

APPENDIX D
CULTURAL RESOURCES TECHNICAL STUDIES

HISTORIC RESOURCES ASSESSMENT

BEACH CITIES HEALTH DISTRICT MASTER PLAN

514 NORTH PROSPECT AVENUE

CITY OF REDONDO BEACH

LOS ANGELES COUNTY, CALIFORNIA

LSA

February 2018

HISTORIC RESOURCES ASSESSMENT

BEACH CITIES HEALTH DISTRICT MASTER PLAN

514 NORTH PROSPECT AVENUE

CITY OF REDONDO BEACH

LOS ANGELES COUNTY, CALIFORNIA

Prepared for:

Mr. Tom Bakaly, Chief Executive Officer
Beach Cities Health District
1200 Del Amo Street
Redondo Beach, California 90277

Prepared by:

Casey Tibbet, M.A.
LSA Associates, Inc.
1500 Iowa Avenue, Suite 200
Riverside, California 92507
(951) 781-9310

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MANAGEMENT SUMMARY

LSA conducted a historic resources assessment for the Beach Cities Health District (District) for property located at 514 North Prospect Avenue in the City of Redondo Beach (City), Los Angeles County, California. The assessment included archival research, a field survey, and this report. The subject property is approximately 11 acres and is currently developed with a medical office complex composed of several buildings and related parking. As part of a proposed master plan, the District is considering modifications to one of the historic-period buildings, the former South Bay Hospital, on the property. Therefore, this historic resources assessment was requested in order to comply with the California Environmental Quality Act (CEQA).

The purpose of the study is to provide the District with the necessary information and analysis to determine whether the proposed project would cause substantial adverse changes to any historical resources that may exist in or around the project area, as mandated by CEQA. In order to identify and evaluate such resources, LSA conducted historical background research and carried out an intensive-level field survey.

Through the various avenues of research, this study did not encounter any “historical resources,” as defined by CEQA, within the project area. Therefore, LSA recommends to the District a finding of *No Impact* regarding historic-period built environment resources. No further investigation and no mitigation measures are recommended unless development plans undergo such changes as to include areas not covered by this study.

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INTRODUCTION

In January and February 2018, at the request of the Beach Cities Health District (District), LSA conducted a historic resources study for one building located at 514 North Prospect Avenue within a medical offices complex in the City of Redondo Beach, Los Angeles County, California (Figures 1 and 2). The subject approximately 11-acre property, Assessor's Parcel Number (APN) 7502-017-901, is depicted on the United States Geological Survey (USGS) *Redondo Beach, California* 7.5-minute topographic quadrangle map. The study is part of the environmental review process for a proposed master plan that involves modifications to a historic-period building, the former South Bay Hospital, on the subject property. The District, as Lead Agency for the project, requested the study in compliance with the California Environmental Quality Act (CEQA; PRC § 21000, et seq.) and the City's Historic Resources Preservation ordinance.

LSA conducted the present study to provide the District with the necessary information and analysis to determine, as mandated by CEQA, whether the proposed project would cause substantial adverse changes to any historical resources that may exist in or around the project area. In order to identify and evaluate such resources, LSA conducted historical background research and carried out an intensive-level field survey. This report is a complete account of the methods, results, and final conclusion of the study.

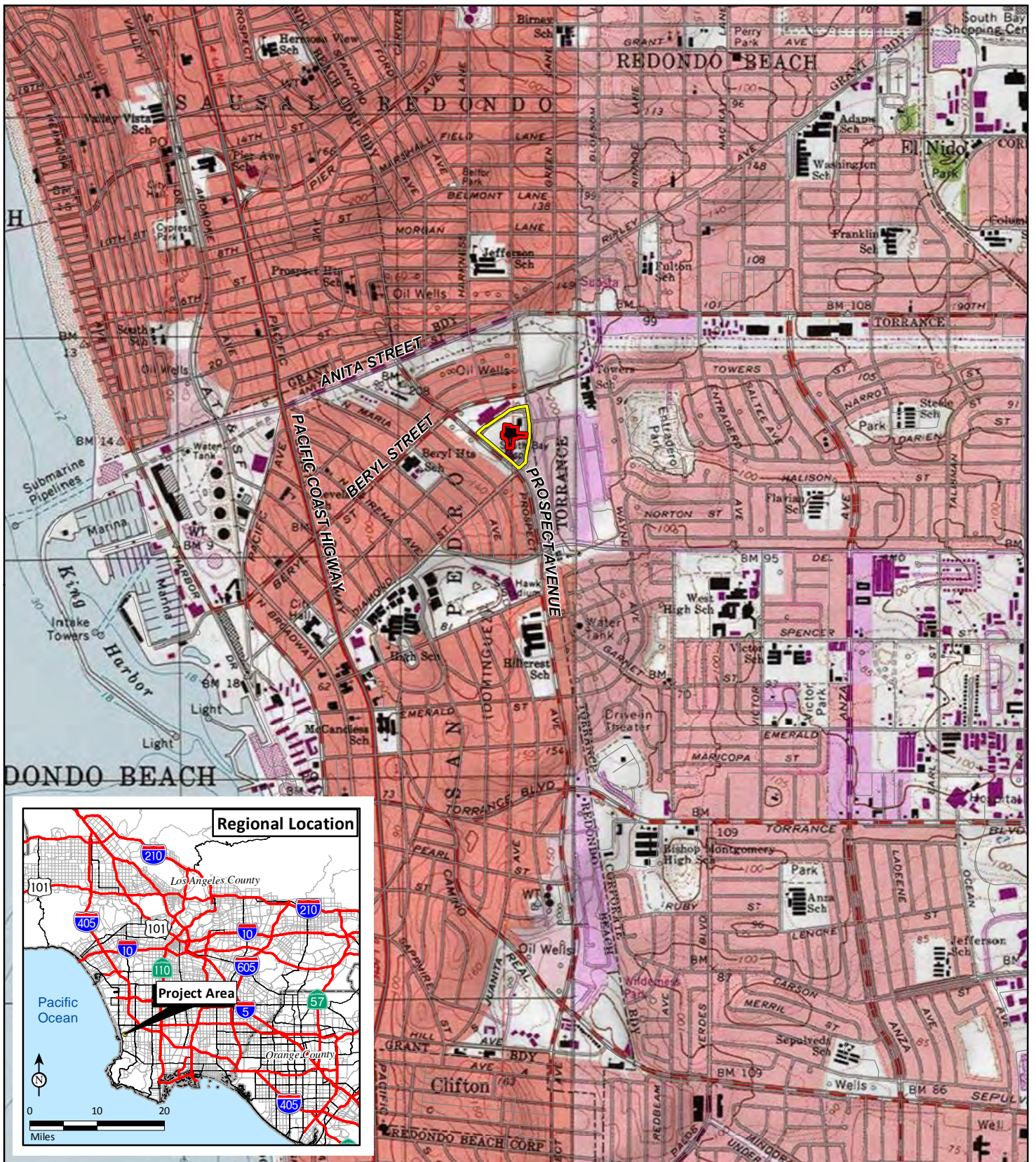


FIGURE 1

LSA

LEGEND

- Beach Cities Health District Campus
- Evaluated Building



0 1000 2000
FEET

SOURCE: USGS 7.5' Quads: Redondo Beach & Torrance, 1981, CA; ESRI Streetmap, 2013.

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BCHD Master Plan
Historic Resources Assessment
Regional and Project Location



FIGURE 2

LSA

LEGEND

- Beach Cities Health District Campus
- Evaluated Building



0 60 120
FEET

SOURCE: Google Earth, 2016

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*BCHD Master Plan
Historic Resources Assessment
Project Site*

METHODS

ARCHIVAL RESEARCH

LSA completed archival research during the months of January and February 2018. Research methods focused on the review of a variety of primary and secondary source materials relating to the history and development of the project area. Sources included, but were not limited to, online sources, published literature in local and regional history, news articles, historic aerial photographs, building permits, and historic maps and aerial photographs. The primary historical theme identified is hospital development in the context of post-World War II development. A complete list of all references is included at the end of this report.

FIELD SURVEY

On February 6, 2018, LSA Architectural Historian Casey Tibbet conducted the intensive-level architectural survey. During the survey, Ms. Tibbet took numerous photographs of the exterior of the former South Bay Hospital building, as well as its setting. In addition, she made detailed notations regarding the architectural characteristics and current conditions of the building and associated features. She then conducted a brief reconnaissance survey of the entire property to determine the condition and integrity of the setting.

RESULTS

ARCHIVAL RESEARCH

The historic period in California consists of the Spanish/Mission (1769–1821), Mexican/Rancho (1821–1848), and American (1848–Present) periods. Since the resource being evaluated was constructed in 1960, the early periods are not particularly relevant and, therefore, are only very briefly discussed. Instead greater focus is given to the post-World War II period as it relates to the demand for more and improved healthcare facilities.

Historical Overview – Redondo Beach

The area that would become the City of Redondo Beach was part of three different ranchos: San Pedro, Los Palos Verdes, and Sausal Redondo (Historical Resources Management 1995). The land was eventually granted to Juan Jose Dominguez and remained largely undeveloped until 1854 when one of Dominguez’s descendants sold approximately 215 acres, including a spring-fed salt lake about 200 yards from the ocean, to Los Angeles merchants Henry Allanson and William Johnson who developed the Pacific Salt Works (Historical Resources Management 1995; Anonymous 2018a). Decades later in 1887, the Redondo Beach Company purchased 1,000 acres from the Dominguez family, developed a plan for the area, and began selling lots (Historical Resources Management 1995). However, the community did not take off and, in 1888, J.C. Ainsworth and R.R. Thompson bought the Redondo Beach Company with plans to continue to try to develop the community (Ibid.; Redondo Beach Historical Society 2012).

Ainsworth and Thompson were both experienced steamboat captains and Ainsworth planned to ship lumber from Oregon to southern California where it was needed in the growing construction market (Historical Resources Management 1995:11). They began promoting a harbor for deep water shipping and opened the first wharf in Redondo in 1889 (Historical Resources Management 1995). The port quickly became popular and by 1892, Redondo handled “60% of the water traffic in and out of Los Angeles, excluding lumber and coal” (Historical Resources Management 1995:12). Choosing to avoid competition in San Pedro, the Santa Fe Railroad located its Los Angeles water terminus in Redondo Beach (Historical Resources Management 1995). The City incorporated in 1892 with a population of 688 (Redondo Beach Chamber of Commerce n.d.).

From the late 1880s to the mid-1920s, lumber and tourism played big roles in the city’s economy (Redondo Beach Historical Society 2012). The harbor grew, wharves were added, and a trolley line from Los Angeles to Santa Monica to Redondo was completed making day trips to the beach much easier (City of Redondo Beach n.d.). Some of the local attractions included Moonstone Beach; Carnation Gardens; surfing exhibitions; a three-story pavilion with a ballroom, restaurant, and theater; the Plunge, which was advertised as the largest indoor salt water plunge in the world; the piers which featured sport fishing, a rollercoaster, and a carousel; and the Chautauqua Assembly (Redondo Beach Historical Society 2012; City of Redondo Beach n.d.).

In 1925, Hotel Redondo closed and a year later the railroad left (City of Redondo Beach n.d.). These events were followed by the annexation of North Redondo in 1927 (Historical Resources Management 1995). “Big time gambling, complete with mobsters and shooting incidents,” moved in

during the Depression (City of Redondo Beach n.d.). In 1939, Redondo built its first breakwater, but it provided little protection and in 1956 work began on King Harbor, the marina Redondo Beach has today (Ibid.). Although the city did not attract wartime industries, its residential development increased during the war years as people working at nearby defense industry plants made Redondo Beach their home (Historical Resources Management 1995).

Like many other cities in southern California and the nation, the population boomed in the post-World War II years. In North Redondo, the acute housing shortage led to the rise of tent communities (Historical Resources Management 1995). Returning veterans bought vacant lots for future homes and pitched tents on them causing an outcry from their neighbors (Ibid.). This eventually led to changes in the building and zoning codes and a shift from a rural to suburban development pattern (Ibid.). As more people moved in, the demand for urban amenities such as shopping centers, civic institutions, and medical facilities increased. “In 1940, the population was 13,092 and in 1965 it was 54,772” an increase of more than 400 percent (Ibid.). In the years since 1965, the population has not increased much and Redondo Beach remains a small tourist and resort town (Ibid.).

Hospital Survey and Construction Act of 1946

At the end of World War II, over 40 percent of counties in the United States had no hospital facilities (Newman 2016). In November 1945, President Truman gave a speech to Congress “outlining five goals to improve the nation’s health. The first and least controversial of these called for constructing hospitals and clinics to serve a growing and rapidly demilitarizing population” (Schumann 2016). Truman’s other goals included using federal funding to attract quality healthcare professionals, improving the quality of hospitals in rural and lower income counties, establishing a board of doctors and public officials to create standards for hospitals and ensure compliance with them, and the creation of a national health insurance fund to be run by the federal government (Harry S. Truman Library & Museum 2017).

In 1946 Congress passed the Hospital Survey and Construction Act (Health Resources & Services Administration [HRSA] 2017). Also known as the Hill-Burton Act for the Senators who sponsored it, the Act supported the first of Truman’s five goals by providing federal grants and loans to communities that could demonstrate the need for and ability to sustain a hospital (Schumann 2016). The Act also established a standard of 4.5 beds per 1,000 people (Nickell 2017). “Hill-Burton introduced many ideas in health care financing that are still in use today. Chief among them is that hospitals receiving federal monies are obligated to provide free or subsidized care to a portion of their indigent patients. U.S. non-profit hospitals (still the vast majority) must demonstrate evidence of 'community benefit' to maintain tax-exempt status. Providing care to the uninsured is one of the most common ways to meet this obligation” (Schumann 2016). The law also “introduced the concept of state and local cost sharing-matching funds” (Newman 2016).

By 1968, with the aid of Hill-Burton funding, more than 9,200 new medical facilities had been constructed and by 1975, Hill-Burton was responsible for the construction of nearly one-third of all hospitals in the U.S. (Newman 2016; Schumann 2016). “By 2000 the Hill-Burton Act dispensed more than \$4.6 billion as well as \$1.5 billion in loans to nearly 6,800 healthcare facilities in over 4,000

communities, which in turn provided free or reduced charge services to persons unable to pay for them” (Newman 2016).

South Bay Hospital District and South Bay Hospital

There are several types of hospitals in the U.S.: general hospitals, which treat a wide range of diseases and injuries; specialized hospitals such as children’s hospitals and psychiatric hospitals; teaching hospitals, which are often associated with universities and offer learning opportunities for medical students and/or nurses; and district hospitals, which are usually the major healthcare facilities in their regions and have large numbers of beds for intensive and/or long-term care (Anonymous 2018a). The project area was originally developed as a district hospital in 1960.

In California, district hospitals emerged in the post-WWII era in an effort to meet growing demands in underserved areas (Anonymous 2018a). Facilitating this was the Local Hospital District Law (now known as The Local Health Care District Law), which was passed in California in 1945 allowing the formation of hospital districts (Anonymous 2018b; California Health and Safety Code n.d.). The original purpose of the law was to “allow for maintenance of local hospitals in counties which had less than 200,000 residents,” but references to maximum population levels were later removed (SBCLAFCO n.d.).

District hospitals are public hospitals formed by local jurisdictions to serve local needs and have boards that are individually elected by the local community (Anonymous 2018c; SBCLAFCO n.d.). In California, district hospitals fulfill the important role of providing healthcare to uninsured patients and patients with Medi-Cal such as seniors, disabled people, low-income people, children in foster care, and pregnant women (Anonymous 2018c). When first established in the early post-World War II years, district hospitals also typically provided emergency room and ambulance services. “In 19 counties, district hospitals are the only public hospitals within the county” (District Hospital Leadership Forum 2017).

In April 1950, a report prepared for the medical division of the Citizens’ Emergency Corps revealed that existing hospital facilities in Los Angeles were inadequate for current needs and could not handle a major national disaster (*Los Angeles Times* 1950a). The report further stated that private sponsorship of hospitals had failed to meet demands and recommended the creation of a department of hospitals or the formation of a metropolitan hospital district authority to provide adequate facilities (Ibid.). In the early 1950s, the *Los Angeles Times* published numerous articles regarding the formation of hospital districts in southern California, indicating that many communities saw this as a promising way to provide additional healthcare, especially since a good portion of the cost could be secured through State and federal funds under existing legislation (*Los Angeles Times* 1955a).

In spring 1953, the South Bay area mayors prepared ordinances to set up a hospital district and requested federal, State, and local funding for an approximately \$2 million, 120-bed hospital (*Los Angeles Times* 1953). In December 1954, a news article announced that committees were going to be organized to promote the January 1955 special election for incorporation of a hospital district for the South Bay cities of Hermosa Beach, Manhattan Beach, and Redondo Beach (*Los Angeles Times* 1954). On January 11, 1955, the hospital district was approved by a vote of 4,321 to 824 (*Los*

Angeles Times 1955a). This was the first step toward construction of a non-profit hospital for the South Bay area (*Ibid.*). In February 1955, a board was selected for the South Bay Hospital District and in 1956, funding was secured for a new 145-bed hospital with \$1.5 million from a bond issue and approximately \$1.8 million provided by the State and federal governments (*Los Angeles Times* 1955b, 1956a, and 1956b).

The hospital district included the supporting municipalities of Hermosa Beach, Manhattan Beach, and Redondo Beach, as well as the designated hospital areas of El Segundo, Palos Verdes, and Torrance (*Los Angeles Times* 1956a). Three sets of rates were proposed for the hospital with residents in the supporting cities paying the lowest rates (*Ibid.*). People living in the designated hospital areas would also pay a reduced rate, but people outside the supporting cities and designated areas would pay more (*Ibid.*). By May 1958, construction of the hospital, which was designed by the well-known architectural firm Walker, Kalionzes, and Klingerman, was underway (*Los Angeles Times* 1958; Figure 3).

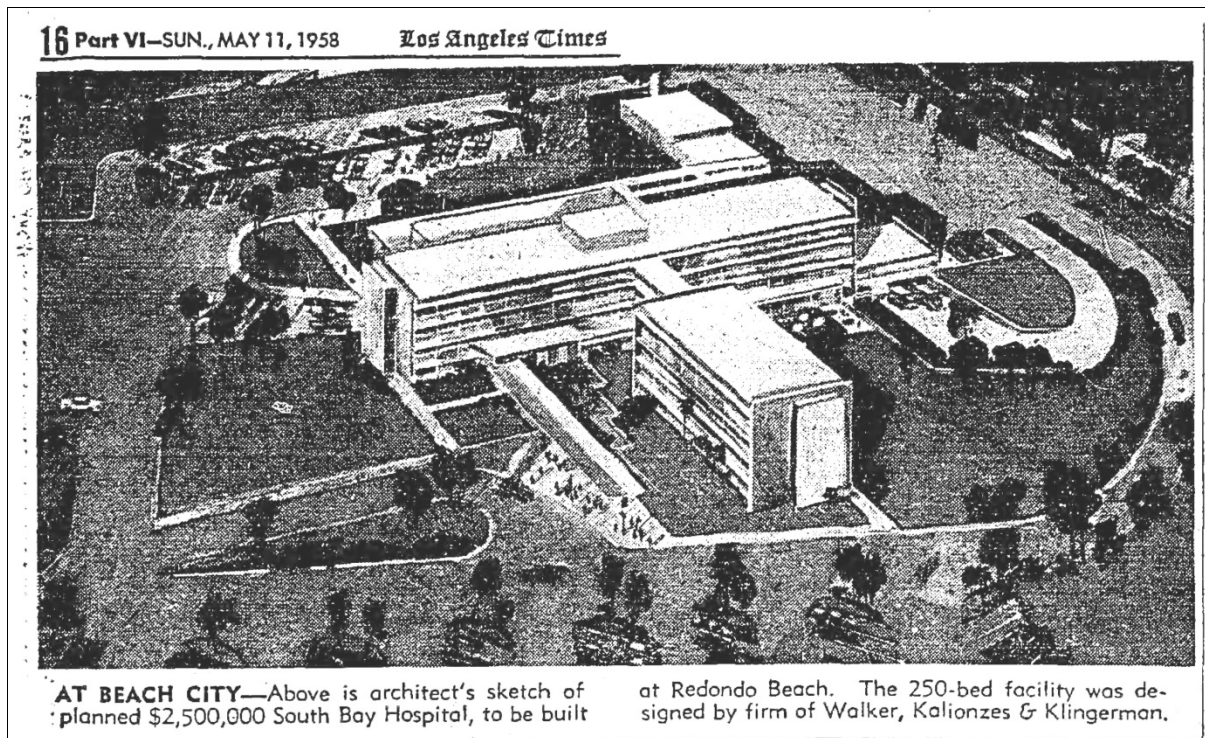


Figure 3: Architect's sketch of proposed hospital. Source: *Los Angeles Times* 1958.

In May 1960, the South Bay Hospital District board of directors began meeting at the new hospital although it was not officially dedicated until July 31, 1960 (*Independent Press-Telegram* 1960; *Los Angeles Times* 1960). The \$2.3 million, 150-bed, four-story hospital opened three days later in early August 1960 after 27 months of construction (Figure 4; *Los Angeles Times* 1960). The building was built by general contractors M.J. Brock & Sons, Inc. and R.J. Daum Construction Company of Los Angeles and was designed to accommodate a "future addition of a 100-bed wing on the southern portion of the building thus making it into a T-shaped structure" (*Los Angeles Times* 1960). The first floor included administrative facilities and offices, admitting, gift and coffee shops, a kitchen, a

dining room, three major general surgery rooms, areas for minor surgery, emergency operating, and various other uses (*Los Angeles Times* 1960). The second floor was designed for maternity use, the third floor had 52 beds in 21 rooms, and the fourth floor of the north wing had 10 pediatric beds in four rooms as well as other facilities (*Ibid.*). The basement included laundry facilities and physical therapy and exercise rooms among other uses (*Ibid.*). In addition, “separate buildings on the east side of the main hospital structure contain boilers, auxiliary power generator and various maintenance shops” (*Ibid.*). In November 1960, the Los Angeles County Board of Supervisors designated South Bay Hospital as the South Bay’s official emergency medical facility (Gnerre 2015).



Figure 4: South Bay Hospital, circa 1960. Source: Gnerre 2015 (*Daily Breeze*).

The hospital did quite well during the 1960s and in 1968 permits were issued for the planned new wing, an approximately 12,300 square-foot addition on the south side of the building (Figures 5 and 6; City of Redondo Beach var.; Gnerre 2015). It was completed in 1970 (Gnerre 2015). However, by the late 1970s, the hospital began to struggle financially as it tried to compete with nearby privately owned competitors (*Ibid.*). “By 1984, the 203-bed hospital was forced to give up its publicly owned status. The South Bay Hospital District signed a lease deal with American Medical International in 1984, with AMI taking over operation of the facility” (*Ibid.*).



Figure 5: Construction site for new hospital wing, 1968. Source: Gnerre 2015 (*Daily Breeze*)



Figure 6: South Bay Hospital, 1992. Source: Gnerre 2015 (*Daily Breeze*)

In the mid-1990s, the South Bay Hospital District changed its name to the Beach Cities Health District and the hospital became South Bay Medical Center (Gnerre 2015). However, the financial woes continued and in 1998 South Bay Medical Center closed its doors for good (Ibid.). That same year, the District leased the property to one of its competitors, Little Company of Mary Health Services, who remodeled the facility and opened it as Beach Cities Ambulatory Care Center (Ibid.). This was a walk-in facility with urgent care and emergency services, but it did not provide any overnight care (Ibid.). Since then, some names and tenants have changed, but the Beach Cities Health District continues to own and operate the facility as a medical campus with a variety of outpatient health care providers (Ibid.).

The City of Redondo Beach provided over 500 pages of building permits for 514 North Prospect Avenue that reveal numerous alterations and additions to the hospital from 1962 through 2009. The vast majority of these were for interior alterations/tenant improvements, but permits for exterior alterations and/or additions were issued in 1963, 1968, 1976, 1979, and 2007 (City of Redondo Beach var.; Table A).

Table A: Additions

Date Issued	Date Finalized	Description of Work
1963	1964	Inspection Record for “42.9 × 31.9 Addition [illegible]”
1968	1970	Inspection Record for “Addition to hospital. 77 × 160 4 th floor (future 5 th)”
1976	1976	Inspection Record for “patio slab, pergola structure, low masonry wall” and “2 antenna towers”
1979	1980	Inspection Records for “storage room addition” and “fire sprinklers” and “350 square-foot mechanical room addition”
2007	2008	Various permits issued for a tenant improvement on the second, third, and fourth floors including exterior remodeling, such as glass balconies, for a senior assisted living facility.

Walker, Kalionzes, and Klingerman (Architects)

The architectural firm that designed this building is Walker, Kalionzes, and Klingerman (*Los Angeles Times* 1958). Research indicates that Albert R. Walker, AIA retired in 1954 prior to the firm being retained for this project (American Institute of Architects [AIA] var.). Therefore, this section focuses on Constantine “Gus” Kalionzes, AIA and Charles A. Klingerman, AIA.

Constantine “Gus” William Kalionzes, AIA

Gus Kalionzes was born on August 22, 1910, in Los Angeles to Greek immigrants William (a grocer) and Lena Kalionzes and was the oldest of seven siblings (Ancestry.com var.). He graduated from Los Angeles Polytechnic High School in 1929 where he had been a member of the basketball team and architectural society (Ibid.). He attended the University of Southern California (USC) College of Architecture graduating in 1936 (AIA var.). In 1940, he was married to Carol Ida Appel, a secretary at Wholesale Drugs, and they were renting a home at 5127½ Ruthelen Street in Los Angeles (*Los Angeles Times* 1940; Ancestry.com var.). They had two boys, William and Peter (*Arcadia Tribune* 1969).

From 1935 to 1937, Gus worked as a Junior Draftsman for Samuel E. Lunden; from 1937 to 1948 he worked at Walker & Eisen as a Draftsman, an Associate Designer, and an Associate Member of the

Firm; and in 1949 he was an Associate Member of the Firm Walker, Kalionzes, and Klingerman (AIA var.). From 1941 to 1949, he was a Junior Associate of the Southern California Chapter of the AIA, becoming a full member in 1950 (Ibid.). In 1954, Walker retired, but the firm did not remove his name for some time (Ibid.). Klingerman retired in 1973 and Kalionzes went on to form a partnership with Whiting S. Thompson, which lasted until 1980 when both men retired (Ibid.). Gus applied for and was granted Emeritus status with the AIA in 1981 (Ibid.). In 1984, Gus died of cancer (Ibid.).

Although Kalionzes and his partners specialized in designing hospitals, Kalionzes is best known as the principal architect for the 1952 Byzantine style Saint Sophia Greek Orthodox Cathedral, which is a designated Los Angeles Historic-Cultural Monument (*Los Angeles Times* 1984; City of Los Angeles 2017). “The cathedral was his pride and joy, and the most prominent of the projects he worked on in a career that spanned nearly 45 years. His firm was known for its design of hospitals, including South Coast Medical Center in South Laguna, South Bay Hospital in Redondo Beach and Pioneers Memorial Hospital in Brawley. ... In 1947 he designed and built his own office on San Vicente Boulevard [488 S. San Vicente] and practiced there with a succession of partners ...” (*Los Angeles Times* 1984). His funeral was held at Saint Sophia Cathedral (Ibid.).

Charles Arthur Klingerman, AIA

Charles A. Klingerman was born to Paul (a vegetable farmer and later a high school teacher) and Ethel Klingerman in 1912 in El Monte, California (Ancestry.com var.; AIA var.). He graduated from El Monte Union High School in 1931 and USC College of Architecture in 1936 (AIA var.). At USC, he and Gus Kalionzes were in the Alpha Rho Chi fraternity, which was specifically for students studying architecture and related professions (Ancestry.com var.; Alpha Rho Chi 2015). In 1943, Klingerman enlisted in the military and in the late 1940s he married Margaret Gannon (Ibid.). In 1960, the house Klingerman designed for his family at 1210 Wynn Road in Pasadena was featured in the local paper as the “Home of the Week” (*Independent Star-News* 1960).

Klingerman’s professional training included working as a draftsman and designer for the Rural Resettlement Administration, Architectural Division, in Washington D.C. from 1936 to 1937, and as a draftsman for the following: Joseph Weston in El Monte from 1937 to 1939, Walker & Eisen in Los Angeles from 1939 to 1940, Ralph Flwelling in Los Angeles, 1940 to 1941, George Adams in Los Angeles in 1941, Grahm Latta in Glendale from 1941 to 1942, Regenald Johnson in Los Angeles from 1941 to 1942, Kistner, Curtis, and Wright in Los Angeles from 1943 to 1946, and Austin, Field and Fry from 1946 to 1948 (AIA var.). In 1948, he became a Member of the Firm at Walker, Kalionzes, Klingerman, Architects in Los Angeles (Ibid.). He became a member of the Southern California Chapter of the AIA in 1950 (Ibid.). By 1950, Charles and his wife Margaret were living at 3185 Las Lunas Street in Pasadena (Ancestry.com var.). In 1957, Klingerman transferred his membership from the Southern California Chapter to the Pasadena Chapter where he lived at 3185 Las Lunas Street (AIA var.). He retired at the end of 1973 and worked as a consultant for Kalionzes and Thompson for approximately six months before retiring completely (Ibid.). In 1977 he was granted Emeritus status in the AIA (Ibid.). He died December 24, 1988 in Mission Viejo (Ibid.).

Other Hospitals by Kalionzes and Klingerman

Numerous news articles were found that referenced the firm being hired to design new hospitals or expansions to existing hospitals all over southern California. Unfortunately, addresses were rarely

included in the articles and decades later names have changed and buildings have been altered or demolished making it difficult to determine how the South Bay Hospital fits into Kalionzes' and Klingerman's body of work. However, based on photographs and/or sketches included with some of the articles, it appears that the firm worked in the prevailing architectural styles of the times. Often, during the 1950s and 1960s, that appears to have been the International and Modern styles. The South Bay Hospital does not appear to be either the most basic or most elaborate of their designs.

M.J. Brock and Sons, R.J. Daum Construction Company (Builders)

As previously discussed, M.J. Brock and Sons and R.J. Daum Construction Company collaborated on the construction of the South Bay Hospital.

M.J. Brock and Sons

Milton J. Brock started the M.J. Brock Construction Company in 1922 in Los Angeles (*Los Angeles Times* 1991). He was extremely active in building industry associations and appears to be best known in that capacity. In 1943, he was Secretary of the Los Angeles Chapter of the California Building Contractors' Association (CBCA) and the following year he was elected President of the CBCA (*Los Angeles Times* 1943 and 1944). In 1945, he was secretary of the National Association of Home Builders and was elected President of that organization in 1948 (*Los Angeles Times* 1945 and 1948). In 1940, Milton J. Brock, Jr. joined the business, later followed by his younger brothers Wendell and Carroll (*Los Angeles Times* 1991). By the late 1940s, various news articles reveal that the business name had changed to M.J. Brock and Sons, Inc. In 1950, a news article announced that Brock, Sr. "one of nation's outstanding authorities on all aspects of the construction industry" had been elected President of the Home Builders Institute of Los Angeles (*Los Angeles Times* 1950b). Wendell Brock died in 1967 and years later in 1985, Brock Jr. retired, followed by Carroll in 1986 (*Los Angeles Times* 1991). Brock Jr. started Brock Development Company in 1986 and that same year M. J. Brock and Sons, Inc. became a division of the Ryland Group, one of the country's largest home builders at that time (*Los Angeles Times* 1991).

M.J. Brock and Sons, Inc. was primarily a residential builder, but the company also completed non-residential projects such as schools, theaters, hospitals. In 1991, the Brock brothers, Milton Jr., Wendell (posthumously), and Carroll, were among "nine home builders inducted into the California Building Industry Foundation's (CBIF) Hall of Fame" (*Los Angeles Times* 1991).

R.J. Daum Construction Company

Raymond J. Daum and Wade A. Perong started the R.J. Daum Construction Company in 1936 and it was incorporated in 1949 in Nevada (R.J. Daum Construction Company 2010). According to the company's website, it specializes in commercial construction and structural concrete work, highlighting experience with "Educational Institutions, Healthcare Facilities, Fire & Police Stations, Correctional Institutions, Parking Structures, Telecommunication and other Public Utility Facilities" (Ibid.). Newspaper research indicates that through the 1950s R.J. Daum Construction Company built numerous school buildings, including several at the University of California, Los Angeles (Ibid.). The website lists several representative projects including Hollywood Rogue Co. in Los Angeles (1947); Herbert's restaurant; Butler Hangar at Yuma Army Air Base (1944); the Covina Civic Center parking structure; Fire Station No. 21 in Los Angeles; Los Angeles Harbor College Central Utility Plant; County

of Orange Juvenile Hall; and Millers Children’s Hospital in Long Beach (structural concrete work) (Ibid.).

Architectural Style

The former South Bay Hospital (1960, with 1970 addition) was designed in the International style. This minimalist style is generally devoid of regional characteristics and decorative elements (Harris 2006). It evolved mainly from the 1920s–1930s Bauhaus interdisciplinary design school in Germany and migrated to the U.S. with some of the German architects who relocated here during the Depression era. The style garnered interest in America around 1932 when the Museum of Modern Art featured a “Modern Architecture” exhibit highlighting buildings from around the world that shared a “stark simplicity and vigorous functionalism” (Christopher A. Joseph & Associates 2009:14). Henry Russell Hitchcock and Philip Johnson coined the term International Style in their catalog for the exhibit (Ibid.).

The first major example of the style in the U.S. was the 1932 Philadelphia Savings Fund Society Building designed by George Howe and Swiss-born William Lescaze (Christopher A. Joseph & Associates 2009). In southern California, the first truly International style building was Columbia Square (1938) by Lescaze and E.T. Heitschmidt (Ibid.). Rudolph Schindler and Richard Neutra are two other master architects who worked extensively in southern California and are known for their International style residential and commercial designs as early as the 1930s and 1940s.

In the post-WWII years, acceptance of the style grew and became popular for larger non-residential projects. Two trends emerged, both based on philosophies associated with Bauhaus leaders Walter Gropius and Mies van der Rohe (Christopher A. Joseph & Associates 2009). The Gropius-influenced trend focused on expressing the building’s function and featured screen walls, steel frames, and external glass walls without interruption (Ibid.). The Miesian-influenced trend reflected a “less is more” aesthetic that typically followed one of three subtypes: glass curtain wall skyscrapers, glass and steel pavilions, or the modular office building (Ibid.). However, both trends share several character-defining features.

- Simple geometric forms, often rectilinear;
- Balance and regularity, but not necessarily symmetry;
- Reinforced concrete and steel construction with a non-structural skin;
- Unadorned, smooth wall surfaces typically of glass, steel, or stucco painted white;
- Complete absence of ornamentation and decoration;
- Often cantilevered upper floor or balcony;
- Flat roof without a ledge or eaves;
- Large areas of glass; and
- Metal window frames set flush with the exterior walls, often in horizontal bands.

FIELD SURVEY

During the field survey, two historic-period buildings were observed within the project area: the subject building and an accessory building that appears to house mechanical equipment. The property also includes two modern medical buildings, a modern parking structure, a modern underground parking structure, a few sheds of indeterminate age, and surface parking and landscaping. Pursuant to the District's request, only the former South Bay Hospital building, which was constructed in 1960 with an addition in 1970, was formally documented (Figures 7 through 12).

The former South Bay Hospital is a three- and four-story International style building situated on a small rise adjacent to a busy thoroughfare (North Prospect Avenue). The surrounding area is predominantly residential, although there is a shopping center adjacent to the west. The building is oriented to the southwest and is set back more than 100 feet from North Prospect Avenue. It is partially screened from view by a newer multistory building and landscaping. The building is irregular in plan and has a multi-level flat roof with no ledges or eaves. The exterior white concrete walls are pierced by slightly recessed horizontal bands of metal-framed windows on each floor (Figure 7). Narrow vertical columns separate the bands of windows creating a subtle grid pattern that is reinforced by rectangular tower elements.



Figure 7: Façade (south and west elevations), view to the northeast (2/6/18).

The south and west-facing elevations that make up the façade have been altered to include a four-story balcony addition (west elevation) and an expanded, one-story lobby area (south elevation). In addition, the original folded plate canopy over the entry walkway has been replaced with a modern, arched canopy that is supported by four round columns. These alterations give the building a modern aesthetic that does not evoke any sense of the past.

As shown in Figure 8, the west elevation of the original 1960 building retains a high degree of integrity, although it appears the original doors may have been modified. This elevation features the smooth, white wall surfaces and minimalist design characteristic of the International style and may have been where the entrance to the emergency room was. Circa 1970, a nondescript one-story addition was made to the northwest corner of the building that somewhat compromised the 1960 design aesthetic (Figure 9).



Figure 8: West elevation of the original 1960 building, view to the northeast (2/6/18).

The north elevation features a central, rectangular, five-story tower flanked by four-story east and west wings (Figures 9 and 10). At each end of the four-story wings, there is a narrow wall that extends a short distance beyond the elevation wall providing separation from a slightly shorter and narrower stairwell. The stairwells have vertically-oriented north-facing grid patterns of glass and concrete. On the east side of the east stairwell, there is a one-story bay that has a modern one-story addition (Figure 11). Fenestration consists of horizontal ribbons and pairs of metal-framed windows that are flush with the smooth, white exterior walls. Mechanical equipment is housed in a north-projecting enclosure and a covered walkway extends north from the east wing to the parking area (Figure 10).



Figure 9: North elevation and addition (circa 1970) to the northwest corner of the building, view to the southeast (2/6/18).



Figure 10: North elevation, view to the southwest (2/6/18). The modern addition is partially shown on the far left of the photograph.



Figure 11: South and east elevations, showing modern addition (behind the tree), view to the northwest (2/6/18).

The east elevation is somewhat hidden from view by the modern parking garage, but it appears to retain a high degree of integrity. Similar to the other elevations, it features alternating bands of windows and smooth white exterior walls (Figure 12).



Figure 12: East elevation, view to the west (2/6/18).

Since the 1960/1970 construction, the setting has also changed significantly. On site, new buildings have been added necessitating reconfiguration of the original parking and landscaping design. For example, the roundabout, which was originally located northwest of the hospital, is now located southwest of the hospital near the main entry and the lawn areas that used to be on the north and southeast sides of building have been removed to accommodate buildings (Historicaerials.com var.). Off site, what was once vacant land to the west, north, and east, is now developed with hundreds of homes and a commercial center (adjacent to the west).

The former South Bay Hospital retains integrity of location, but integrity of design, setting, materials, workmanship, feeling, and association have all been compromised to some degree by additions and alterations. The building does not evoke a sense of the past or convey its history as a full-service district hospital.

SIGNIFICANCE EVALUATION

Based on the research results discussed above, the following sections present the historical significance evaluation for the medical building at 514 North Prospect Avenue and the conclusion on whether it qualifies as a “historical resource” as defined by CEQA.

DEFINITIONS

CEQA (PRC Chapter 2.6, Section 21083.2 and CCR Title 145, Chapter 3, Article 5, Section 15064.5) calls for the evaluation and recordation of historical resources. The criteria for determining the significance of impacts to historical resources are based on Section 15064.5 of the *CEQA Guidelines* and *Guidelines for the Nomination of Properties to the California Register*. Properties eligible for listing in the California Register and subject to review under CEQA are those meeting the criteria for listing in the California Register, National Register, or designation under a local ordinance.

California Register of Historical Resources

The California Register criteria are based on National Register criteria. For a property to be eligible for inclusion in the California Register, one or more of the following criteria must be met:

1. It is associated with the events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States;
2. It is associated with the lives of persons important to local, California, or national history;
3. It embodies the distinctive characteristics of a type, period, region, or method or construction, or represents the work of a master, or possesses high artistic values; and/or
4. It has yielded, or has the potential to yield, information important to the prehistory or history of the local area, California, or the Nation.

In addition to meeting one or more of the above criteria, the California Register requires that sufficient time has passed since a resource’s period of significance to “obtain a scholarly perspective on the events or individuals associated with the resource.” Fifty years is used as a general estimate of time needed to develop the perspective to understand the resource’s significance (CCR 4852 [d][2]).

The California Register also requires that a resource possess integrity, which is defined as “the authenticity of an historical resource’s physical identity evidenced by the survival of characteristics that existed during the resource’s period of significance” (California Office of Historic Preservation 1999:2). To retain integrity, a resource should have its original location, design, setting, materials, workmanship, feeling, and association. Which of these factors is most important depends on the particular criterion under which the resource is considered eligible for listing (California Office of Historic Preservation 1999).

City of Redondo Beach Landmark Criteria

Criteria for Redondo Beach Landmark designation incorporates and expands on the California Register criteria, but does not specifically address integrity. Pursuant to Chapter 4, Article 3, Section 10-4.302 Minimum eligibility requirements, landmark “In order to be eligible for consideration as a landmark, an historic resource must be at least fifty (50) years old; with the exception that an historic resource of at least thirty (30) years of age may be eligible if the Preservation Commission determines that the resource is very exceptional, or that it is threatened by demolition, removal, relocation, or inappropriate alteration.” To be designated a landmark, a historic resource must meet one or more of the following criteria:

- A. It exemplifies or reflects special elements of the City’s cultural, social, economic, political, aesthetic, engineering, or architectural history; or
- B. It is identified with persons or events significant in local, state or national history; or
- C. It embodies distinctive characteristics of a style, type, period, or method of construction, or is a valuable example of the use of indigenous materials or craftsmanship, or
- D. It is representative of the notable work of a builder, designer, or architect; or
- E. Its unique location or singular physical characteristic(s) represents an established and familiar visual feature or landmark of a neighborhood, community, or the City.

EVALUATION

In summary, the project area is developed with the former South Bay Hospital, which was built in 1960 with a planned addition completed in 1970. It was designed in the International style by the well-known architectural firm Walker, Kalionzes, and Klingerman and built by notable builders M.J. Brock and Sons and R.J. Daum Construction Company. Construction of the hospital was facilitated by innovative post-WWII State and federal legislation intended to facilitate construction and improvement of healthcare facilities across the country as mandated by President Truman. Since 1970, exterior and numerous interior changes have been made to the building. In addition, two modern medical buildings, a modern parking structure, and a modern underground parking have been constructed on the property necessitating changes to the original parking and landscaping design.

The building is evaluated below for historical significance under the criteria for listing in the California Register and for designation under the City’s ordinance. Many of the City’s criteria for designation are similar to those of the California Register. Where appropriate, the two sets of criteria have been grouped together.

Under Criteria 1/A, the former hospital building is associated with the post-WWII population boom and the resulting demand for housing and related amenities including medical facilities. It is associated with at least two pieces of important legislation, the Federal Hospital Survey and Construction Act (aka Hill-Burton Act) and the State Local Hospital District Law (now known as The Local Health Care District Law). The State law established regulations for the formation of district hospitals and the federal law provided funding for construction of new medical facilities. Numerous communities in California took advantage of these, forming hospital districts and building new or

improving existing healthcare facilities. The South Bay Hospital District was not exceptional in this regard. In addition, while the building still houses medical facilities, it is no longer a hospital and does not provide emergency room services or overnight care. Alterations to accommodate these new uses have further compromised its ability to convey an association with its origins as a district hospital.

Under Criteria 2/B, although a number of people who were active in the local community were associated with the development and operation of the South Bay Hospital District and the South Bay Hospital, none appears to have derived any historical significance specifically from their association with this building. The architects and builders are discussed under Criteria 3/C/D.

Under Criteria 3/C/D, the building was originally designed in the International style and retains many of the character-defining features of that style. These include the rectilinear forms, smooth, white exterior walls, horizontal bands of metal-framed windows, flat roof with no ledges or eaves, and lack of ornamentation. However, one-story additions to the façade (south elevation), west elevation, and east elevation have compromised the integrity of design, materials, and workmanship. Modern construction elsewhere on the property has compromised the integrity of setting and feeling and because the building is no longer used for its original purpose, integrity of association has also been compromised to a degree.

The building is associated with prominent architects and builders. However, this building does not represent any innovations in design or construction or utilize unique materials. The architects appear to have worked in the prevailing styles of the times and there is no indication that this building was ever featured for its design in any publication or that it ever won any design awards. M.J. Brock and Sons is no longer in business, but was best known for residential projects and was elected to the CBIF Hall of Fame in 1991 as home builders. Daum Construction Company is still in business and does not cite the former South Bay Hospital as one of its representative projects.

Criterion 4 is normally associated with archaeological resources. The former hospital building was constructed in 1960 using common methods and materials and does not have the potential to provide any information important to the prehistory or history of the local area, California, or the Nation.

With regard to **Local Criterion E**, the former hospital building does not have a unique location or singular physical characteristic that represents an established and familiar visual feature or landmark of a neighborhood, community, or City. Although it is situated on a small knoll, it is set back more than 100 feet from North Prospect Avenue and somewhat obscured from view by landscaping and the modern buildings on the property.

For these reasons, the building does not appear to meet the criteria for listing in the California Register or for designation under the City's ordinance. In addition, the building does not appear to be part of a potential historic district.

RECOMMENDATIONS

The foregoing report has provided background information on the project area, outlined the methods used in the current study, and presented the results of the various avenues of research. Throughout the course of the study, no “historical resources,” as defined by CEQA, were encountered within or adjacent to the project area. Therefore, the District may reach a finding of *No Impact* regarding historic-period built environment resources. No further investigation and no mitigation measures are recommended unless development plans undergo such changes as to include areas not covered by this study.

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APPENDIX A

DEPARTMENT OF PARKS AND RECREATION (DPR) 523 FORMS

State of California — The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
HRI # _____
Trinomial _____
NRHP Status Code 6Z

Other Listings _____
Review Code _____ Reviewer _____ Date _____

Page 1 of 10 Resource Name or #: 514 North Prospect Avenue

P1. Other Identifier: South Bay Hospital; Beach Cities Health District campus

***P2. Location:** Not for Publication Unrestricted ***a. County:** Los Angeles and (P2b and P2c or P2d. Attach a Location Map as necessary.)

***b. USGS 7.5' Quad:** Redondo Beach, CA **Date:** 1981; S.B.B.M.

c. Address: 514 North Prospect Avenue **City:** Redondo Beach **Zip:** _____

d. UTM: Zone: 11; _____mE/ _____mN (G.P.S.)

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, etc., as appropriate): APN 7502-017-901; located on the north corner of North Prospect Avenue and Diamond Street

***P3a. Description:** (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The former South Bay Hospital is a three- and four-story International style building situated on a small rise adjacent to a busy thoroughfare (North Prospect Avenue). The surrounding area is predominantly residential, although there is a shopping center adjacent to the west. The building is oriented to the southwest and is set back more than 100 feet from North Prospect Avenue. It is partially screened from view by a newer multistory building and landscaping. The building is irregular in plan and has a multilevel flat roof with no ledges or eaves. The exterior white concrete walls are pierced by slightly recessed horizontal bands of metal-framed windows on each floor. Narrow vertical columns separate the bands of windows creating a subtle grid pattern that is reinforced by rectangular tower elements. The south and west-facing elevations that make up the façade have been altered to include a four-story balcony addition (west elevation) and an expanded, one-story lobby area (south elevation). In addition, the original folded plate canopy over the entry walkway has been replaced with a modern, arched canopy that is supported by four round columns. These alterations give the building a modern aesthetic that does not evoke any sense of the past. See Continuation Sheet

***P3b. Resource Attributes:** (List attributes and codes) HP41-Hospital

***P4. Resources Present:** Building Structure Object Site District Element of District Other (Isolates, etc.)

P5a. Photo or Drawing (Photo required for buildings, structures, and objects.)



See Continuation Sheet

P5b. Description of Photo: (View, date, accession #) Façade (south and west elevations), view to the northeast (2/6/18)

***P6. Date Constructed/Age and Sources:** Historic Prehistoric Both
1960 (building permits)
1970 addition (building permits)

***P7. Owner and Address:**
Beach Cities Health District
1200 Del Amo Street
Redondo Beach, California 90277

***P8. Recorded by:** (Name, affiliation, and address)
Casey Tibbet, M.A.
LSA Associates, Inc.
1500 Iowa Avenue, Suite 200
Riverside, California 92507

***P9. Date Recorded:** February 6, 2018

***P10. Survey Type:** (Describe): Intensive-level CEQA compliance CEQA compliance

***P11. Report Citation:** (Cite survey report and other sources, or enter "none.") Historic Resources Assessment, Beach Cities Health District Master Plan, 514 North Prospect Avenue, City of Redondo Beach, Los Angeles County, California. Prepared for Beach Cities Health District by LSA, February 2018. (LSA Project Number BCD1801)

***Attachments:** NONE Location Map Sketch Map Continuation Sheet Building, Structure, and Object Record Archaeological Record District Record Linear Feature Record Milling Station Record Rock Art Record Artifact Record Photograph Record Other (List):

BUILDING, STRUCTURE, AND OBJECT RECORD

Page 2 of 10

*NRHP Status Code 6Z

*Resource Name or # (Assigned by recorder) 514 North Prospect Avenue

B1. Historic Name: South Bay Hospital

B2. Common Name: Beach Cities Health District

B3. Original Use: Hospital **B4. Present Use:** Medical Facility

***B5. Architectural Style:** International

***B6. Construction History:** (Construction date, alterations, and date of alterations)
The City of Redondo Beach provided over 500 pages of building permits for 514 North Prospect Avenue that reveal numerous alterations and additions to the hospital from 1962 through 2009. The vast majority of these were for interior alterations/tenant improvements, but permits for exterior alterations and/or additions were issued in 1963, 1968, 1976, 1979, and 2007 (City of Redondo Beach var.). These are listed below.

Date Issued	Date Finalized	Description of Work
1963	1964	Inspection Record for "42.9 x 31.9 Addition [illegible]"
1968	1970	Inspection Record for "Addition to hospital. 77 x 160 4 th floor (future 5 th)"
1976	1976	Inspection Record for "patio slab, pergola structure, low masonry wall" and "2 antenna towers"
1979	1980	Inspection Records for "storage room addition" and "fire sprinklers" and "350 square-foot mechanical room addition"
2007	2008	Various permits issued for a tenant improvement on the second, third, and fourth floors including exterior remodeling, such as glass balconies, for a senior assisted living facility.

***B7. Moved?** No Yes Unknown **Date:** _____ **Original Location:** _____

***B8. Related Features:** Modern parking structure, two modern medical buildings, modern underground parking garage, historic-period accessory building, surface parking, and landscaping.

B9a. Architect: Walker, Kalionzes, and Klingerman **b. Builder:** M.J. Brock and Sons; R.J. Daum Construction Co.

***B10. Significance: Theme:** Post-World War II Healthcare Development: Architecture

Area: South Bay area (Redondo Beach, Hermosa Beach, Manhattan Beach)

Period of Significance: 1960–1970 **Property Type:** Medical Facility **Applicable Criteria:** NA

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

This 1960 International style former hospital building does not appear to meet the criteria for listing in the California Register of Historical Resources or the criteria for local designation. It is not a historical resource for purposes of the California Environmental Quality Act (CEQA).

For a detailed historic context please refer to the related report, see P11 above.

City of Redondo Beach. The City of Redondo Beach incorporated in 1892. From the late 1880s to the mid-1920s, lumber and (see *Continuation Sheet*)

B11. Additional Resource Attributes: (List attributes and codes)

***B12. References:** *See Continuation Sheet*

B13. Remarks:

***B14. Evaluator:** Casey Tibbet, M.A., LSA Associates, Inc., 1500 Iowa Avenue, Suite 200, Riverside, California 92507

***Date of Evaluation:** February 2018

(Sketch Map with north arrow required.)

See Location Map

(This space reserved for official comments.)

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
CONTINUATION SHEET

Primary # _____
 HRI # _____
 Trinomial _____

Page 3 of 10 *Resource Name or #: (Assigned by recorder) 514 North Prospect Avenue
 *Recorded by LSA Associates, Inc. *Date: February 2018 Continuation Update

***P3a. Description** (continued from page 1)

The west elevation of the original 1960 building (oriented east/west) retains a high degree of integrity, although it appears the original doors may have been modified. This elevation features the smooth, white wall surfaces and minimalist design characteristic of the International style and may have been where the entrance to the emergency room was. Circa 1970, a nondescript one-story addition was made to the northwest corner of the building that somewhat compromised the design aesthetic.

The north elevation features a central, rectangular, five-story tower flanked by four-story east and west wings. At each end of the four-story wings, there is a narrow wall that extends a short distance beyond the elevation wall providing separation from a slightly shorter and narrower stairwell. The stairwells have vertically-oriented north-facing grid patterns of glass and concrete. On the east side of the east stairwell, there is a one-story bay that has a modern one-story addition. Fenestration consists of horizontal ribbons and pairs of metal-framed windows that are flush with the smooth, white exterior walls. Mechanical equipment is housed in a north-projecting enclosure and a covered walkway extends north from the east wing to the parking area.

The east elevation is somewhat hidden from view by the modern parking garage, but it appears to retain a high degree of integrity. Similar to the other elevations, it features alternating bands of windows and smooth white exterior walls.

Since the 1960/1970 construction, the setting has also changed significantly. On site, new buildings have been added necessitating reconfiguration of the original parking and landscaping design. For example, the roundabout, which was originally located northwest of the hospital, is now located southwest of the hospital near the main entry and the lawn areas that used to be on the north and southeast sides of building have been removed to accommodate buildings (Historicaerials.com var.). Off site, what was once vacant land to the west, north, and east, is now developed with hundreds of homes and a commercial center (adjacent to the west).

The former South Bay Hospital retains integrity of location, but integrity of design, setting, materials, workmanship, feeling, and association have all been compromised to some degree by additions and alterations. The building does not evoke a sense of the past or convey its history as a full-service district hospital.

P5a. Photo or Drawing (continued from page 1) All photographs were taken on February 6, 2018.



North elevation and addition (constructed circa 1970) to the northwest corner of the building, view to the southeast.



North elevation, view to the southwest. The modern addition is partially shown on the far left of the photograph.



South and east elevations, showing modern addition (behind the tree), view to the northwest.



East elevation, view to the west.

See Continuation Sheet

State of California - The Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
CONTINUATION SHEET

Primary # _____
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 Trinomial _____

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 *Recorded by LSA Associates, Inc. *Date: February 2018 Continuation Update

P5a. Photo or Drawing (continued from page 3)



South Bay Hospital, circa 1960. Source: Gnerre 2015 (*Daily Breeze*).



Construction site for new hospital wing, 1968. Source: Gnerre 2015 (*Daily Breeze*)



South Bay Hospital, 1992. Source: Gnerre 2015 (*Daily Breeze*)

***B10. Significance** (continued from page 2)

tourism played big roles in the city's economy, but by the mid-1920s Hotel Redondo had closed and the railroad had left (Redondo Beach Historical Society 2012). During the Depression, gambling and organized crime became serious issues for the city (City of Redondo Beach n.d.). Although the city did not attract wartime industries, its residential development increased during the war years as people working at nearby defense industry plants made Redondo Beach their home (Historical Resources Management 1995). In the post-war era, returning veterans bought vacant lots for future homes and pitched tents on them causing an outcry from their neighbors (Ibid.). This eventually led to changes in the building and zoning codes and a shift from a rural to suburban development pattern (Ibid.). As more people moved in, the demand for urban amenities such as shopping centers, civic institutions, and medical facilities increased. "In 1940, the population was 13,092 and in 1965 it was 54,772" an increase of more than 400 percent (Ibid.). In the years since 1965, the population has not increased much and Redondo Beach remains a small tourist and resort town (Ibid.). (See *Continuation Sheet*)

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
CONTINUATION SHEET

Primary # _____
HRI # _____
Trinomial _____

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*Recorded by LSA Associates, Inc. *Date: February 2018 Continuation Update

***B10. Significance** (continued from page 4)

Hospital Survey and construction Act of 1946. At the end of World War II, over 40 percent of counties in the United States had no hospital facilities (Newman 2016). In November 1945, President Truman gave a speech to Congress “outlining five goals to improve the nation’s health. In 1946, Congress passed the Hospital Survey and Construction Act (Health Resources & Services Administration [HRSA] 2017). Also known as the Hill-Burton Act for the Senators who sponsored it, the Act supported the first of Truman’s five goals by providing federal grants and loans to communities that could demonstrate the need for and ability to sustain a hospital (Schumann 2016). The Act also established a standard of 4.5 beds per 1,000 people (Nickell 2017). “Hill-Burton introduced many ideas in health care financing that are still in use today. Chief among them is that hospitals receiving federal monies are obligated to provide free or subsidized care to a portion of their indigent patients. U.S. non-profit hospitals (still the vast majority) must demonstrate evidence of ‘community benefit’ to maintain tax-exempt status. Providing care to the uninsured is one of the most common ways to meet this obligation” (Schumann 2016). The law also “introduced the concept of state and local cost sharing-matching funds” (Newman 2016).

South Bay Hospital District and South Bay Hospital. There are several types of hospitals in the U.S.: general hospitals, which treat a wide range of diseases and injuries; specialized hospitals such as children’s hospitals and psychiatric hospitals; teaching hospitals, which are often associated with universities and offer learning opportunities for medical students and/or nurses; and district hospitals, which are usually the major healthcare facilities in their regions and have large numbers of beds for intensive and/or long-term care (Anonymous 2018a). The project area was originally developed as a district hospital in 1960.

In California, district hospitals emerged in the post-WWII era in an effort to meet growing demands in underserved areas (Anonymous 2018a). Facilitating this was the Local Hospital District Law (now known as The Local Health Care District Law), which was passed in California in 1945 allowing the formation of hospital districts (Anonymous 2018b; California Health and Safety Code n.d.). The original purpose of the law was to “allow for maintenance of local hospitals in counties which had less than 200,000 residents,” but references to maximum population levels were later removed (SBCLAFCO n.d.).

District hospitals are public hospitals formed by local jurisdictions to serve local needs and have boards that are individually elected by the local community (Anonymous 2018c; SBCLAFCO n.d.). In California, district hospitals fulfill the important role of providing healthcare to uninsured patients and patients with Medi-Cal such as seniors, disabled people, low-income people, children in foster care, and pregnant women (Anonymous 2018c). When first established in the early post-World War II years, district hospitals also typically provided emergency room and ambulance services.

In spring 1953, the South Bay area mayors prepared ordinances to set up a hospital district and requested federal, State, and local funding for an approximately \$2 million, 120-bed hospital (*Los Angeles Times* 1953). On January 11, 1955, the hospital district was approved by a vote of 4,321 to 824 (*Los Angeles Times* 1955a). This was the first step toward construction of a non-profit hospital for the South Bay area (Ibid.). In February 1955, a board was selected for the South Bay Hospital District and in 1956, funding was secured for a new 145-bed hospital with \$1.5 million from a bond issue and approximately \$1.8 million provided by the State and federal governments (*Los Angeles Times* 1955b, 1956a, and 1956b). By May 1958, construction of the hospital, which was designed by the well-known architectural firm Walker, Kalionzes, and Klingerman, was underway (*Los Angeles Times* 1958).

In May 1960, the South Bay Hospital District board of directors began meeting at the new hospital although it was not officially dedicated until July 31, 1960 (*Independent Press-Telegram* 1960; *Los Angeles Times* 1960). The \$2.3 million, 150-bed, four-story hospital opened three days later in early August 1960 after 27 months of construction (*Los Angeles Times* 1960). The building was built by general contractors M.J. Brock & Sons, Inc. and R.J. Daum Construction Company of Los Angeles and was designed to accommodate a “future addition of a 100-bed wing on the southern portion of the building thus making it into a T-shaped structure” (*Los Angeles Times* 1960). The first floor included administrative facilities and offices, admitting, gift and coffee shops, a kitchen, a dining room, three major general surgery rooms, areas for minor surgery, emergency operating, and various other uses (*Los Angeles Times* 1960). The second floor was designed for maternity use, the third floor had 52 beds in 21 rooms, and the fourth floor of the north wing had 10 pediatric beds in four rooms as well as other facilities (Ibid.). The basement included laundry facilities and physical therapy and exercise rooms among other uses (Ibid.). In addition, “separate buildings on the east side of the main hospital structure contain boilers, auxiliary power generator and various maintenance shops” (Ibid.). In November 1960, the Los Angeles County Board of Supervisors designated South Bay Hospital as the South Bay’s official emergency medical facility (Gnerre 2015).

The hospital did quite well during the 1960s and in 1968 permits were issued for the planned new wing, an approximately 12,300 square-foot addition on the south side of the building (City of Redondo Beach var.; Gnerre 2015). It was completed in 1970 (Gnerre 2015). However, by the late 1970s, the hospital began to struggle financially as it tried to compete with nearby privately owned competitors (Ibid.). “By 1984, the 203-bed hospital was forced to give up its publicly owned status. The South Bay Hospital District signed a lease deal with American Medical International in 1984, with AMI taking over operation of the facility” (Ibid.).

In the mid-1990s, the South Bay Hospital District changed its name to the Beach Cities Health District and the hospital became South Bay Medical Center (Gnerre 2015). However, the financial woes continued and in 1998 South Bay Medical Center closed its doors for good (Ibid.). That same year, the District leased the property to one of its competitors, Little Company of Mary (see *Continuation Sheet*)

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Health Services, who remodeled the facility and opened it as Beach Cities Ambulatory Care Center (Ibid.). This was a walk-in facility with urgent care and emergency services, but it did not provide any overnight care (Ibid.). Since then, some names and tenants have changed, but the Beach Cities Health District continues to own and operate the facility as a medical campus with a variety of outpatient health care providers (Ibid.).

Walker, Kalionzes, and Klingerman (Architects). The architectural firm that designed this building is Walker, Kalionzes, and Klingerman (*Los Angeles Times* 1958). Research indicates that Albert R. Walker, AIA retired in 1954 prior to the firm being retained for this project (American Institute of Architects [AIA] var.). Therefore, this section focuses on Constantine "Gus" Kalionzes, AIA and Charles A. Klingerman, AIA.

Constantine "Gus" William Kalionzes was born on August 22, 1910, in Los Angeles to Greek immigrants William (a grocer) and Lena Kalionzes and was the oldest of seven siblings (Ancestry.com var.). He attended the University of Southern California (USC) College of Architecture graduating in 1936 (AIA var.). From 1935 to 1948 he steadily worked his way up until becoming an Associate Member of the Firm Walker, Kalionzes, and Klingerman in 1949 (AIA var.). From 1941 to 1949, he was a Junior Associate of the Southern California Chapter of the AIA, becoming a full member in 1950 (Ibid.). In 1954, Walker retired, but the firm did not remove his name for some time (Ibid.). Klingerman retired in 1973 and Kalionzes went on to form a partnership with Whiting S. Thompson, which lasted until 1980 when both men retired (Ibid.). Gus applied for and was granted Emeritus status with the AIA in 1981 (Ibid.). In 1984, Gus died of cancer (Ibid.).

Although Kalionzes and his partners specialized in designing hospitals, Kalionzes is best known as the principal architect for the 1952 Byzantine style Saint Sophia Greek Orthodox Cathedral, which is a designated Los Angeles Historic-Cultural Monument (*Los Angeles Times* 1984; City of Los Angeles 2017). "The cathedral was his pride and joy, and the most prominent of the projects he worked on in a career that spanned nearly 45 years. His firm was known for its design of hospitals, including South Coast Medical Center in South Laguna, South Bay Hospital in Redondo Beach and Pioneers Memorial Hospital in Brawley. ... In 1947 he designed and built his own office on San Vicente Boulevard [488 S. San Vicente] and practiced there with a succession of partners ..." (*Los Angeles Times* 1984). His funeral was held at Saint Sophia Cathedral (Ibid.).

Charles A. Klingerman was born to Paul (a vegetable farmer and later a high school teacher) and Ethel Klingerman in 1912 in El Monte, California (Ancestry.com var.; AIA var.). He graduated from El Monte Union High School in 1931 and USC College of Architecture in 1936 (AIA var.). At USC, he and Gus Kalionzes were in the Alpha Rho Chi fraternity, which was specifically for students studying architecture and related professions (Ancestry.com var.; Alpha Rho Chi 2015). Like Gus, Klingerman worked his way up with a variety of firms and in the late 1940s, he became a Member of the Firm at Walker, Kalionzes, Klingerman, Architects in Los Angeles (Ibid.). He became a member of the Southern California Chapter of the AIA in 1950 (Ibid.). He retired at the end of 1973 and worked as a consultant for Kalionzes and Thompson for approximately six months before retiring completely (Ibid.). In 1977 he was granted Emeritus status in the AIA (Ibid.). He died December 24, 1988 in Mission Viejo (Ibid.).

Numerous news articles were found that referenced the firm being hired to design new hospitals or expansions to existing hospitals all over southern California. Unfortunately, addresses were rarely included in the articles and decades later names have changed and buildings have been altered or demolished making it difficult to determine how the South Bay Hospital fits into Kalionzes' and Klingerman's body of work. However, based on photographs and/or sketches included with some of the articles, it appears that the firm worked in the prevailing architectural styles of the times. Often, during the 1950s and 1960s, that appears to have been the International and Modern styles. The South Bay Hospital does not appear to be either the most basic or most elaborate of their designs.

M.J. Brock and Sons, R.J. Daum Construction Company (Builders). As discussed in more detail in the related report, M.J. Brock and Sons, Inc. was primarily a residential builder, but the company also completed non-residential projects such as schools, theaters, hospitals. In 1991, the Brock brothers, Milton Jr., Wendell (posthumously), and Carroll, were among "nine home builders inducted into the California Building Industry Foundation's (CBIF) Hall of Fame" (*Los Angeles Times* 1991).

Raymond J. Daum and Wade A. Perong started the R.J. Daum Construction Company in 1936 and it was incorporated in 1949 in Nevada (R.J. Daum Construction Company 2010). According to the company's website, it specializes in commercial construction and structural concrete work, highlighting experience with "Educational Institutions, Healthcare Facilities, Fire & Police Stations, Correctional Institutions, Parking Structures, Telecommunication and other Public Utility Facilities" (Ibid.). Newspaper research indicates that through the 1950s R.J. Daum Construction Company built numerous school buildings, including several at the University of California, Los Angeles (Ibid.). The website lists several representative projects including Hollywood Rogue Co. in Los Angeles (1947); Herbert's restaurant; Butler Hangar at Yuma Army Air Base (1944); the Covina Civic Center parking structure; Fire Station No. 21 in Los Angeles; Los Angeles Harbor College Central Utility Plant; County of Orange Juvenile Hall; and Millers Children's Hospital in Long Beach (structural concrete work) (Ibid.).

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Character-Defining Features of the International Style. Simple geometric forms, often rectilinear; balance and regularity, but not necessarily symmetry; reinforced concrete and steel construction with a non-structural skin; unadorned, smooth wall surfaces typically of glass, steel, or stucco painted white; complete absence of ornamentation and decoration; often cantilevered upper floor or balcony; flat roof without a ledge or eaves; Large areas of glass; and metal window frames set flush with the exterior walls, often in horizontal bands.

Significance Evaluation. The building is evaluated below for historical significance under the criteria for listing in the California Register and for designation under the City's ordinance. Many of the City's criteria for designation are similar to those of the California Register. Where appropriate, the two sets of criteria have been grouped together.

Under Criteria 1/A, the former hospital building is associated with the post-WWII population boom and the resulting demand for housing and related amenities including medical facilities. It is associated with at least two pieces of important legislation, the Federal Hospital Survey and Construction Act (aka Hill-Burton Act) and the State Local Hospital District Law (now known as The Local Health Care District Law). The State law established regulations for the formation of district hospitals and the federal law provided funding for construction of new medical facilities. Numerous communities in California took advantage of these, forming hospital districts and building new or improving existing healthcare facilities. The South Bay Hospital District was not exceptional in this regard. In addition, while the building still houses medical facilities, it is no longer a hospital and does not provide emergency room services or overnight care. Alterations to accommodate these new uses have further compromised its ability to convey an association with its origins as a district hospital.

Under Criteria 2/B, although a number of people who were active in the local community were associated with the development and operation of the South Bay Hospital District and the South Bay Hospital, none appears to have derived any historical significance specifically from their association with this building. The architects and builders are discussed under Criteria 3/C/D.

Under Criteria 3/C/D, the building was originally designed in the International style and retains many of the character-defining features of that style. These include the rectilinear forms, smooth, white exterior walls, horizontal bands of metal-framed windows, flat roof with no ledges or eaves, and lack of ornamentation. However, one-story additions to the façade (south elevation), west elevation, and east elevation have compromised the integrity of design, materials, and workmanship. Modern construction elsewhere on the property has compromised the integrity of setting and feeling and because the building is no longer used for its original purpose, integrity of association has also been compromised to a degree.

The building is associated with prominent architects and builders. However, this building does not represent any innovations in design or construction or utilize unique materials. The architects appear to have worked in the prevailing styles of the times and there is no indication that this building was ever featured for its design in any publication or that it ever won any design awards. M.J. Brock and Sons is no longer in business, but was best known for residential projects and was elected to the CBIF Hall of Fame in 1991 as home builders. Daum Construction Company is still in business and does not cite the former South Bay Hospital as one of its representative projects.

Criterion 4 is normally associated with archaeological resources. The former hospital building was constructed in 1960 using common methods and materials and does not have the potential to provide any information important to the prehistory or history of the local area, California, or the Nation.

With regard to **Local Criterion E,** the former hospital building does not have a unique location or singular physical characteristic that represents an established and familiar visual feature or landmark of a neighborhood, community, or City. Although it is situated on a small knoll, it is set back more than 100 feet from North Prospect Avenue and somewhat obscured from view by landscaping and the modern buildings on the property.

For these reasons, the building does not appear to meet the criteria for listing in the California Register or for designation under the City's ordinance. In addition, the building does not appear to be part of a potential historic district.

***B12. References** (continued from page 2)

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See *Continuation Sheet*

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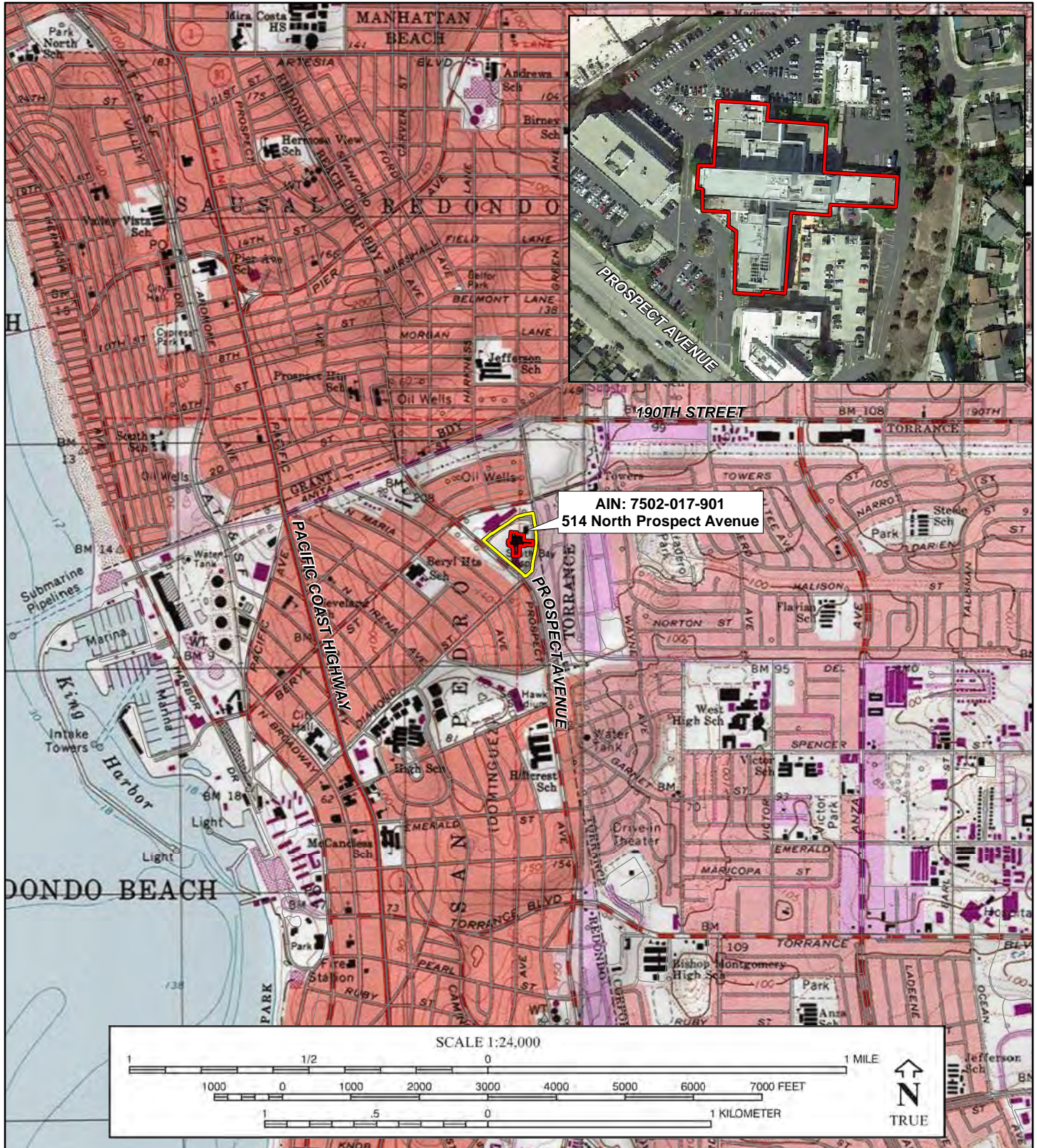
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SOURCES CONSULTED

This section describes the results of the records search conducted at the South Central Coastal Information Center (SCCIC) of the California Historical Resources Information System (CHRIS). It also summarizes correspondence with the Native American Heritage Commission (NAHC) regarding the proposed project.

Cultural Resources Records Search

An archaeological literature and records search was conducted through the SCCIC at California State University, Fullerton for the proposed project APE on September 21, 2020 and results were assembled by Michelle Galaz and returned on October 23, 2020. The APE submitted to the SCCIC covered the Project site and included a 0.5-mile buffer extending from its boundaries. Other sources consulted for resources within the APE include the National Register of Historic Places (NRHP), California Register of Historical Resources (CRHR), California Historical Landmarks, California Points of Historical Interest, and California Inventory of Historic Resources.

Six previous investigations have been undertaken with the APE, and a further fourteen within an area extending 0.5-mile from the APE. No previously recorded resources are known within the APE, but three resources and one Historic District containing 48 contributing elements are documented within 0.5-mile of the APE. All four resources date to the historical period, and are described below.

P-19-177669/Redondo Beach Original Townsite Historic District

This resource is an NRHP-listed historic district containing 48 contributing elements and 19 associated historic properties composed of a neighborhood built just outside of the original center of the town of Redondo Beach. This neighborhood was largely built between 1906 and 1914, with houses in a mix of styles typical of the period (especially Craftsman and Colonial Revival). The district was added to the NRHP in June of 1988

P-19-189960

P-19-189960 is a steel lattice electrical tower, part of the Southern California Edison grid. The resource was evaluated for NRHP-, CRHR-, and local register-eligibility in 2011, and determined to be ineligible for listing in any (Crawford 2011).

P-19-190298

P-19-190298 is also a steel lattice electrical tower, also part of the Southern California Edison grid. The resource was evaluated for NRHP-, CRHR-, and local register-eligibility in 2012, and determined to be ineligible for listing in any (Crawford 2012).

P-19-190323

P-19-190323 is also a steel lattice electrical tower, also part of the Southern California Edison grid. The resource was evaluated for NRHP-, CRHR-, and local register-eligibility in 2013, and determined to be ineligible for listing in any (Crawford 2013).

Native American Consultation

A search of the Native American Heritage Commission's (NAHC's) Sacred Lands File was requested on September 21, 2020, and conducted on October 1, 2020 (Steven Quinn, NAHC Staff Services Analyst) to determine the presence of any Native American cultural resources within the APE and general vicinity. The APE submitted to the SCCIC covered the Project site and included a 0.5-mile buffer extending from its

boundaries. The NAHC response, however, is based on a regional assessment that reviews a particular United States Geological Service Quadrangle Map Township and Range area. The NAHC results were negative, indicated that no known Native American cultural resources are known to the NAHC within the project vicinity. The NAHC identified 8 Native American contacts, both tribes and individuals, who would potentially have specific knowledge as to whether cultural resources are identified in the APE. The list of individuals is provided below:

- Andrew Salas, Chairperson, Gabrieleno Band of Mission Indians – Kizh Nation
- Anthony Morales, Chairperson, Gabrieleno/Tongva San Gabriel Band of Mission Indians
- Sandonne Goad, Chairperson, Gabrielino/Tongva Nation
- Robert Dorame, Chairperson, Gabrielino Tongva Indians of California Tribal Council
- Charles Alvarez, Gabrielino-Tongva Tribe
- Lovina Redner, Tribal Chair, Santa Rosa Band of Cahuilla Indians
- Joseph Ontiveros, Cultural Resource Department, Soboba Band of Luiseno Indians
- Scott Cozart, Chairperson, Soboba Band of Luiseno Indians

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2012 *P-19-190298 Primary Record*. Michael Brandman Associates. On file with the South Central Coastal Information Center, California State University, Fullerton.

2013 *P-19-190323 Primary Record*. Michael Brandman Associates. On file with the South Central Coastal Information Center, California State University, Fullerton.

NATIVE AMERICAN HERITAGE COMMISSION

October 1, 2020

Scott Sunell
Wood Environment & Infrastructure

Via Email to: scott.sunell@woodplc.com

Re: Beach Cities Health District Healthy Living Campus Project, Los Angeles County

Dear Mr. Sunell:

A record search of the Native American Heritage Commission (NAHC) Sacred Lands File (SLF) was completed for the information you have submitted for the above referenced project. The results were negative. However, the absence of specific site information in the SLF does not indicate the absence of cultural resources in any project area. Other sources of cultural resources should also be contacted for information regarding known and recorded sites.

Attached is a list of Native American tribes who may also have knowledge of cultural resources in the project area. This list should provide a starting place in locating areas of potential adverse impact within the proposed project area. I suggest you contact all of those indicated; if they cannot supply information, they might recommend others with specific knowledge. By contacting all those listed, your organization will be better able to respond to claims of failure to consult with the appropriate tribe. If a response has not been received within two weeks of notification, the Commission requests that you follow-up with a telephone call or email to ensure that the project information has been received.

If you receive notification of change of addresses and phone numbers from tribes, please notify me. With your assistance, we can assure that our lists contain current information.

If you have any questions or need additional information, please contact me at my email address: steven.quinn@nahc.ca.gov.

Sincerely,



Steven Quinn
Cultural Resources Analyst

Attachment



CHAIRPERSON
Laura Miranda
Luiseño

VICE CHAIRPERSON
Reginald Pagaling
Chumash

SECRETARY
Merri Lopez-Keifer
Luiseño

PARLIAMENTARIAN
Russell Attebery
Karuk

COMMISSIONER
Marshall McKay
Wintun

COMMISSIONER
William Mungary
Paiute/White Mountain Apache

COMMISSIONER
[Vacant]

COMMISSIONER
Julie Tumamait-Stenslie
Chumash

COMMISSIONER
[Vacant]

EXECUTIVE SECRETARY
Christina Snider
Pomo

NAHC HEADQUARTERS
1550 Harbor Boulevard
Suite 100
West Sacramento,
California 95691
(916) 373-3710
nahc@nahc.ca.gov
NAHC.ca.gov