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

Facility Number:	11887	
Facility Name:	Motion P	icture and Television Hospital
Address:	23388 M	ulholland Dr.
City:	Woodlan	d Hills
Hospital Owner/Lice	ensee:	Motion Plcture and Television Fund
Year of Rep	oorting:	2011
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Michael Spalinger
Submission	n 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
02	Administration Building	23388 Mulholland Dr.	Retrofit	SPC2	01/01/2013	01/01/2015
04	Wings J & K with Wings E, F, G, & H	23388 Mulholland Dr.	Retrofit	SPC2	01/01/2013	01/01/2015
05	Wings A, B, C, D	23388 Mulholland Dr.	Remove	N/A	01/01/2013	01/01/2015

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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	Buildi	ng Name: Administration Building		
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	X Pharmaceutical  Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	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: 04	Buildi	ng Name: Wings J & K with Wings E,	F, G, & H	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	57 Inpatient 1223 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 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 Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	79 Inpatient Days 4200	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: 05	Buildi	ng Name: Wings A, B, C, D		
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
X Skilled Nursing	Inpatient Beds	30 Inpatient Days 10840	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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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	Building Name: Adm	inistration Building		
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 l	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 / 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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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 04	Building Name:	Wings J & K with Wings E	E, F, G, & H	
Medical / Surgical (Include G)	YN) Acute Respir	atory Care	Acute Psychiatric	
Inpatient 57 Inpatient Days	1253 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse Newborn /	GYN) Burn		Skilled Nursing	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 4200 Days
Pediatric	intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care	Rehabilitatior Center	1	Int. Care / developmo Disabled	ent
Inpatient 4 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days		npatient 0 Days
Coronary Care	Chemical Dependency		<b>Building Per</b>	Total Beds this Building Per Service
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	140	140

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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:	05	Building Name: Wing	gs A, B, C, D		
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 30 Bed	Inpatient Days 1084
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 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	30	30

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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	Skilled Nursing Facility	
02	Administration Building	$\overline{\sqcap}$
04	Wings J & K with Wings E, F, G, & H	
05	Wings A, B, C, D	X
	01 02 04	Number  Name  Skilled Nursing Facility  Administration Building  Wings J & K with Wings E, F, G, & H

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	of inpaient beds and vices per Section 130		type of service for the year of	2008, 2009 and 2010 for build	lings to be removed
Building 05 Number:	Building Name:	Wings A, E	3, C, D	Year of Information:	2011
T (0 )				Information Current As Of:	
Type of Services Provided	<u>S</u>	,	•		
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCar	re Inpatient Beds	0	Anesthesia		
Pediatric/Add	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient rum Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	Support Services
X Skilled Nursi	Beds Total Beds this	30	Administration		
	Building				

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Name: Wings A, B, C, D  Will general acutr care services and beds will be relocated to a new or retrofittrd building?  Skilled Nursing N/A	
Building Name: Wings A, B, C, D  Will general acutr care services and beds will be relocated to a new or retrofittrd building?  Dietetic N/A	
Building Name: Wings A, B, C, D  Will general acutr care services and beds will be relocated to a new or retrofittrd building?  Skilled Nursing N/A	

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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:	Administration Building					
Type of Service	e Provided		7				B. I. 1995 45	
_			Surgical	Ш	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy	
	Nursing		Anesthesia			_		
	IntensiveCare	·	_		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	,   L	Clinical Lab				Outpatient	
	escent		Radiological/	Ш	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Imaging  Pharmaceutical		Emergency		Central Plant	
	Obstetrical	<u> </u>	Pharmaceutical		Linergency	X	Central Plant	
Ш	Ante/Postprtu	m _	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	×	Administration					
	Skilled Nursin		Administration					

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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:	04	Building Name:	W	ings J & K with Wings	E, F, C	S, & H			
Type of Service Provided									
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing			Anesthesia					
X	IntensiveCare	)				Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Ado	,   [		Clinical Lab				Outpatient	
	escent			Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		$\neg$	Pharmaceutical		Emergency		Central Plant	
	Obstetrical					Nooloon		Commont	
	Ante/Postprtu	m [		Dietetic	Ш	Nuclear Medicine	Ш	Support Services	
П	Intermediate								
	Care			Administration					
X	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 Buildir	ng Name: Wings A, B, C, D		
Type of Service	e Provided	_		
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	Anesthesia		
	IntensiveCare	7	Obstetrical Recovery	Renal Dialysis
_	Pediatric/Adol	Clinical Lab		Outpatient
	escent	Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing	Imaging		
	Nursing	Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	Support Services
	Latara a Pata			
	Intermediate Care	Administration		
X	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:	umber: 01 Building Name: Skilled Nursing Facility								
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Service	ce Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
l I	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ntermediate		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:	Building Number: 02 Building Name: Administration Building								
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030				
Type of Servi	ce Provided								
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
I I	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant		
	ntermediate		Dietetic				25.mar ran		
	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	mber: 04 Building Name: Wings J & K with Wings E, F, G, & H								
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	3 and rem	ove from service by 2030				
Type of Servi	ice Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	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		Emergency		Central Plant		
	Care		Administration		Nuclear Medicine		Support Services		
X	Skilled Nursing		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 Numb	er: 05	Building Na	me: Wings A, B, C, D		
Configuratior :	N/A				
Type of Ser	vice 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	X	Dietetic		
X	Care Skilled Nursing		Administration	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)

Build											
Тур	Type of Service Provided										
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
	IntensiveCare	Inpatient Beds	0	X	Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
X	Skilled Nursing	Inpatient Beds	80		Administration						
	Total Beds this Building		80								

Report Status: **Data Last Update**: 01/20/2012 **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:	1 Build	ing Name: Skille	ed Nursing Facility			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 80 Bed	Inpatient 13858 Days	
Pediatric		intensive Care New 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	80	80	