



### Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per [Section 130061\(e\)](#)

Facility Number:	<input type="text" value="11843"/>
Facility Name:	<input type="text" value="Memorial Hospital of Gardena"/>
Address:	<input type="text" value="1145 W. Redondo Beach Blvd."/>
City:	<input type="text" value="Gardena"/>

Hospital Owner/Licensee:	<input type="text" value="Avanti Health System"/>
Year of Reporting:	<input type="text" value="2017"/>
Contact 1 e-mail Address:	<input type="text" value="[Confidential data left blank intentionally.]"/>
Contact 2 e-mail Address:	<input type="text" value="[Confidential data left blank intentionally.]"/>
Contact 3 e-mail Address::	<input type="text" value="[Confidential data left blank intentionally.]"/>
Name of Submitter:	<input type="text" value="Memorial Hospital of Gardena"/>
Submission Date:	<input type="text" value="10/18/2017 11:45:25 AM"/>

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-01778	Hospital	1145 W. Redondo Beach Blvd.	Retrofit	SPC2	01/01/2020	09/01/2019

No data reported for Section 130061(c)(1)(C).

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

Building Number: BLD-01778

Building Name: Hospital

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="70"/>	Inpatient Days	<input type="text" value="20297"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="10"/>	Inpatient Days	<input type="text" value="3321"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="23"/>	Inpatient Days	<input type="text" value="3176"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="69"/>	Inpatient Days	<input type="text" value="24343"/>
		Total Beds this Building	<input type="text" value="172"/>	

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

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

Building Number: BLD-01778

Building Name: Hospital

**Medical / Surgical (Include GYN)**

Inpatient Bed 70 Inpatient Days 12719

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 23 Inpatient Days 2958

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 69 Inpatient Days 23542

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 5 Inpatient Days 2823

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 5 Inpatient Days 4341

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

172

**Total Beds this Building Per Service**

172

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

<b>Building Number</b>	<b>Building Name</b>	<b>Building to be Removed / Replaced / Rebuilt</b>
BLD-01778	Hospital	Retrofit

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

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



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

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No data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).

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

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number: BLD-01778 Building Name: Hospital

**Type of Service Provided**

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> Nursing                       | <input checked="" type="checkbox"/> Surgical                 | <input checked="" type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation<br>Therapy |
| <input checked="" type="checkbox"/> IntensiveCare                 | <input checked="" type="checkbox"/> Anesthesia               | <input checked="" type="checkbox"/> Obstetrical<br>Recovery       | <input checked="" type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent                 | <input checked="" type="checkbox"/> Clinical Lab             | <input checked="" type="checkbox"/> Newborn/<br>WellBaby          | <input checked="" type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing                   | <input checked="" type="checkbox"/> Radiological/<br>Imaging | <input checked="" type="checkbox"/> Emergency                     | <input checked="" type="checkbox"/> Central Plant             |
| <input checked="" type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical           | <input checked="" type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care                     | <input checked="" type="checkbox"/> Dietetic                 |   |   |
| <input checked="" 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-01778

Building Name: Hospital

Configuration: N/A

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escent

Psychiatric  
Nursing

Obstetrical  
Ante/Postprtum

Intermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/Deliv

Obstetrical  
Recovery

Newborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

No data reported for Section 130061(e)

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