
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/Licensee:

Barlow Respiratory Hospital

Year of Reporting:

2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Barlow Respiratory Hospital

Submission Date:

1/29/2012 3:00:00 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the bulding 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 |
|-----------|-------------------------------------|----------------------------|---------------------|------------------------------|----------------|-----------------------------|
| 02.1 | Dining/Kitchen Building & Additions | 2000 Stadium Way | Replace | SPC5 | 01/01/2013 | 01/01/2015 |

For each building which is planned for retrofitting 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:

02.1

Dining/Kitchen Building & Additions

Retrofit/Replacement
Project:

Yes-Submitted

| Facility Number | Project Number | Sub Num | Scope | Date Plan Approved in Date | Proj. Start Date | Proj. Completed Date | Status | CEQA Review |
|--------------------|-------------------|------------|---|-------------------------------------|---------------------|-------------------------|--------|----------------|
| 11417 | IL082954 | 0 | SB 1661: NEW REPLACEMENT HOSPITAL (FRMRLY PPR) | 12/30/2008 | 11/01/2011 | 12/31/2014 | OPEN | No |

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

Building Number: 02.1

Building Name: Dining/Kitchen Building & Additions

Type of Service Provided

| | | | | | | |
|--|----------------|---------------------------------|----------------|------------------------------------|--|--|
| <input checked="" type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="43"/> | Inpatient Days | <input type="text" value="10640"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Recovery |
| <input checked="" type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="6"/> | Inpatient Days | <input type="text" value="1465"/> | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Newborn/WellBaby |
| <input type="checkbox"/> Pediatric/Adolescent | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Radiological/Imaging | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Dietetic | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | Inpatient Days | <input type="text" value="0"/> | <input type="checkbox"/> Administration | <input type="checkbox"/> Outpatient Surgery |
| | | | | Total Beds this Building | <input type="text" value="49"/> | <input checked="" type="checkbox"/> Support Services |
| | | | | | | <input type="checkbox"/> Obstetrical Cesarean/Deliv |
| | | | | | | <input type="checkbox"/> Central Plant |

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

Building Number: 02.1

Building Name: Dining/Kitchen Building & Additions

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name | Building to be Removed |
|-----------------|-------------------------------------|--------------------------|
| 01.1 | Outpatient Clinic & Lab Addition | <input type="checkbox"/> |
| 01.2 | Outpatient Clinic & Lab Addition | <input type="checkbox"/> |
| 02.1 | Dining/Kitchen Building & Additions | <input type="checkbox"/> |

Report Year:

2011

11417

Barlow Respiratory Hospital

Los Angeles

Page:7 of 15

List ALL proposed new buildings to be constructd at this or another site.

| Building Number | Building Name | New Site |
|-----------------|-----------------------------|--------------------------|
| N_1 | Barlow Replacement Hospital | <input type="checkbox"/> |



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

Building Number:

02.1

Building Name:

Dining/Kitchen Building & Additions

Type of Service Provided

| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input checked="" type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input checked="" type="checkbox"/> Dietetic | <input type="checkbox"/> Administration | |
| <input type="checkbox"/> Skilled Nursing | | | |

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: 01.1

Building Name: Outpatient Clinic & Lab Addition

Configuration :

N/A

Type of Service Provided

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01.2

Building Name:

Outpatient Clinic & Lab Addition

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Pharmaceutical

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Dietetic

Nuclear Medicine

Support
ServicesIntermediate
Care

Administration

Skilled Nursing

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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: 02.1 Building Name: Dining/Kitchen Building & Additions

Configuration : Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input checked="" type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol escent | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Psychiatric Nursing | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Intermediate Care | <input checked="" type="checkbox"/> Dietetic | <input type="checkbox"/> Administration | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

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: 01.1

Building Name: Outpatient Clinic & Lab Addition

Type of Service Provided

| | | | | | |
|--|----------------|--------------------------------|---|--|--|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | | |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="0"/> | | | |

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: 01.2

Building Name: Outpatient Clinic & Lab Addition

Type of Service Provided

| | | | | | |
|--|----------------|--------------------------------|---|--|--|
| <input type="checkbox"/> Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia | | |
| <input type="checkbox"/> Pediatric/Adol escent | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Obstetrical Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Psychiatric Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Intermediate Care | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration | | |
| Total Beds this Building | | <input type="text" value="0"/> | | | |

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:

01.1

Building Name:

Outpatient Clinic & Lab Addition

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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:

01.2

Building Name:

Outpatient Clinic & Lab Addition

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**