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

Facility Number:	11848
Facility Name:	Brotman Medical Center
Address:	3828 Delmas Terrace
City:	Culver City

Hospital Owner/Licensee:	Brotman Medical Center Inc.
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	Joseph La Brie, SE
Submission Date:	1/16/2011 1:47:10 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding 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
01	Tower	3828 Delmas Terrace	Retrofit	SPC2	01/01/2013	12/31/2012
02	Pavilion	3828 Delmas Terrace	Retrofit	SPC2	01/01/2013	12/31/2012
03	Outpatient Building & Additions	3828 Delmas Terrace	Retrofit	SPC2	01/01/2013	12/31/2012

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

Building Number: 01 Building Name: Tower

Type of Service Provided

[X]	Nursing	Inpatient Beds	50	Inpatient Days	4746
[ ]	IntensiveCare	Inpatient Beds	0	Inpatient Days	0
[ ]	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
[ ]	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
[X]	Obstetrical Ante/Postprtum	Inpatient Beds	14	Inpatient Days	0
[ ]	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
[X]	Skilled Nursing	Inpatient Beds	21	Inpatient Days	3613

Total Beds this Building: **85**

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

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

Building Number: 02 Building Name: Pavilion

Type of Service Provided

[X]	Nursing	Inpatient Beds	245	Inpatient Days	43060
[X]	IntensiveCare	Inpatient Beds	20	Inpatient Days	4760
[ ]	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
[X]	Psychiatric Nursing	Inpatient Beds	70	Inpatient Days	19780
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
[ ]	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
[ ]	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: **335**

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

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

Building Number: 03 Building Name: Outpatient Building & Additions

Type of Service Provided

☐	Nursing	Inpatient Beds	0	Inpatient Days	0
☐	IntensiveCare	Inpatient Beds	0	Inpatient Days	0
☐	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
☐	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
☐	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
☐	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
☐	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: 0

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

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

Building Number: 01 **Building Name:** Tower

Medical / Surgical (Include GYN)

Inpatient Bed: 50 Inpatient Days: 4746

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 14 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 21 Inpatient Days: 3613

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: 0 Inpatient Days: 0

Rehabilitation Center

Inpatient Bed: 0 Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0 Inpatient Days: 0

Coronary Care

Inpatient Bed: 0 Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0 Inpatient Days: 0

Total Beds this Building Per Unit: 85

Total Beds this Building Per Service: 85

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

Building Number: 02 **Building Name:** Pavilion

Medical / Surgical (Include GYN)

Inpatient Bed: 213 Inpatient Days: 2328 0

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 70 Inpatient Days: 1978 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

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: 10 Inpatient Days: 2243

Rehabilitation Center

Inpatient Bed: 32 Inpatient Days: 4176

Int. Care / development Disabled

Inpatient Bed: 0 Inpatient Days: 0

Coronary Care

Inpatient Bed: 10 Inpatient Days: 2517

Chemical Dependency

Inpatient Bed: 0 Inpatient Days: 0

Total Beds this Building Per Unit: 335

Total Beds this Building Per Service: 335

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

Building Number: 03 **Building Name:** Outpatient Building & Additions

Medical / Surgical (Include GYN)

Inpatient Bed: 0 Inpatient Days: 0

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

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: 0 Inpatient Days: 0

Rehabilitation Center

Inpatient Bed: 0 Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0 Inpatient Days: 0

Coronary Care

Inpatient Bed: 0 Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0 Inpatient Days: 0

Total Beds this Building Per Unit: 0

Total Beds this Building Per Service: 0

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

Building Number	Building Name	Building to be Removed
01	Tower	
02	Pavilion	
03	Outpatient Building & Additions	



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

Building Number: 01 Building Name: Tower

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [X] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [X] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [X] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [X] Newborn/ WellBaby
- [X] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

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

Building Number: 02 Building Name: Pavilion

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [X] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [X] Rehabilitation Therapy
- [X] Renal Dialysis
- [X] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

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

Building Number: 03 Building Name: Outpatient Building & Additions

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [X] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [X] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Tower

Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided

- [X] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [X] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [X] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [X] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [X] Newborn/ WellBaby
- [X] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 02 Building Name: Pavilion

Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [X] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [X] Rehabilitation Therapy
- [X] Renal Dialysis
- [X] Outpatient Surgery
- [X] Central Plant
- [X] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 03 Building Name: Outpatient Building & Additions

Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [X] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [X] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [X] Central Plant
- [X] Support Services