Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:1 of 15

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

Facility Number:	11417	
Facility Name:	Barlow F	Respiratory Hospital
Address:	2000 Sta	dium Way
City:	Los Ang	eles
Hospital Owner/Lic	censee:	Barlow Respiratory Hospital
Year of Rep	porting:	2011
Contact 1 e-mail A	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ac	ddress::	
Name of Sul	bmitter:	Barlow Respiratory Hospital
Submissio	n Date:	1/29/2012 3:00:00 PM

Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:2 of 15

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
02.1	Dining/Kitchen Building & Additions	2000 Stadium Way	Replace	SPC5	01/01/2013	01/01/2015

Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:3 of 15

For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building	No: 02.1	Dining/Kitchen Building & Additions		Retrofi Projec	it/Replacemot:	ent	Yes-Submitte	d
Facility Number	Project Sub Number Num	Scope	Date Plan A in	pproved Date	Proj. Start Date	Proj. Complete Date	ed Status	CEQA Review
11417	IL082954	0 SB 1661: NEW REPLACEMENT HOSPITAL (FRMRLY PPR)	12/30/2008		11/01/201	1 12/31/2014	OPEN	No

Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:4 of 15

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

Building Number: 02.1 Building Name: Dining/Kitchen Building & Additions									
Type of Service Provided									
X Nursing	Inpatient Beds	43 Inpatient 10640 Days	Surgical	Obstetrical Recovery					
X IntensiveCare	Inpatient Beds	6 Inpatient Days 1465	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery					
		Total Beds this Building	Cesarean/Deliv	Central Plant					

Report Year:

2011

11417

Barlow Respiratory Hospital

Los Angeles

Page:5 of 15

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

Building Number:	02.1	Building Name: Dinir	ng/Kitchen Building & A	Additions	
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 43 Bed	Inpatient 1064 Days 0	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 6 Bed	Inpatient 1465 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	49	49

Report Year:	2011	11417	Barlow Respiratory Hospital		Los Angeles	Page:6 of 15
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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01.1	Outpatient Clinic & Lab Addition	
01.2	Outpatient Clinic & Lab Addition	
02.1	Dining/Kitchen Building & Additions	

Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:7 of 15

## List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site	
N_1	Barlow Replacement Hospital		

Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:8 of 15

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:	02.1 Buildi	ng Name: Dining/Kitchen Buildir	ng & Additions		
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	Anesthesia	_	_	
X	IntensiveCare		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric	X Radiological/ Imaging	WellBaby		
	Nursing	X Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	Administration			
	Skilled Nursing				

Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:9 of 15

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:	01.1	Building Nar	me: Outpatient Clinic	& Lab Ad	dition	
Configuration:	N/A					
Type of Service	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic		Linergency	Ochilai Flani
	Care		Administration		Nuclear Medicine	Support Services
	Skilled Nursing					

Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:10 of 15

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: 01.2 Building Name: Outpatient Clinic & Lab Addition								
Configuration Replace with new SPC 5 and NPC 4 or NPC 5 building								
Type of Service Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant	
	ntermediate		Dietetic					
	are killed Nursing		Administration		Nuclear Medicine		Support Services	

Report Year: 2011 11417 Barlow Respiratory Hospital Los Angeles Page:11 of 15

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	Building Number: 02.1 Building Name: Dining/Kitchen Building & Additions							
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building					
Type of Servi	ce Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
1 1	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant	
	Intermediate Care	X	Dietetic				Our north	
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

Report Year:	2011		11417		Barlow Respiratory Hospital		Los Angeles	Page:12 of 15
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 01.									
Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

Report Year:	2011	1141	17	Barlow Respiratory Hospital		Los Angeles	Page:13 of 15
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 01.2 Building Name: Outpatient Clinic & Lab Addition									
Type of Service Provided									
Nur	sing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Inte	nsiveCare	Inpatient Beds	0		Anesthesia				
Ped esce	liatric/Adol ent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psy Nurs	chiatric sing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	stetrical e/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
Inte	rmediate e	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skill	led Nursing	Inpatient Beds	0		Administration				
	al Beds this ding		0						

Report Status: **Data Last Update**: 01/11/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

Report Year:

2011

11417

**Barlow Respiratory Hospital** 

Los Angeles

Page:14 of 15

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	1.1 Build	ing Name: Outp	patient Clinic & Lab Addition	on		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	<sup>'</sup> Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

Report Year:

2011

11417

**Barlow Respiratory Hospital** 

Los Angeles

Page:15 of 15

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	1.2 Build	ing Name: Outp	patient Clinic & Lab Addition	on		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0	0	