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

Facility Number:	11887	
Facility Name:	Motion P	Picture and Television Hospital
Address:	23388 M	lulholland Dr.
City:	Woodlan	id Hills
Hospital Owner/Lic	ensee:	Motion Plcture and Television Fund
Year of Rep	oorting:	2013
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Newport Architectural Group
Submission	n Date:	12/18/2013 3:54:44 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	j Extension Date	Anticipated Completion Date
BLD- 00380	Administration Building	23388 Mulholland Dr.	Retrofit	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: BI	_D-02740	Wings J & K with Wings E, F, G, & H		Retrofit/F Project:	Replacem	ent Yes	-Submitte	d
Facility Project Number Number		Scope	Date Plan A	Approved P Date	roj. Start Date	Proj. Completed Date	Status	CEQA Review
11887 P-2012- 00274	C	Remodel for Psychiatric Unit and VSI at wing K	2/9/2012 12:00:00 AM	1/10/2013 12:00:00 AM	,,	12 05/01/2013	PEND	No

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

Building Number: BLD-00382	Building Name:	Wings A, B, C, D	
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 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	Pharmaceutical  X Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care 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 30	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-02740	В	Building Name:	V	Vings	J & K with Wings E, F, G,	& H
Type of Service Prov	<u>rided</u>						
X Nursing	Inpatient Beds	57 Inpa		821		Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpat	tient Days	0		Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpa	atient Days	0		Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpa	atient Days	0		Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpa	atient Days	0		Pharmaceutical Dietetic	Rehabilitati Therapy
Intermediate Care	Inpatient Beds	0 Inpa	atient Days	0		Administration	Renal Dialy
X Skilled Nursing	Inpatient Beds	79 Inpa	atient Days	0		Support Services	Outpatient Surgery
	_ 200	Total Beds th Building	nis	140		Obstetrical Cesarean/Deliv	Central Pla

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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	Building Name:	dministration Building				
Medical / Surgical (	Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	lewborn / 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 / 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	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: Bl	LD-00382 Buildir	ng Name: Wing	ys A, B, C, D			
Medical / Surgical (Incl	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Inp	patient 0 lys	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse New	/born / GYN)	Burn		Skilled Nursing		
Inpatient 0 Inp	patient 0 lys	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 30 Bed	Inpatient 1095 Days 0	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Inp	patient 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent	
Inpatient 0 Inpatient Day		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 Inpa		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)

Bed Days Bed Days Bed Days	
Bed Days Bed Days Bed	
	Inpatient 0 Days
Perinatal (excluse Newborn / GYN) Burn Skilled Nursing	
	Inpatient 0 Days
Pediatric intensive Care Newborn Intermediate Card Nursery	
	Inpatient 0 Days
Intensive Care Rehabilitation Int. Care / developme Center Disabled	ent
	npatient 0 Days
Dependency Building Per	Total Beds this Building Per Service
Inpatient 0 Inpatient Inpati	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	Retrofit
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 acute care services and beds will be relocated to a new, Existing or retrofitted building?  Skilled Nursing  N/A  BLD-00382  Building Name: Wings A, B, C, D  Wings A, B, C, D  Wings A, B, C, D  N/A
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Dietetic  Relocated to other building
Building Number:  Wings A, B, C, D  Will general acute care services and beds will be relocated to a new, Existing or retrofitted 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		7			Dallah Wasta	
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia	_			
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	,   L	Clinical Lab			Outpatient	
	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery	
	Psychiatric Nursing		Imaging  Pharmaceutical	Emergency	X	Central Plant	
	Obstetrical		Filaimaceuticai			Central Flant	
	Ante/Postprtu	m _	Dietetic	Nuclear Medicine	Х	Support Services	
	Intermediate Care	X	A desiminate of				
	Skilled Nursin		Administration				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	BLD-00382 Bu	uilding Name:	Wings A, B, C, D			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing		Anesthesia		Danal Biakasia	
	IntensiveCare		$\neg$	Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	Newborn/	Outpatient Surgery	
	Psychiatric		Radiological/ Imaging	WellBaby		
	Nursing		Pharmaceutica	al Emergency	Central Plant	
	Obstetrical Ante/Postprtum		_	Nuclear	Support	
	·	<u> </u>	Dietetic	Medicine	 Services	
	Intermediate Care		Administration			
X	Ckilled Nursing					
^	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-02740 B	Building Name:	Wings J & K with Win	gs E, F, G, & H	
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia		
X	IntensiveCare		$\neg$	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/	Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby	
Ш	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	Support Services
П	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 Na	me: Skilled Nursir	ng Facility			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic	_	Linergency	_	Contract
	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-00380	BLD-00380 Building Name: Administration Building								
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new S	SPC5 and N	PC4 or NPC5 building.					
Type of Service	e Provided									
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	rediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
I I	Obstetrical .nte/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant			
	ntermediate		Dietetic	_	Lineigonoy	<u></u>	Contrar Flant			
	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-00382	BLD-00382 Building Name: Wings A, B, C, D								
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SF	C5 and N	IPC4 or NPC5 building.					
Type of Service	e Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	termediate are	X	Dietetic		Nuclear Medicine		Support			
	killed Nursing		Administration		Nucleal Weulchie	Ш	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-02740 Building Name: Wings J & K with Wings E, F, G, & H									
Configuration	Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Ser	vice 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	П	Emergency		Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine		Cupport		
X	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)

Building Number: Bl	_D-00379	Building N	lame: S	killed Nursing Facility		
Type of Service Pro	vided					
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
Skilled Nursing	Inpatient Beds	80		Administration		
Total Beds this Building		80				

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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 Name:	Skilled Nursing Facility		
Medical / Surgical (Ir	nclude GYN)	Acute Respir	ratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient O	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient ( Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 80 Bed	Inpatient 12153 Days
Pediatric		Intensive Ca Nursery	re Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatio Center	n	Int. Care / Develop Disabled	mentally
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
<b>Coronary Care</b>		Chemical De	pendency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Unit 80	Service 80

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