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

| Facility Number: | 11417 |
|----------------------|-------------------------------------|
| Facility Name: | Barlow Respiratory Hospital |
| Address: | 2000 Stadium Way |
| City: | Los Angeles |
| Hospital Owner/Lice | ensee: Barlow Respiratory Hospital |
| Year of Rep | orting: 2013 |
| Contact 1 e-mail Ad | ldress: |
| Contact 2 e-mail Ad | ldress: |
| Contact 3 e-mail Add | dress:: |
| Name of Sub | mitter: Barlow Respiratory Hospital |
| Submission | Date: 12/13/2013 12:20:22 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- 00731 | Dining/Kitchen Building & Additions (1902) | 2000 Stadium Way | Rebuild | SPC5 | 01/01/2017 | 01/01/2017 |
| BLD- 00732 | 1927 Addition (Original Building) | 2000 Stadium Way | Rebuild | SPC5 | 01/01/2017 | 01/01/2017 |
| BLD- 00733 | 1974 Addition "A" | 2000 Stadium Way | Rebuild | SPC5 | 01/01/2017 | 01/01/2017 |
| BLD- 02707 | 1974 Addition "B" | 2000 Stadium Way | Rebuild | SPC5 | 01/01/2017 | 01/01/2017 |
| BLD- 02708 | 1974 Addition "C" | 2000 Stadium Way | Rebuild | SPC5 | 01/01/2017 | 01/01/2017 |

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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-00731 Dining/Kitchen Building & Additions (1 | 902) Retrofit/Replacement Yes-Submitted Project: |
|---|--|
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11417 IL082954-0 0 SB 1661: NEW REPLACEMENT HOSPITAL | 12/30/2008 11/01/2011 12/31/2014 ACTI No 12:00:00 AM |
| Building No: BLD-00732 1927 Addition (Original Building) | Retrofit/Replacement Yes-Submitted Project: |
| Facility Project Sub Scope Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11417 IL082954-0 0 SB 1661: NEW REPLACEMENT HOSPITAL | 12/30/2008 11/01/2011 ACTI No 12:00:00 AM |
| Building No: BLD-00733 1974 Addition "A" | Retrofit/Replacement Yes-Submitted Project: |
| Facility Project Sub Scope Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 11417 IL082954-0 0 SB 1661: NEW REPLACEMENT HOSPITAL | 12/30/2008 11/01/2011 ACTI No 12:00:00 AM |

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|--|--|-------------------------------|
| Building No: BLD-02707 1974 Addition "B" | Retrofit/Replacement Yes-S Project: | Submitted |
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed in Date Date Date | Status CEQA Review |
| 11417 IL082954-0 0 SB 1661: NEW REPLACEMENT HOSPITAL | 12/30/2008 11/01/2011 12:00:00 | ACTI No |
| | АМ | |
| Building No: BLD-02708 1974 Addition "C" | AM | Submitted |
| Building No: BLD-02708 1974 Addition "C" Facility Project Sub Scope Number Number Num | AM Retrofit/Replacement Yes-S | Submitted Status CEQA Review |

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: BL | _D-00731 | Building Name: | Dining/Kitchen Building & Additi | ions (1902) | | | | | |
|----------------------------|--------------------------|--------------------------|----------------------------------|------------------------|--|--|--|--|--|
| Type of Service Prov | Type of Service Provided | | | | | | | | |
| 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 | X Support Services | Outpatient Surgery | | | | | |
| | | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant | | | | | |

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: BL | .D-00732 | Building Nar | ne: | 927 Addition (Original Building) | |
|----------------------------|-------------------|--------------------------|-------|----------------------------------|---------------------------|
| Type of Service Prov | <u>rided</u> | | | | |
| X Nursing | Inpatient Beds | 43 Inpatient Days | 10764 | 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 | 43 | Cesarean/Deliv | Central Plant |

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: BLD-00733 | Building Name: | 1974 Addition "A" | |
|---|----------------------------|---------------------------------|---------------------------|
| Type of Service Provided | | | |
| Nursing Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery |
| X IntensiveCare Inpatient Beds | 6 Inpatient Days 1158 | Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol Inpatient escent Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency |
| Psychiatric Inpatient Nursing Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Inpatient Days 0 | X Pharmaceutical Dietetic | Rehabilitation Therapy |
| Intermediate Inpatient Care 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 6 | Cesarean/Deliv | Central Plant |

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: BLD-(| 02707 | Building Name: | 1974 Addi | tion "B" | |
|-------------------------|---------------------|--------------------|-----------|------------------------------------|---------------------------|
| Type of Service Provide | <u>ed</u> | | | | _ |
| | npatient 0 eds | Inpatient 0 Days | | Surgical | Obstetrical Recovery |
| | npatient 0 eds | Inpatient Days 0 | | Anesthesia | Newborn/ WellBaby |
| | npatient 0 eds | Inpatient Days 0 | | Clinical Lab | Emergency |
| | npatient 0 eds | Inpatient Days 0 | | Radiological/ Imaging | Nuclear Medicine |
| 1 1 | npatient 0 eds | Inpatient Days 0 | | Pharmaceutical Dietetic | Rehabilitation Therapy |
| | npatient 0 eds | Inpatient Days 0 | | Administration | Renal Dialysis |
| | npatient 0 eds | Inpatient Days 0 | | Support Services Obstetrical | Outpatient Surgery |
| | Total B Building | seds this 0 | | Cesarean/Deliv | Central Plant |

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|--------------|------|-------|--|-----------------------------|--|-------------|--------------|
|--------------|------|-------|--|-----------------------------|--|-------------|--------------|

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: BLD-0 | 02708 | Building Name: | 1974 Additi | on "C" | |
|-------------------------|---------------------|--------------------|-------------|------------------------------------|------------------------|
| Type of Service Provide | <u>ed</u> | | | | _ |
| | patient 0 eds | Inpatient 0 Days | | Surgical | Obstetrical Recovery |
| | patient 0 eds | Inpatient Days 0 | A | nesthesia | Newborn/ WellBaby |
| | npatient 0 eds | Inpatient Days 0 | | Clinical Lab | Emergency |
| | npatient 0 eds | Inpatient Days 0 | | Radiological/ maging | Nuclear Medicine |
| | npatient 0 eds | Inpatient Days 0 | | harmaceutical | Rehabilitation Therapy |
| | npatient 0 eds | Inpatient Days 0 | | dministration | Renal Dialysis |
| | npatient 0 eds | Inpatient Days 0 | | Support Services Obstetrical | Outpatient Surgery |
| | Total B Building | seds this 0 | <u> </u> | Cesarean/Deliv | Central Plant |

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| Building Number: BLD | -00731 Buildir | ng Name: Dini | ng/Kitchen Building & Additi | ons (1902) | |
|--------------------------------|----------------|-------------------------------|------------------------------|---|--|
| Medical / Surgical (Includ | de GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Inpat Bed Days | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Newbo | orn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Inpat Bed Days | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care New Nursery | wborn | Intermediate Card | |
| Inpatient 0 Inpati Bed Days | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developn Disabled | nent |
| Inpatient 0 Inpati Bed 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 Inpati Bed Days | | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 |

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| Building Number: | BLD-00732 | Building Name: | 927 Addition (Original Build | ding) | |
|----------------------|--------------------------|-----------------------------|------------------------------|---|--|
| Medical / Surgical (| (Include GYN) | Acute Respirato | ory Care | Acute Psychiatric | |
| Inpatient 43 Bed | Inpatient 1076 Days 4 | 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 N 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 / developr 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 | 43 | 43 |

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| Building Number: BLD-00733 | Building Name: | 1974 Addition "A" | |] |
|---------------------------------|-------------------------|-----------------------|----------------------------------|--|
| Medical / Surgical (Include GYN | l) Acute Respi | ratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 6 Inpatient 1158 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse Newborn / G | YN) Burn | | Skilled Nursing | |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | intensive Ca Nursery | re Newborn | Intermediate Card | |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Intensive Care | Rehabilitatio Center | n | Int. Care / developm Disabled | ent |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Coronary Care | Chemical Dependency | | Building Per | Total Beds this Building Per Service |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | 6 | 6 |

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| Building Number: | BLD-02707 | Building Name: 1974 | 4 Addition "B" | | |
|-------------------------|---------------------|-------------------------------|---------------------|---|--|
| 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 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 / 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 | 0 | 0 |

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| Building Number: | BLD-02708 | Building Name: | 1974 Addition "C" | | |
|----------------------|---------------------|---------------------------|--------------------|---|--|
| Medical / Surgical (| Include GYN) | Acute Respira | tory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse I | 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 | 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 / develop Disabled | ment |
| 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 | 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-00730 | Outpatient Clinic & Lab Addition | Rebuild |
| BLD-00731 | Dining/Kitchen Building & Additions (1902) | Rebuild |
| BLD-00732 | 1927 Addition (Original Building) | Rebuild |
| BLD-00733 | 1974 Addition "A" | Rebuild |
| BLD-02707 | 1974 Addition "B" | Rebuild |
| BLD-02708 | 1974 Addition "C" | Rebuild |
| BLD-03010 | Outpatient Clinic & Lab Addition | Rebuild |

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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 | Barlow Replacement Hospital | |

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|------------------------------------|--------------------------------------|---------------------|--------------------------|----------------------------|---------------|--------------------------|
| rror: Subreport could not | be shown. | | | | | |
| | | | | | | |
| Report any gener SPC-1 per Section | ral acute care hos n 130061(c)(4) | spital inpatient se | ervice that is provided | in any genaral acute care | hospital buil | ding that is rated |
| Building Number: | BLD-00731 | Building Name: | Dining/Kitchen Building | g & Additions (1902) | | |
| Type of Service | e Provided | | | | | |
| | | | Surgical | Obstetrical Cesarean/Deliv | | lehabilitation herapy |
| | Nursing | | Anesthesia | | | |
| | IntensiveCare | | 7 | Obstetrical Recovery | | tenal Dialysis |
| | Pediatric/Adol escent | | _ Clinical Lab | Newborn/ | | Outpatient Gurgery |
| | Psychiatric | | Radiological/ Imaging | WellBaby | | |
| | Nursing | | Pharmaceutical | Emergency | | Central Plant |
| | Obstetrical Ante/Postprtum | m X | Dietetic | Nuclear Medicine | | support ervices |
| | Intermediate Care | | Administration | | | |
| | Skilled Nursing | 9 | | | | |

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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-00732 | Building Name: | 1927 Addition (Origina | al Building) | | | |
|------------------|-------------------------------|----------------|-------------------------|----------------------|---|-----------------------|--|
| Type of Service | e Provided | ı | Surgical | Obstetrical | | Rehabilitation | |
| X | Nursing | | | Cesarean/Deliv | | Therapy | |
| | IntensiveCare | | Anesthesia | Obstetrical Recovery | | Renal Dialysis | |
| | Pediatric/Adol escent | L | Clinical Lab | Newborn/ WellBaby | | Outpatient Surgery | |
| | Psychiatric Nursing | | Imaging Pharmaceutical | Emergency | | Central Plant | |
| | Obstetrical Ante/Postprtum | | Dietetic | Nuclear Medicine | X | 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-00733 Buildin | g Name: 1974 Addition "A" | | | | | | |
|--------------------------|-------------------------------|---------------------------|----------------------------|-----------------|-------------------|--|--|--|
| Type of Service Provided | | | | | | | | |
| | | Surgical | Obstetrical Cesarean/Deliv | Rehal Thera | bilitation apy | | | |
| | Nursing | Anesthesia | | | | | | |
| X | IntensiveCare | | Obstetrical Recovery | Renal | l Dialysis | | | |
| | Pediatric/Adol escent | Clinical Lab | Newborn/ | Outpa Surge | | | | |
| _ | | Radiological/ Imaging | WellBaby | Guige | <i>,</i> ,, | | | |
| | Psychiatric Nursing | X Pharmaceutical | Emergency | Centr | al Plant | | | |
| | Obstetrical Ante/Postprtum | | Nuclear | X Suppo | ort | | | |
| | | Dietetic | Medicine | Service Service | ces | | | |
| | Intermediate Care | Administration | | | | | | |
| | | Auministration | | | | | | |
| | 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: | BLD-02707 | Building Name: | 1974 Addition "B" | | | | |
|------------------|------------------------------|----------------|--------------------------|----------------------------|---------|---------------------------|--|
| Type of Service | e Provided | | 7 | | | Debebilitetien | |
| | Nursing | | Surgical | Obstetrical Cesarean/Deliv | Ш | Rehabilitation Therapy | |
| | Nursing | | Anesthesia | | | Renal Dialysis | |
| | IntensiveCare | , | 7 | Obstetrical Recovery | | Keliai Diaiysis | |
| | Pediatric/Ado escent | · | _ Clinical Lab | Newborn/ | | Outpatient Surgery | |
| | Psychiatric | | Radiological/ Imaging | WellBaby | | | |
| | Nursing | | Pharmaceutical | Emergency | | Central Plant | |
| | Obstetrical Ante/Postprtu | m _ | _ | Nuclear | X | Support | |
| | | | Dietetic | Medicine | <u></u> | Services | |
| | Intermediate Care | | Administration | | | | |
| | Skilled Nursin | ng | | | | | |

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|---------------------------------|-----------------------------|---|
| 4 | Barlow Respiratory Hospital | Barlow Respiratory Hospital Los Angeles |

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-02708 | Building Name: | 1974 Addition "C" | | | |
|------------------|------------------------------|----------------|--------------------------|-------------------------------|---|---------------------------|
| Type of Servic | e Provided | | _ | _ | _ | |
| | | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | Nursing | | Anesthesia | | | Devel District |
| | IntensiveCare | ; | ¬ | Obstetrical Recovery | Ш | Renal Dialysis |
| | Pediatric/Adol escent | , <u> </u> | Clinical Lab | Newborn/ | | Outpatient Surgery |
| П | Psychiatric | | Radiological/ Imaging | WellBaby | | |
| Ь | Nursing | | Pharmaceutical | Emergency | | Central Plant |
| | Obstetrical Ante/Postprtu | m _ | ¬ | Nuclear Medicine | Х | Support Services |
| _ | | | Dietetic | Woodonio | | Convious |
| | Intermediate Care | | Administration | | | |
| | 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-00730 | Building Na | me: Outpatient Cli | nic & Lab Ad | dition | | |
|-----------------|-------------------------------|-------------|--------------------------|--------------|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | | |
| Type of Servi | ice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | Intermediate | | Dietetic | | | | 22 |
| | 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: BLD-00731 Building Name: Dining/Kitchen Building & Additions (1902) | | | | | | | | | |
|--|-------------------------------|---|--------------------------|---|-------------------------------|-----|---------------------------|--|--|
| Configuration: | N/A | | | | | | | | |
| Type of Servi | ce 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 | П | Central Plant | | |
| | Intermediate | X | Dietetic | | | | | | |
| | 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: BLD-00732 Building Name: 1927 Addition (Original Building) | | | | | | | | | |
|---|-------------------------------|---|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Configuration | : N/A | | | | | | | | |
| Type of Serv | vice Provided | | | | | | | | |
| X | 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 | | Central Plant | | |
| | Intermediate | | Dietetic | | | | | | |
| | 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 Numbe | er: BLD-00733 | Building Na | me: 1974 Addition | "A" | | | |
|----------------|-------------------------------|-------------|--------------------------|-----|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | | |
| Type of Serv | vice Provided | | | | | | _ |
| | 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 | Х | Pharmaceutical | П | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | | | |
| | 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 | r: BLD-02707 | Building Na | me: 1974 Addition | "B" | | | |
|-----------------|-------------------------------|-------------|--------------------------|-----|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | | |
| 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 | | Emergency | | Central Plant |
| | Intermediate | | Dietetic | | Emergency | | Contrain land |
| | 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 Numbe | er: BLD-02708 | Building Na | me: 1974 Addition | "C" | | | |
|----------------|-------------------------------|-------------|--------------------------|-----|-------------------------------|---|---------------------------|
| Configuration: | : N/A | | | | | | |
| Type of Serv | vice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | | 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 | _ | Lineigonoy | _ | Contract tark |
| | 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 | Building Number: BLD-03010 Building Name: Outpatient Clinic & Lab Addition | | | | | | | | |
|-----------------|--|--|--------------------------|--|-------------------------------|---|---------------------------|--|--|
| Configuration: | N/A | | | | | | | | |
| 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 | | Emergency | | Central Plant | | |
| | Intermediate | | Dietetic | | Emergency | | Contrain land | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | X | 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 Nu | mber: BLD | D-00730 | Building I | Name: Ou | tpatient Clinic & L | ab Addition | |
|-----------------|----------------------|-------------------|------------|----------|--------------------------|----------------------------|------------------------|
| Type of Se | ervice Prov | <u>ided</u> | | | | | |
| Nursi | ng | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| Intens | siveCare | Inpatient Beds | 0 | | Anesthesia | | |
| Pedia escer | atric/Adol nt | Inpatient Beds | 0 | X | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psych | hiatric ng | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| | etrical Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Central Plant |
| Interr Care | mediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Support Services |
| Skille | ed Nursing | Inpatient Beds | 0 | X | Administration | | |
| Total Buildi | Beds this ing | | 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 | 0-03010 | Building N | lame: Ou | tpatient Clinic & La | b Addition | |
|----------|-------------------------------|-------------------|------------|----------|--------------------------|-------------------------------|------------------------|
| Туре с | of Service Provi | <u>ided</u> | | | | | |
| _ N | lursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| Ir | ntensiveCare | Inpatient Beds | 0 | | Anesthesia | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| | Psychiatric Iursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| _ | Obstetrical ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Central Plant |
| | ntermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Support Services |
| s | Skilled Nursing | Inpatient Beds | 0 | | Administration | | |
| | otal Beds this Building | | 0 | | | | |

Report Status: **Data Last Update:** 12/12/2013 **Submission Date:** 12/13/2013 **Print Date:** 12/14/2013 1:50 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: | BLD-00730 | Building Name | Outpatier | Outpatient Clinic & Lab Addition | | | | | |
|-----------------------|-------------------|---------------------|---------------------|----------------------------------|----------------------------------|---------------------------------|--|--|--|
| Medical / Surgical (I | nclude GYN) | Acute F | Respiratory Car | re | Acute Psychiatric | | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | | patient 0 | Inpatient 0 | Inpatient 0 Days | | | |
| Perinatal (Exclude N | lewborn / GYN) | Burn | | | Skilled Nursing | | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | | patient 0 | Inpatient 0 | Inpatient 0 Days | | | |
| Pediatric | | Intensiv Nursery | ve Care Newboi v | rn | Intermediate Care | | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | | patient 0 | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Intensive Care | | Rehabil Center | itation | | Int. Care / Developr Disabled | nentally | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | | patient 0 | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Coronary Care | | Chemic | al Dependency | 1 | Total Beds this Building Per | Total Beds this Building Per | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatien Bed | | patient 0 | Unit 0 | Service 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-03010 | Building Nan | e: Outp | Outpatient Clinic & Lab Addition | | | | | |
|-----------------------|----------------|------------------|--------------------|----------------------------------|---------------------------------|------------------------------|--|--|--|
| Medical / Surgical (I | nclude GYN) | Acute | Respiratory | Care | Acute Psychia | Acute Psychiatric | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient Days | Inpatient Bed | 0 Inpatient 0 Days | | | |
| Perinatal (Exclude I | Newborn / GYN) | Burn | | | Skilled Nursing | Skilled Nursing | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient (| Inpatient Bed | 0 Inpatient 0 Days | | | |
| Pediatric | | Intens Nurse | ive Care Nev ry | vborn | Intermediate C | are | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient (| 0 Inpatient Bed | 0 Inpatient 0 Days | | | |
| Intensive Care | | Rehak Cente | ilitation | | Int. Care / Deve Disabled | elopmentally | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient (| 0 Inpatient Bed | 0 Inpatient 0 Days | | | |
| Coronary Care | | Chem | cal Depende | ency | Total Beds this Building Per | Total Beds this Building Per | | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatie Bed | nt 0 | Inpatient Days | Unit 0 | Service | | | |