox"/> Administration       |   |  |
|   | Total Beds this Building | <input type="text" value="0"/> |   |   |  |

Provide the number of inpatient beds and patient days per type of service for the year of 2009, 2010 and 2011 for buildings to be removed from acute care services per Section 130061(c)(2)(D)

Building Nrbr:  Building Name:  Year of Information:

Information Current As Of:

Type of Services Provided

|   |                          |                                |
|---|--------------------------|--------------------------------|
| <input type="checkbox"/> Nursing                    | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent       | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds           | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds           | <input type="text" value="0"/> |
|   | Total Beds this Building | <input type="text" value="0"/> |

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Surgical             | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Anesthesia           |   |   |
| <input type="checkbox"/> Clinical Lab         | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Newborn/WellBaby           | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Pharmaceutical       | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Dietetic             | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services       |
| <input type="checkbox"/> Administration       |   |   |

Report 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\(c\)\(2\)\(E\)](#)

Building  
Number:

BLD-01723

Building Name: Administration / Clinic Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration

N/A

Building  
Number:

BLD-01723

Building Name: Administration / Clinic Building

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Support Services

N/A

Building  
Number:

BLD-01725

Building Name: Hospital Building A

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Nursing

N/A

Building  
Number:

BLD-01725

Building Name: Hospital Building A

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pediatric Adolescent

N/A

Building  
Number:

BLD-01725

Building Name:

Hospital Building A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Radiological/Imaging

N/A

Building  
Number:

BLD-01725

Building Name:

Hospital Building A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

N/A

Building  
Number:

BLD-01725

Building Name:

Hospital Building A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Administration

N/A

Building  
Number:

BLD-01725

Building Name:

Hospital Building A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

N/A

Building  
Number:

BLD-01725

Building Name:

Hospital Building A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Rehabilitation  
Therapy

N/A

Building  
Number:

BLD-01725

Building Name:

Hospital Building A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Medical/Surgical  
(Include GYN)

N/A

Building  
Number:

BLD-01725

Building Name:

Hospital Building A

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pediatric

N/A

Building  
Number:

BLD-01726

Building Name:

Hospital Building B

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Nursing

N/A

Building  
Number:

BLD-01726

Building Name:

Hospital Building B

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

N/A

Building  
Number:

BLD-01726

Building Name:

Hospital Building B

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Surgical

N/A

Building  
Number:

BLD-01726

Building Name:

Hospital Building B

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Anesthesia

N/A

Building  
Number:

BLD-01726

Building Name:

Hospital Building B

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Medical/Surgical  
(Include GYN)

N/A

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Building  
Number:

BLD-01726

Building Name:

Hospital Building B

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

N/A

Building  
Number:

BLD-01726

Building Name:

Hospital Building B

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Coronary Care)

N/A

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-01723

Building Name:

Administration / Clinic Building

### Type of Service Provided

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                 |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery          |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                  |  |   |
| <input type="checkbox"/> Skilled Nursing               | <input checked="" 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-01725

Building Name:

Hospital Building A

**Type of Service Provided**

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing            | <input type="checkbox"/> Surgical                            | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                          | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                       |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab                        | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery                |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input checked="" type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                        |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                            |  |   |
| <input type="checkbox"/> Skilled Nursing               | <input checked="" 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-01726

Building Name:

Hospital Building B

### Type of Service Provided

|  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Nursing            | <input checked="" type="checkbox"/> Surgical      | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> IntensiveCare      | <input checked="" type="checkbox"/> Anesthesia    | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear<br>Medicine           | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input 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-03532

Building Name:

Medical Records

**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

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-03533

Building Name:

Medical Record Offices

### 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

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-01723

Building Name: Administration / Clinic Building

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy      |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                 |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery          |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                  |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Nuclear Medicine              | <input checked="" type="checkbox"/> Support<br>Services |
| <input type="checkbox"/> Intermediate<br>Care          | <input 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-01725 Building Name: Hospital Building A

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

### Type of Service Provided

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

Configuration:

#### Type of Service Provided

|  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Nursing            | <input checked="" type="checkbox"/> Surgical      | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> IntensiveCare      | <input checked="" type="checkbox"/> Anesthesia    | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>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-03532

Building Name: Medical Records

Configuration: N/A

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>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-03533

Building Name: Medical Record Offices

Configuration: N/A

**Type of Service Provided**

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

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