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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/Lice Year of Rep Contact 1 e-mail Ad Contact 2 e-mail Ad Contact 3 e-mail Ad | orting: 2011 Idress: |
| Name of Sub | mitter: Joseph La Brie, SE |
| 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 building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|--------------|---------------------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| 01 | Tower | 3828 Delmas Terrace | Replace | SPC5 | 01/01/2020 | 01/01/2020 |
| 02 | Pavilion | 3828 Delmas Terrace | Replace | SPC5 | 01/01/2020 | 01/01/2020 |
| 03 | Outpatient Building & Additions | 3828 Delmas Terrace | Replace | SPC5 | 01/01/2020 | 01/01/2020 |

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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: Tower | | |
| Type of Service Prov | rided | | | |
| X Nursing | Inpatient Beds | 50 Inpatient 4746 Days | Surgical | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | X 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 |
| X Obstetrical Ante/Postprtum | Inpatient Beds | 14 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | | Renal Dialysis |
| X Skilled Nursing | Inpatient Beds | 21 Inpatient Days 1900 | X Support Services | Outpatient Surgery |
| | 2000 | Total Beds this 85 Building | X Obstetrical 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: 02 Building Name: Pavilion | | | | | | |
|---|--------------------------|--|--|-----------------------------|--|--|
| Type of Service Prov | Type of Service Provided | | | | | |
| X Nursing | Inpatient Beds | 245 Inpatient 24556 Days | X Surgical | Obstetrical Recovery | | |
| X IntensiveCare | Inpatient Beds | 20 Inpatient Days 4151 | X Anesthesia | Newborn/ WellBaby | | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | X Clinical Lab | Emergency | | |
| X Psychiatric Nursing | Inpatient Beds | 70 Inpatient Days 21046 | X Radiological/ Imaging | Nuclear Medicine | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | X Pharmaceutical | X Rehabilitation Therapy | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | X Renal Dialysis | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 Total Beds this 335 | X Support Services Obstetrical Cesarean/Deliv | X Outpatient Surgery | | |
| | | Building | | 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: 03 Building Name: Outpatient Building & Additions | | | | |
|--|-------------------|--|--|---------------------------|
| Type of Service Prov | <u>vided</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 | X Radiological/ Imaging | X Nuclear Medicine |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 Total Beds this 0 Building | X Support Services Obstetrical Cesarean/Deliv | Outpatient Surgery |

Culver City

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: Tow | er | | |
|----------------------|------------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical (| Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 50 Bed | Inpatient 5261 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse N | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 14 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 21 Bed | Inpatient 1900 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 / develop Disabled | ment |
| | 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 Days | Inpatient 0 Bed | Inpatient 0 Days | 85 | 85 |

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|---|---|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | |
| Building Number: 02 B | uilding Name: Pavilion | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | |
| Inpatient 213 Inpatient 2052 Bed Days 8 | Inpatient 0 Inpatient 0 Bed Days | Inpatient 70 Inpatient 2104 Bed Days 6 | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | |
| Inpatient 10 Inpatient 2040 Bed Days | Inpatient 32 Inpatient 4028 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per Unit Service | | | |
| Inpatient 10 Inpatient 2111 Bed Days | Inpatient 0 Inpatient 0 Bed Days | 335 335 | | | |

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| Provide the number of Inpatient bed | s and patient days per type of unit per building | g per Section 130061(c)(1)(F) |
| Building Number: 03 | Building Name: Outpatient Building & A | dditions |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per Unit Service |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed 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 | Tower | |
| 02 | Pavilion | |
| 03 | Outpatient Building & Additions | |

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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: Tower | | | | | | | | | |
|--------------------------|-------------------------------|----------------|---------------------------------|---------------------------|--|--|--|--|--|--|--|
| Type of Service Provided | | | | | | | | | | | |
| | | Surgical | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | |
| X | Nursing | Anesthesia | | | | | | | | | |
| | IntensiveCare | | Obstetrical Recovery | Renal Dialysis | | | | | | | |
| | Pediatric/Adol | Clinical Lab | _ | Outpatient | | | | | | | |
| | escent | Radiological/ | X Newborn/ WellBaby | L Surgery | | | | | | | |
| | Psychiatric Nursing | | | | | | | | | | |
| | | Pharmaceutical | X Emergency | X Central Plant | | | | | | | |
| X | Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | X Support Services | | | | | | | |
| | Intermediate Care | | | | | | | | | | |
| _ | | Administration | | | | | | | | | |
| X | 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 Buildin | g Name: Pavilion | | |
|------------------|-------------------------------|----------------------------|-------------------------------|-----------------------------|
| Type of Service | e Provided | X Surgical | Obstetrical Cesarean/Deliv | X Rehabilitation Therapy |
| X | Nursing | X Anesthesia | | |
| X | IntensiveCare | | Obstetrical Recovery | X Renal Dialysis |
| | Pediatric/Adol escent | X Clinical Lab | Newborn/ | X Outpatient Surgery |
| X | Psychiatric | X Radiological/ Imaging | WellBaby | |
| | Nursing | X Pharmaceutical | Emergency | X Central Plant |
| | Obstetrical Ante/Postprtum | X Dietetic | Nuclear Medicine | X Support Services |
| | Intermediate Care | X Administration | | |
| | Skilled Nursing | | | |

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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: | Οι | utpatient Building & A | dditions | | | | | |
|---|-------------------------------|----------------|----|---------------------------|----------|-------------------------|---|-----------------------|--|--|
| Type of Service Provided Surgical Obstetrical Rehabilitation | | | | | | | | | | |
| | Nursing | | | Anesthesia | | Cesarean/Deliv | | Therapy | | |
| | IntensiveCare | | _ | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | | |
| | Pediatric/Adol escent | | < | Radiological/ | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Psychiatric Nursing | | | Imaging Pharmaceutical | | Emergency | X | Central Plant | | |
| | Obstetrical Ante/Postprtum | n E | | Dietetic | X | Nuclear Medicine | Х | Support Services | | |
| | Intermediate Care | | | Administration | | | | | | |
| | 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 Numbe | er: 01 | Building Na | me: Tower | | | | | |
|----------------|-------------------------------|---|--------------------------|---|-------------------------------|---|---------------------------|--|
| Configuration | Retrofit Non-Confo | orming building to SPC 5 and NPC 4 or NPC 5 | | | | | | |
| Type of Serv | vice Provided | | | | | | | |
| X | Nursing | | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery | |
| X | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | X | Central Plant | |
| | Intermediate | | Dietetic | | Lineigeney | | Contrain func | |
| X | Care Skilled 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 Number: | 02 | Building Na | me: Pavilion | | | | | |
|------------------|-------------------------------|---|--------------------------|--|-------------------------------|---|---------------------------|--|
| Configuration | Retrofit Non-Confo | nforming building to SPC 5 and NPC 4 or NPC 5 | | | | | | |
| Type of Servic | ce Provided | | | | | | | |
| XN | Jursing | X | Surgical | | Obstetrical Cesarean/Deliv | Х | Rehabilitation Therapy | |
| X Ir | ntensiveCare | X | Anesthesia | | Obstetrical | Х | Renal Dialysis | |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | |
| | Dbstetrical Ante/Postprtum | X | Pharmaceutical | | Emergency | X | Central Plant | |
| | ntermediate | X | Dietetic | | | | | |
| _ | Care Skilled Nursing | X | 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 Number: | 03 | Building Na | me: Outpatient Buildin | ng & Addi | tions | | |
|------------------|--|-------------|--------------------------|-----------|-------------------------------|---|---------------------------|
| Configuration | Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5 | | | | | | |
| Type of Service | Provided | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | Recovery | | |
| Ps Nu | ychiatric Irsing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant |
| L Int Ca | ermediate are | | Dietetic | X | Nuclear Medicine | X | Support |
| Sk | illed Nursing | | Administration | | | | Services |
| | | | | | | | |

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