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

Facility Number:	11722		
Facility Name:	Hollywoo	d Presbyterian Medical Center]
Address:	1300 N. \	/ermont Ave.]
City:	Los Ange	les	
Hospital Owner/Lice	ensee:	Cha Hollywood Presbyterian Medical Center, LP	
Year of Rep	orting:	2012	
Contact 1 e-mail Ad	ldress:		
Contact 2 e-mail Ad	ldress:		
Contact 3 e-mail Add	dress::		
Name of Sub	mitter:	Hollywood Presbyterian Medical Center	
Submission	Date:	1/9/2013 11:19:55 AM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, 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
BLD- 01977	North Wing	1300 N. Vermont Ave.	Replace	SPC2	01/01/2020	01/01/2020
BLD- 01978	South Wing	1300 N. Vermont Ave.	Retrofit	SPC2	01/01/2015	01/01/2015
BLD- 01979	D & T Tower	1300 N. Vermont Ave.	Retrofit	SPC2	01/01/2015	01/01/2015
BLD- 01981	Kitchen Addition	1300 N. Vermont Ave.	Replace	SPC3	01/01/2020	01/01/2020

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For each building which is planned for rebuild, retrofit 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: BLD-01978 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 0	6/30/2010 4/17/2012 OPEN No 12:00:00 12:00:00 AM AM
Building No: BLD-01979 D & T Tower	Retrofit/Replacement Hazus-Submitted Project:
Building No: BLD-01979 D & T Tower Facility Project Sub Scope Number 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: BL	D-01977	Building Name:	North Wing	
Type of Service Prov	<u>ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical Obstetr	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia Newbor	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab X Emerge	∍ncy
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Nuclear Medicin	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical X Dietetic Rehabil Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Renal D	·
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Outpatie Services Surgery Obstetrical	
		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: BL	D-01978	Building Name: Sc	outh Wing	
Type of Service Prov	<u>ided</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	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 66	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: BL	D-01979	Building Name:	& T Tower	
Type of Service Prov	<u>ided</u>			
X Nursing	Inpatient Beds	28 Inpatient 10220 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	8 Inpatient Days 2920	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	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/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building 36	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: BL	.D-01981	Building 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	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Building Number:	BLD-01977 B	uilding Name:	North Wing		
Medical / Surgical (I	nclude GYN)	Acute Respira	atory Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	Inpatient 0 Days	Inpatient Bed	0 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 Bed	0 Inpatient 0 Days	0	0

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Building Number:	BLD-01978	Building Name:	South Wing		
Medical / Surgical	(Include GYN)	Acute Respirate	ory 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 I 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 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:	BLD-01979	Building Name: D &	T Tower		
Medical / Surgical ((Include GYN)	Acute Respiratory	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 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	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:	BLD-01981	Building Name: Kitch	nen Addition		
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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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01977	North Wing	Replace
BLD-01978	South Wing	Retrofit
BLD-01979	D & T Tower	Retrofit
BLD-01980	Patient Tower	Remain
BLD-01981	Kitchen Addition	Replace
BLD-01982	Emergency Addition	Remain
BLD-01983	Linear Accelerator Addition	Remain

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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 whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

Building Number: Will general acutr care services and beds w	ill be relocated to a new, Existing or retrofi	ittrd building?
Dietetic Relocated to other	puilding	
New Building	RetroFitted Building	Other SPC2-SPC5 Building
		BLD-01980-Patient Tower
Building BLD-01977 Building Number:	ame: North Wing	
Will general acutr care services and beds w	ill be relocated to a new, Existing or retrofi	ittrd building?
Emergency Relocated to retrofit	ted building	
New Building	RetroFitted Building	Other SPC2-SPC5 Building
BLD-01979-	O & T Tower	
Building Number:	ame: Kitchen Addition	
Will general acutr care services and beds w	ill be relocated to a new, Existing or retrofi	ittrd building?
Dietetic Relocated to other	puilding	
New Building	RetroFitted Building	Other SPC2-SPC5 Building
		BLD-01980-Patient Tower

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Building Number: Will general acutr care services and beds will be r	Emergency Addition elocated to a new, Existing or retrofittrd	building?					
Emergency Relocated to new building							
New Building RetroFitted Building Other SPC2-SPC5 Building							
Building Name: Number: Will general acutr care services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services and beds will be represented by the services are services as the services are services.	Linear Accelerator Addition elocated to a new, Existing or retrofittrd	building?					

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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:	BLD-01977 Buildin	ng Name: North Wing		
Type of Servic	e Provided			
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	Anesthesia		
	IntensiveCare		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	Clinical Lab		Outpatient
	escent	Radiological/	Newborn/ WellBaby	☐ Surgery
	Psychiatric Nursing	Imaging	Emorgonov	Construct Bloom
	Obstation	Pharmaceutical	X Emergency	Central Plant
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	Support Services
	Intermediate	_		
	Care	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:	BLD-01978	Building Name:	South Wing			
Type of Service	e Provided					
			X Surgical	Obstetrical Cesarean/Deliv	Reha Thera	abilitation apy
X	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery	Rena	al Dialysis
П	Pediatric/Adol escent		Clinical Lab			atient
		Σ	X Radiological/	Newborn/ WellBaby	∟ Surg	ery
Ш	Psychiatric Nursing		Pharmaceutic	cal Emergency	Cent	ral Plant
	Obstetrical Ante/Postprtur	n _	_	Nuclear Medicine	X Supp Servi	oort
			Dietetic	iviedicine	Servi	Ces
	Intermediate Care		Administration	n		
П	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:	BLD-01979 Building	g Name: D & T Tower		
Type of Service	e Provided			
		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	Nursing	Anesthesia		
X	IntensiveCare		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	X Clinical Lab		X Outpatient Surgery
		Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing	Pharmaceutical	Emergency	X Central Plant
	Obstetrical Ante/Postprtum		X Nuclear	Support
	, and, r odepitalii	Dietetic	Medicine Medicine	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:	BLD-01981 Build	ling Name:	Kitchen Addition				
Type of Service	e Provided						
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare		-	Obstetrical Recovery		Renal Dialysis	
_	Pediatric/Adol		Clinical Lab	_		Outpatient	
	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery	
	Psychiatric Nursing		Imaging	- Emergency		Ocatas I Plant	
	Object of the land		Pharmaceutical	Emergency	Ш	Central Plant	
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine		Support Services	
	Intermediate		1				
	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	r: BLD-01977	Building Na	Building Name: North Wing							
Configuration:	Replace with exist	ing SPC3, S	PC4 or SPC5 and N	PC4 or NPC	5 building.					
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							
	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	er: BLD-01978	Building Name: South Wing							
Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.									
Type of Serv	vice Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		Dietetic	_			os.ida Fidit		
	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	ng Number: BLD-01979 Building Name: D & T Tower							
Configuration:	Replace with exist	ing SPC3, S	PC4 or SPC5 and NF	PC4 or NPC	5 building.			
Type of Servi	ce Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate		Dietetic				2 2 3	
	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 Numbe	r: BLD-01980	Building Na	me: Patient Towe	r			
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5						
Type of Serv	rice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
X	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
X	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:	Building Number: BLD-01981 Building Name: Kitchen Addition							
Configuration:	Replace with exist	ing SPC3, S	g SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.					
Type of Service	e Provided							
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	'ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant	
	ntermediate Care	X	Dietetic		Nuclear Medicine		Cunnart	
	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: BLD-01982 Building Name: Emergency Addition									
Configuration:	Replace with exist	ing SPC3, S	ng SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.						
Type of Service	ce Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
I	ntensiveCare		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		
	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: BLD-01983 Building Name: Linear Accelerator Addition									
Configuration:	Remove from GAC	Service by	service by 1/1/2020						
Type of Serv	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 Care		Dietetic						
	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)

Building Number	suilding Number: BLD-01980 Building Name: Patient Tower							
Type of Service Provided								
X Nursing	Inpatient Beds	155		Surgical	X Obstetrical Cesarean/D	Rehabilitation Deliv Therapy		
X IntensiveC	Care Inpatient Beds	43		Anesthesia				
Pediatric/A escent	Adol Inpatient Beds	11	X	Clinical Lab	X Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	c Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrica X Ante/Post	•	34	X	Pharmaceutical	Emergency	Central Plant		
Intermedia Care	ate Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services		
Skilled Nu	irsing Inpatient Beds	0		Administration				
Total Beds Building	s this	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)

Building Number: BLD-01982 Building Name: Emergency Addition								
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)

Building Number: BLD-01983 Building Name: Linear Accelerator Addition								
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:** 10/29/2012 **Submission Date:** 01/09/2013 **Print Date:** 1/10/2013 6:25 AM

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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:	BLD-01980 Build	ing Name: Patie	ent Tower			
Medical / Surgical (I	nclude 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 Newborn / GYN)		Burn		Skilled Nursing		
Inpatient 34 Bed	Inpatient 12410 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	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 / develop	ment	
Inpatient 20 Bed	Inpatient 7300 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 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:	BLD-01982	Building Name: Emer	rgency Addition			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	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:	BLD-01983 Build	ing Name: Linear Accel	lerator Addition		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days		Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days		Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days		Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed 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 Days	ent 0	0	0

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