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

Facility Number:	11874
Facility Name:	Monrovia Memorial Hospital
Address:	323 S. Heliotrope Ave.
City:	Monrovia

Hospital Owner/Licensee:	Alakor Healthcare, LLC
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	j
Submission Date:	1/4/2011 11:35:10 AM

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
01	Main Building	323 S. Heliotrope Ave.	Retrofit	SPC2	01/01/2013	01/01/2014



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

Building Number: 01 Building Name: Main Building

Type of Service Provided

[X]	Nursing	Inpatient Beds	45	Inpatient Days	6570
[X]	IntensiveCare	Inpatient Beds	4	Inpatient Days	1095
[ ]	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
[ ]	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
[ ]	Intermediate Care	Inpatient Beds	0	Inpatient Days	0
[ ]	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: **49**

[X]	Surgical	[ ]	Obstetrical Recovery
[X]	Anesthesia	[ ]	Newborn/ WellBaby
[X]	Clinical Lab	[ ]	Emergency
[X]	Radiological/ Imaging	[ ]	Nuclear Medicine
[X]	Pharmaceutical		
[X]	Dietetic	[ ]	Rehabilitation Therapy
[X]	Administration	[ ]	Renal Dialysis
[X]	Support Services	[X]	Outpatient Surgery
[ ]	Obstetrical Cesarean/Deliv	[ ]	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: 01 **Building Name:** Main Building

Medical / Surgical (Include GYN)

Inpatient Bed: 45 Inpatient Days: 6570

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

Pediatric

Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0 Inpatient Days: 0

Intensive Care

Inpatient Bed: 4 Inpatient Days: 1095

Rehabilitation Center

Inpatient Bed: 0 Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0 Inpatient Days: 0

Coronary Care

Inpatient Bed: 0 Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0 Inpatient Days: 0

Total Beds this Building Per Unit: 49

Total Beds this Building Per Service: 49

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	Main Building	



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: 01 Building Name: Main Building

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [X] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [X] Outpatient Surgery
- [ ] Central Plant
- [X] Support Services

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: 01 Building Name: Main Building

Configuration : N/A

Type of Service Provided

[X] Nursing	[X] Surgical	[ ] Obstetrical Cesarean/Deliv	[ ] Rehabilitation Therapy
[X] IntensiveCare	[X] Anesthesia	[ ] Obstetrical Recovery	[ ] Renal Dialysis
[ ] Pediatric/Adolescent	[X] Clinical Lab		
[ ] Psychiatric Nursing	[X] Radiological/ Imaging	[ ] Newborn/ WellBaby	[X] Outpatient Surgery
[ ] Obstetrical Ante/Postprtum	[X] Pharmaceutical	[ ] Emergency	[ ] Central Plant
[ ] Intermediate Care	[X] Dietetic	[ ] Nuclear Medicine	[X] Support Services
[ ] Skilled Nursing	[X] Administration		