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

Facility Number:	11887	
Facility Name:	Motion Pic	ture and Television Hospital
Address:	23388 Mul	holland Dr.
City:	Woodland	Hills
Hospital Owner/Lic	ensee:	Motion PIcture and Television Fund
Year of Rep	porting:	2012
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:	1/11/2013 4:06:25 PM

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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- 00380	Administration Building	23388 Mulholland Dr.	Replace	SPC2	01/01/2018	03/31/2017
BLD- 00382	Wings A, B, C, D	23388 Mulholland Dr.	Replace	SPC2	01/01/2020	09/30/2019
BLD- 02740	Wings J & K with Wings E, F, G, & H	23388 Mulholland Dr.	Retrofit	SPC2	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-02740	Wings J & K with Wings E, F, G, & H	Retrofit/Replacement Yes-Submitted Project:
Facility <u>Number</u>	Project Sub Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11887	P-2012- 00274	Remodel for Psychiatric Unit and VSI at wing K	2/9/2012 1/10/2013 11/01/2012 05/01/2013 PEND No 12:00:00 12:00:00 AM AM

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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-00380	Building 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: BL	.D-00382	Building Name:	Wings A, B, C, D	
Type of Service Prov	<u>ided</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 10950	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: BL	.D-02740	Building Name:	Wings J & K with Wings E, F,	G, & H
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient 5	7 Inpatient 957 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient (	Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Geds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient 79	9 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
	Total Build	Beds this 140		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-00380 <b>Bu</b>	ilding Name:	Administration Building		
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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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	BLD-00382 B	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 I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 30 Bed	Inpatient 1095 Days 0
Pediatric		intensive Care Nev 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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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	BLD-02740	Building Name:	Wings J & K with Wings E	F, F, G, & H	
Medical / Surgical (	Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 57 Bed	Inpatient 957 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 79 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developi Disabled	ment
	Inpatient 0 Days	Inpatient (	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 (	Inpatient 0 Days	140	140

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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-00379	Skilled Nursing Facility	Remain
BLD-00380	Administration Building	Replace
BLD-00382	Wings A, B, C, D	Replace
BLD-02740	Wings J & K with Wings E, F, G, & H	Retrofit

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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 will be relocated to a new, Existing or retrofittrd building?  Pharmaceutical Relocated to other building
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Administration  Relocated to other building
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  Support Services  Relocated to other building
Building Number:  Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?  CentralPlant  Relocated to other building

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Building Number:		ling Name:	Wings A, B, C, D		]	
Will general acut	tr care services and be	eds will be re	elocated to a new, Existing or retrofittro	l building? —		
Skilled Nursing	N/A					
Building Number:	BLD-00382 Build	ling Name:	Wings A, B, C, D		]	
Will general acut	tr care services and be	eds will be re	elocated to a new, Existing or retrofittro	l building?		
Dietetic	N/A					
Building Number:	BLD-00382 Build	ling Name:	Wings A, B, C, D		]	
Will general acut	tr care services and be	eds will be re	elocated to a new, Existing or retrofittro	l 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:	BLD-00380	Building Name:	Administration Building			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Ιг	Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging			
		<u> </u>	Y Pharmaceutical	Emergency	Х	Central Plant
	Obstetrical Ante/Postprtu	m	Dietetic	Nuclear Medicine	X	Support Services
П	Intermediate					
_	Care	X	X Administration			
	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:	BLD-00382	Building Name:	Wings A, B, C, D							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab	□ N. t/		Outpatient Surgery				
			Radiological/ Imaging	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		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-02740 Buildin	Name: Wings J & K with Wings E, F, G, & H
Type of Service	e Provided	_
		Surgical Obstetrical Rehabilitation Cesarean/Deliv Therapy
X	Nursing	Anesthesia
X	IntensiveCare	Obstetrical Renal Dialysis Recovery
П	Pediatric/Adol escent	Clinical Lab  Newborn/ Outpatient Surgery
_		Radiological/ WellBaby Imaging
Ш	Psychiatric Nursing	Pharmaceutical Emergency Central Plant
	Obstetrical Ante/Postprtum	Nuclear Support Services
	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: BLD-00379 Building Name: Skilled Nursing Facility							
Configuration:	N/A						
Type of Servic	e Provided						_
N	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic	_	Line.goney	<u></u>	Communication Co
	are killed 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-00380 Building Name: Administration Building							
Configuration:	N/A						
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing	X	Administration		Nucleal 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:	BLD-00382	Building Name: Wings A, B, C, D					
Configuration:	N/A						
Type of Servic	e Provided						_
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	itermediate are	X	Dietetic				
	are killed Nursing		Administration	Ш	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 Numb	er: BLD-02740	Building Na	me: Wings J & K w	ith Wings E,	F, G, & H		
Configuration: N/A							
Type of Ser	rvice 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	_	Line/geney		OSHITATI TAIR
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)

Buildi	ng Number: BLI	D-00379	Building I	Name: Sk	illed Nursing Facility				
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:** 01/11/2013 **Submission Date:** 01/11/2013 **Print Date:** 1/12/2013 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-00379	Building Na	me: Skill	ed Nursing I	Facility			
Medical / Surgical (	Include GYN)	Acu	Acute Respiratory Care			Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	ient 0	Inpatient Days	0	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse N	lewborn / GYN)	Burr	1			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	ient 0	Inpatient Days	0	Inpatient 80 Bed	Inpatient 12106 Days	
Pediatric		inter Nurs	nsive Care Ne	wborn		Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	ient 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Reha Cent	abilitation er			Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	ient 0	Inpatient Days	0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care			nical endency			Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpa Bed	ient 0	Inpatient Days	0	80	80	

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