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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	ensee: Brotman Medical Center Inc.
Year of Rep	orting: 2012
Contact 1 e-mail Ad	Idress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Drew Dickey
Submission	Date: 10/27/2012 10:10:58 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- 00355	Tower	3828 Delmas Terrace	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 00356	Pavilion	3828 Delmas Terrace	Retrofit	SPC2	01/01/2020	01/01/2020
BLD- 00357	Outpatient Building & Additions	3828 Delmas Terrace	Retrofit	SPC2	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: BLD	0-00355	Building Name:	Tower		
Type of Service Provide	<u>ded</u>				
	Inpatient 50 Beds	Inpatient 5166 Days		Surgical	Obstetrical Recovery
	Inpatient 0 Beds	Inpatient Days 0		Anesthesia	X Newborn/ WellBaby
	Inpatient 0 Beds	Inpatient Days 0		Clinical Lab	X Emergency
	Inpatient 0 Beds	Inpatient Days 0		Radiological/ Imaging	Nuclear Medicine
170	Inpatient 14 Beds	Inpatient Days 0		Pharmaceutical Dietetic	Rehabilitation Therapy
	Inpatient 0 Beds	Inpatient Days 0		Administration Support	Renal Dialysis Outpatient
	Inpatient 21 Beds	Inpatient Days 0		Services	Surgery
	Total I Buildir	Beds this 85		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-00356	Building Name:	Pavilion	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	245 Inpatient 26306 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	20 Inpatient Days 5025	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 23222	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building 335	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-00357	Building Name:	Outpatient Building & Additions	
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	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	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 Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	BLD-00355	Building Name:	Tower			
Medical / Surgical (Include GYN)	Acute Respira	tory Care	Acute Psychiatric		
Inpatient 50 Bed	Inpatient 5166 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 14 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 21 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nursery	Newborn	Intermediate Card		
Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 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 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:	BLD-00356	Building Name: Pavi	lion		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 213 Bed	Inpatient 2201 Days 4	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 70 Bed	Inpatient 2322 Days 2
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	ment
Inpatient 10 Bed	Inpatient 2538 Days	Inpatient 32 Bed	Inpatient 4292 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 10 Bed	Inpatient 2487 Days	Inpatient 0 Bed	Inpatient 0 Days	335	335

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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:	BLD-00357	Building Name:	Outpatient Building & Additions		
Medical / Surgical	(Include GYN)	Acute Respira	atory 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 Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 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 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 / Replaced / Rebuilt
BLD-00355	Tower	Retrofit
BLD-00356	Pavilion	Retrofit
BLD-00357	Outpatient Building & Additions	Retrofit

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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-00355 Building	g Name: Tower						
Type of Service Provided Surgical X Obstetrical Rehabilitation								
X	Nursing	Anesthesia	Cesarean/Deliv		Therapy			
	IntensiveCare	Allestilesia	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent	Clinical Lab	X Newborn/		Outpatient Surgery			
	Psychiatric	Radiological/ Imaging	WellBaby					
_	Nursing	Pharmaceutica	al X Emergency	X	Central Plant			
X	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X	Support Services			
	Intermediate Care	Administration						
X	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-00356 Buildin	g Name: Pavilion						
Type of Service Provided								
		X Surgical	Obstetrical Cesarean/Deli	X Rehabilitation Therapy				
X	Nursing	X Anesthes	ia					
X	IntensiveCare		Obstetrical Recovery	X Renal Dialysis				
	Pediatric/Adol	X Clinical L	ab	X Outpatient Surgery				
	escent	X Radiolog	ical/ Newborn/ WellBaby	Surgery				
X	Psychiatric Nursing	Imaging	eutical Emergency	Control Plant				
	Obstetrical	X Pharmac	eutical Emergency	X Central Plant				
	Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Services				
	Intermediate							
Ш	Care	X Administ	ration					
	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-00357	Building Name:	Outpatient Building &	Additions		
Type of Service	e Provided	. –	_	_		
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	, _	¬	Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent	' <u>-</u>	Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric	<u> </u>	Radiological/ Imaging	WellBaby		
	Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	m _	7	X Nuclear Medicine	Х	Support Services
			Dietetic	MEDICINE		OCI VILES
	Intermediate Care		Administration			
П	Skilled Nursin	g	_			

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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-00355		Building Na	me: Tower				
Configuration:	N/A						
Type of Service Provided							
X Nu	ırsing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	ermediate		Dietetic		Linergency		Somari an
Ca X Sk	are 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 Numb	er: BLD-00356	Building Na	me: Pavilion				
Configuration	i: N/A						
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical	Х	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
X	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate	X	Dietetic	_	Emergency		Contrar Figure
	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 Numbe	er: BLD-00357	Building Na	me: Outpatient Buil	ding & Addi	tions		
Configuration:	N/A						
Type of Serv	vice Provided						
	Nursing		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	X	Central Plant
	Intermediate Care		Dietetic	X	Nuclear Medicine		Cupport
	Skilled Nursing		Administration		Nucleal Medicine	X	Support Services

Report Status: **Data Last Update:** 10/27/2012 **Submission Date:** 10/27/2012 **Print Date:** 11/5/2012 1:26 PM

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