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

| Facility Number: | 11722 | |
|----------------------|--|--|
| Facility Name: | Hollywood Presbyterian Medical Center | |
| Address: | 1300 N. Vermont Ave. | |
| City: | Los Angeles | |
| | | |
| Hospital Owner/Lice | ensee: Cha Hollywood Presbyterian Medical Center, LP | |
| Year of Rep | orting: 2011 | |
| Contact 1 e-mail Ad | dress: | |
| Contact 2 e-mail Ad | dress: | |
| Contact 3 e-mail Add | dress:: | |
| Name of Sub | mitter: Hollywood Presbyterian Medical Center | |
| Submission | Date: 1/29/2012 3:00:00 PM | |

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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 | North Wing | 1300 N. Vermont Ave. | Replace | SPC5 | 01/01/2020 | 01/01/2020 |
| 02 | South Wing | 1300 N. Vermont Ave. | Retrofit | SPC2 | 01/01/2013 | 01/01/2015 |
| 03 | D & T Tower | 1300 N. Vermont Ave. | Retrofit | SPC2 | 01/01/2013 | 01/01/2015 |
| 05 | Kitchen Addition | 1300 N. Vermont Ave. | Replace | SPC5 | 01/01/2020 | 01/01/2020 |

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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).

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| Building No: 02 South Wing | Retrofit/Replacement Hazus-Submitted Project: |
|--|--|
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11722 HL101502 0 | 06/30/2010 OPEN No |
| | |
| Building No: 03 D & T Tower | Retrofit/Replacement Hazus-Submitted Project: |
| Building No: 03 D & T Tower Facility Project Sub Scope Number Num | |

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

| Building Number: 01 | Buildi | ng Name: North Wing | | |
|----------------------------|-------------------|--------------------------|------------------------------|------------------------|
| Type of Service Prov | <u>rided</u> | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | X Emergency |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical X Dietetic | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services Obstetrical | Outpatient Surgery |
| | | Total Beds this Building | Cesarean/Deliv | Central Plant |

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

| Building Number: 02 | Buildiı | ng Name: South Wing | | |
|----------------------------|-------------------|--|--|---------------------------|
| Type of Service Prov | <u>rided</u> | | | |
| X Nursing | Inpatient Beds | 66 Inpatient 24090 Days | X Surgical | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | 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 | Pharmaceutical Dietetic | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 Total Beds this 66 | X Support Services Obstetrical Cesarean/Deliv | Outpatient Surgery |
| | | Total Beds this Building 66 | Cesarean/Denv | Central Plant |

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

| Building Number: | 03 Build | ing Name: D & T Tower | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------|-----------------------------|--|--|
| Type of Service F | Type of Service Provided | | | | | |
| X Nursing | Inpatient Beds | 28 Inpatient 10220 Days | Surgical | Obstetrical Recovery | | |
| X IntensiveCar | re Inpatient Beds | 8 Inpatient Days 2920 | Anesthesia | Newborn/ WellBaby | | |
| Pediatric/Add | ol Inpatient Beds | 0 Inpatient Days 0 | X Clinical Lab | Emergency | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | X Nuclear Medicine | | |
| Obstetrical Ante/Postprt | Inpatient um Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | X Rehabilitation Therapy | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | Renal Dialysis | | |
| Skilled Nursi | ng Inpatient Beds | 0 Inpatient Days 0 | Support Services Obstetrical | X Outpatient Surgery | | |
| | | Total Beds this Building | Cesarean/Deliv | X Central Plant | | |

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

| Building Number: 05 | Buildi | ng Name: Kitchen Addition | | |
|----------------------------|-------------------|---------------------------|--|------------------------|
| Type of Service Prov | <u>rided</u> | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical X Dietetic | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services Obstetrical Cesarean/Deliv | Outpatient Surgery |
| | | Total Beds this Building | Cesarean/Deliv | Central Plant |

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| Building Number: | 01 | Building Name: North | h Wing | | |
|--------------------|---------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical | (Include 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 | 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 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 Bed | Inpatient 0 Days | 0 | 0 |

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| Building Number: | 02 | Building Name: Sou | ıth Wing | | |
|---------------------|--------------------------|------------------------------|--------------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respirator | y Care | Acute Psychiatric | |
| Inpatient 38 Bed | Inpatient 1387 Days 0 | Inpatient 0 Bed | Inpatient 0 Days | 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 Ne Nursery | ewborn | 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 28 Bed | Inpatient 1022 Days 0 | 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 | 66 | 66 |

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| Building Number: | 03 | Building Name: | 0 & T Tower | | |
|---------------------|--------------------------|---------------------------|---------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respirat | ory Care | Acute Psychiatric | |
| Inpatient 28 Bed | Inpatient 1022 Days 0 | Inpatient 0 Bed | Inpatient 0 Days | 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 Nursery | Newborn | 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 8 Bed | Inpatient 2920 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 | 36 | 36 |

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| Building Number: | 05 | Building Name: | Kitchen Addition | | |
|--------------------|---------------------|--------------------------|--------------------|----------------------------------|--|
| Medical / Surgical | (Include GYN) | Acute Respi | ratory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Car Nursery | e Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | 1 | Int. Care / developm Disabled | ent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | 0 | 0 |

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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 | North Wing | |
| 02 | South Wing | Ī |
| 03 | D & T Tower | |
| 04 | Patient Tower | |
| 05 | Kitchen Addition | |
| 06 | Emergency Addition | |
| 07 | Linear Accelerator Addition | İΠ |
| | | , <u> </u> |

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

| Building Number | Building Name | New Site | |
|--------------------|----------------------|-------------|--|
| N_1 | Replacement Hospital | | |

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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 Buildin | g Name: North Wing | | | |
|------------------|-------------------------------|--------------------------|-------------------------------|-----------------------|-----|
| Type of Service | e Provided | | | | |
| | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitatio Therapy | n |
| | Nursing | Anesthesia | | | |
| | IntensiveCare | | Obstetrical Recovery | Renal Dialys | SIS |
| | Pediatric/Adol escent | Clinical Lab | Newborn/ | Outpatient Surgery | |
| | Psychiatric | Radiological/ Imaging | WellBaby | | |
| | Nursing | Pharmaceutical | X Emergency | Central Plan | nt |
| | Obstetrical Ante/Postprtum | | Nuclear | Support | |
| | | X Dietetic | Medicine | Services | |
| | Intermediate Care | Administration | | | |
| | Ckilled Nursing | , tanimis audi | | | |
| | Skilled Nursing | I | | | |

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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: | Sou | ith Wing | | | | |
|------------------|------------------------|----------------|-----|--------------------------|---|-------------------------------|---|---------------------------|
| Type of Service | e Provided | | | | | | | |
| | | | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | Nursing | [| | Anesthesia | | | | |
| | IntensiveCare |) | | | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Ado | [| | Clinical Lab | | | | Outpatient |
| | ∟ escent | [| | Radiological/ Imaging | Ш | Newborn/ WellBaby | | Surgery |
| | Psychiatric Nursing | | | Pharmaceutical | | Emergency | | Central Plant |
| | Obstetrical | | | r namaddaidai | | 3 , | | Community |
| Ш | Ante/Postprtu | ım [| | Dietetic | Ш | Nuclear Medicine | X | Support Services |
| | Intermediate | | | | | | | |
| _ | Care | | | Administration | | | | |
| | Skilled Nursin | ng | | | | | | |

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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: | D & T Towe | r | | | |
|------------------|------------------------------|----------------|---------------------|----------|-------------------------------|---|---------------------------|
| Type of Service | e Provided | | | | | | |
| | | | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| X | Nursing | | Anesthe | sia | | | 5 15:1 : |
| X | IntensiveCare | _ l _ | 7 | | Obstetrical Recovery | Ш | Renal Dialysis |
| | Pediatric/Ado escent | | Clinical I | Lab | Newborn/ | X | Outpatient Surgery |
| П | Psychiatric | | Radiolog Imaging | | WellBaby | | |
| Ш | Nursing | | Pharmad | ceutical | Emergency | X | Central Plant |
| | Obstetrical Ante/Postprtu | m [| Dietetic | X | Nuclear Medicine | | Support Services |
| | Intermediate Care | <u> </u> | Adminis | tration | | | |
| | Skilled Nursin | g | | | | | |

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|--------------|------|-------|---------------------------------------|-------------|---------------|
|--------------|------|-------|---------------------------------------|-------------|---------------|

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: | 05 | Building Name: | Kitchen Addition | | | |
|------------------|----------------------------|----------------|------------------|----------------------------|------------------------|--|
| Type of Servic | e Provided | | | | | |
| | | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| | Nursing | l | Anesthesia | | | |
| | IntensiveCare | , | | Obstetrical Recovery | Renal Dialysis | |
| | Pediatric/Ado | , [| Clinical Lab | | Outpatient | |
| | escent | | Radiological/ | Newborn/ WellBaby | ☐ Surgery | |
| | Psychiatric Nursing | | Imaging | | | |
| | 01 | | Pharmaceutical | Emergency | Central Plant | |
| | Obstetrical Ante/Postprtum | m [| X Dietetic | Nuclear Medicine | Support Services | |
| | Intermediate Care | , | Administration | | | |
| | Skilled Nursin | g L | Administration | | | |

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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 Numbe | r: 01 | Building Na | me: North Wing | | | |
|----------------|-------------------------------|-------------|--------------------------|-----|-------------------------------|---------------------------|
| Configuration: | Replace with new | SPC 5 and I | NPC 4 or NPC 5 build | ing | | |
| Type of Serv | rice Provided | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | Central Plant |
| | Intermediate | X | Dietetic | | Lineigoney | Contain tan |
| _ | Care | | Administration | | Nuclear Medicine | Support Services |
| Ш | Skilled Nursing | | | | | |

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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 Nar | me: South Wing | | | | |
|------------------|-----------------------------|---------------|--------------------------|-----------|-------------------------------|---|---------------------------|
| Configuration . | Retrofit Non-Confo | rming buildir | ng to SPC 2 and NPC 3 | 3 and rem | ove from service by 2030 | | |
| Type of Service | Provided | | | | | | |
| X Nu | ırsing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Int | ensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| I I | ediatric/Adol cent | | Clinical Lab | | Recovery | | |
| | ychiatric ırsing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | ermediate | | Dietetic | | Lineigency | Ш | Ochira i lan |
| — Ca □ Sk | illed Nursing | | Administration | | Nuclear Medicine | X | Support Services |

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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 Numbe | er: 03 | Building Na | me: D & T Tower | | | | | |
|----------------|-------------------------------|---------------|--------------------------|---------|-------------------------------|-------------------------|---------------------------|--|
| Configuration: | Retrofit Non-Confo | orming buildi | ng to SPC 2 and NPC 3 | and rem | ove from service by 2030 | | | |
| Type of Serv | Type of Service Provided | | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | |
| X | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | |
| | Pediatric/Adol escent | Х | Clinical Lab | | Recovery | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | $\overline{\mathbf{x}}$ | Central Plant | |
| | Intermediate | | Dietetic | | | | | |
| | Care Skilled Nursing | X | Administration | X | Nuclear Medicine | | Support Services | |

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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 | T: 04 | Building Na | me: Patient Tower | | | | |
|--------------------------|-------------------------------|---------------|--------------------------|---|-------------------------------|--|---------------------------|
| Configuration . | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Service Provided | | | | | | | |
| X | Nursing | | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | | Anesthesia | X | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | X | Pharmaceutical | | Emergency | | Central Plant |
| | Intermediate | X | Dietetic | | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

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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 | r: 05 | Building Na | me: Kitchen Addition | on | | |
|-----------------|-------------------------------|-------------|--------------------------|----|-------------------------------|---------------------------|
| Configuration : | Remove from GAC | Service by | 1/1/2020 | | | |
| Type of Servi | ice Provided | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | Emergency | Central Plant |
| | Intermediate | X | Dietetic | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | Support Services |

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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: | 06 | Building Na | me: Emergency Add | dition | | | | | |
|------------------|-------------------------------|-------------|--------------------------|----------|-------------------------------|---|--|--|--|
| Configuration: | Remove from GAC | service by | 1/1/2020 | | | | | | |
| Type of Service | Type of Service Provided | | | | | | | | |
| | lursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| lı | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | |
| | Psychiatric Jursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Dbstetrical ante/Postprtum | | Pharmaceutical | X | Emergency | | Central Plant | | |
| | ntermediate | | Dietetic | <u>.</u> | | _ | Communication Co | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | | |

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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 Numbe | r: 07 | Building Na | me: Linear Accelerate | or Additio | า | | |
|--------------------------|-------------------------------|-------------|--------------------------|------------|-------------------------------|--|---------------------------|
| Configuration : | Remove from GAC | service by | 1/1/2020 | | | | |
| Type of Service Provided | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | 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 |
| | Intermediate | | Dietetic | Ш | Emergency | | Central Flant |
| | Care Skilled Nursing | | Administration | X | Nuclear Medicine | | Support Services |

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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)

| Buildi | | | | | | | | | |
|--------------------------|-------------------------------|-------------------|-----|---|--------------------------|------------------------------|------------------------|--|--|
| Type of Service Provided | | | | | | | | | |
| X | Nursing | Inpatient Beds | 155 | | Surgical | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| X | IntensiveCare | Inpatient Beds | 43 | | Anesthesia | | | | |
| X | Pediatric/Adol escent | Inpatient Beds | 11 | X | Clinical Lab | X Obstetrical Recovery | Renal Dialysis | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| X | Obstetrical Ante/Postprtum | Inpatient Beds | 34 | X | Pharmaceutical | Emergency | Central Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | X | Dietetic | Nuclear Medicine | Support Services | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | Total Beds this Building | | 243 | | | | | | |

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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)

| Buildi | ng Number: 06 | | | | | | | | |
|--------|-------------------------------|-------------------|---|--|--------------------------|----------------------------|------------------------|--|--|
| Тур | 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 | X Emergency | Central Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | Total Beds this Building | | 0 | | | | | | |

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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)

| Buildi | | | | | | | | | | |
|--------|-------------------------------|-------------------|---|--|--------------------------|----------------------------|------------------------|--|--|--|
| Тур | 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 | X Nuclear Medicine | Support Services | | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | |
| | Total Beds this Building | | 0 | | | | | | | |

Report Status: **Data Last Update**: 01/13/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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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: | Build | ing Name: Patie | ent Tower | | | |
|-------------------------|-------------------------|-------------------------------|------------------------|---|--|--|
| Medical / Surgical (Inc | clude GYN) | Acute Respiratory | Care | Acute Psychiatric | | |
| Inpatient 155 Bed | Inpatient 56575 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 | Inpatient 0 Days | |
| Perinatal (excluse Nev | wborn / GYN) | Burn | | Skilled Nursing | | |
| Inpatient 34 Bed | Inpatient 12410 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 | Inpatient 0 Days | |
| Pediatric | | intensive Care New Nursery | vborn | Intermediate Card | | |
| Inpatient 11 Bed | Inpatient 4015 Days | Inpatient 15 Bed | Inpatient 5475 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | ment | |
| Inpatient 20 Bed | Inpatient 7300 Days | Inpatient 0 Bed | Inpatient 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | |
| Inpatient 8 Bed | Inpatient 2920 Days | Inpatient 0 Bed | Inpatient 0 Days | 243 | 243 | |

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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: | 06 Bu | ilding Name: Emergence | y Addition | | | |
|------------------------|---------------------|-----------------------------------|------------|-----------------------------|---|--|
| Medical / Surgical (Ir | clude GYN) | Acute Respiratory Care | Ac | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpa Bed Day | | atient 0 Inpatient Days | 0 | |
| Perinatal (excluse No | ewborn / GYN) | Burn | Ski | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpa Bed Day | , , | atient 0 Inpatient Days | 0 | |
| Pediatric | | intensive Care Newborr Nursery | Inte | ermediate Card | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpa Bed Day | | atient 0 Inpatient d | 0 | |
| Intensive Care | | Rehabilitation Center | | Care / development abled | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpa Bed Day | | atient 0 Inpatient Days | 0 | |
| Coronary Care | | Chemical Dependency | _ | ilding Per Buildin | • | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpa Bed Day | itient 0 | 0 | 0 | |

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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: | 07 Build | ling Name: Linea | ar Accelerator Addition | | | |
|------------------------|---------------------|-------------------------------|-------------------------|---|--|--|
| Medical / Surgical (In | clude 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 Ne | wborn / GYN) | Burn | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 | 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 / develop | 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 | |