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Office of Statewide Health Planning and Development
Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

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

Facility Number:	10685		
Facility Name:	Kindrec	Hospital Ontario	
Address:	550 N N	Aonterey Ave	
City:	Ontario		
Hospital Owner/Lice	ensee:	THC - Orange County, Inc.	
Year of Reporting:		2018	
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]	
Contact 2 e-mail Address:		[Confidential data left blank intentionally.]	
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]	
Name of Submitter:		William Alexander	
Submission Date:		10/18/2018 11:28:18 AM	

eport Y	'ear: 2018 1068	5 Kindred Hospital Ontario		Ontario		Page:2 of 17	
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, SPC4D 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)							
lg.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date	
)- 66	Building I	550 N Monterey Ave	Retrofit	SPC2	01/01/2020	07/15/2019	
	DD SB499 Report	Data Last Update: 10/01/2018	Submissio	n Date: 10/18/2018	Printed: 1	0/20/2018 6:30 AM	

Report Year: 2018 106	85 Kindred Hospital Ontario	Or	ntario	Page:3 of 17					
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-01466	Building I	Retrofi Project		ubmitted					
Facility Project Sub Number Number Num S	соре	Plan Approv Date In Date	red Projected Projected Start Date Completion Da	CEQA te Status Review					
10685 I140018-36- 0 M 00	laster Plan-V.S.I. Upgrade	12/29/201 4		ACTI No					
OSHPD FDD SB499 Report	Data Last Update: 10/01/2018	Submission Date:	10/18/2018 Printed: 10/20	/2018 6:30 AM					

Report Year: 2018 106	685 Kindred Hospital Ontario	Ontario	Page:4 of 17			
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-014	Building Name: Building	ding I				
Type of Service Provided						
X Nursing Inpat Beds		X Surgical Obstetri Recove				
X IntensiveCare Inpat Beds		X Anesthesia Newbor WellBat				
Pediatric/Adol Inpat escent Beds		X Clinical Lab	ncy			
Psychiatric Inpat Nursing Beds		X Radiological/ Nuclear Imaging Medicin				
Obstetrical Inpat Ante/Postprtum Beds		X Pharmaceutical X Dietetic X Rehabil Therapy				
Intermediate Inpat Care Beds		X Administration X Renal D				
Skilled Nursing Inpat		X Support Outpatie Services Surgery				
	Total Beds this 91 Building	Obstetrical Cesarean/Deliv X Central	Plant			
OSHPD FDD SB499 Report	Data Last Update: 10/01/2018 Sub	omission Date: 10/18/2018 Printed: 10/	20/2018 6:30 AM			

Report Year: 20	10685 Kindred H	lospital Ontario		Ontario	Page:5 of 17			
Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)								
Building Number:	BLD-01466 Build	ling Name: Building	ng l					
Medical / Surgical	(Include GYN)	Acute Respiratory (Care	Acute Psychiatric				
Inpatient 84 Bed	Inpatient 2555 Days 7	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	born	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 7 Bed	Inpatient 2289 Days		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 Days	91	91			
OSHPD FDD SB499 R	Report Data Last Up	odate: 10/01/2018	Submission Date	e: 10/18/2018 Printe	d: 10/20/2018 6:30 AM			

Building Number	Building Name	F	Building to be Removed / Replaced / Rebuilt	
3LD-01466	Building I	Re	etrofit	
3LD-01467	Ambulance Canopy	Re	main	

Report Year: 2	2018	10685	Kindred Hospital Ontario	Ontario	Page:7 of 17

No proposed new buildings to be constructed at this or another site.

Report Year:	2018	10685	Kindred Hospital Ontario	Ontario	Page:8 of 17
No data reporte	d for Sectio	n 130061 (c)(2)(A) , (B), or (C)		

Report Year:	2018	10685	Kindred Hospital Ontario	Ontario	Page:9 of 17
lo data reporte	ed for Section	n 130061(c	c)(2)(D).		

Report Year:	2018	10685	Kindred Hospital Ontario	Ontario	Page:10 of 17
No data reporte	ed for Sectio	n 130061(c))(2)(D).		

Report Year:	2018	10685	Kindred Hospital Ontario		Ontario	Page:11 of 17
No data reported	d for wheth	er the gener	al acute care services and beds will numbers for buildings with a Building	be relocated to a	a new, existing or retrofitted building a Rebuild" or "Replace" per Section 130	and any $0.061(c)(2)(F)$
		e el ploject				

Report Year:	2018	10685	Kindred Hospital Ontario	Ontario	Page:12 of 17		
No data reported for Section 130061(c)(3).							

Report Year: 201	8 10685 Kindre	ed Hospital Ontario	Ontario		Page:13 of 17				
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: BLD-01466 Building Name: Building I									
Type of Service Provided									
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabi Therap					
X	Nursing	X Anesthesia		Repair	Dialysis				
X	IntensiveCare	X Clinical Lab	Obstetrical Recovery	X Renal I	วานางอเอ				
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	Outpati Surger					
	Psychiatric Nursing	Imaging [X] Pharmaceutical	Emergency	X Central	l Plant				
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service					
	Intermediate Care	X Administration							
	Skilled Nursing								
OSHPD FDD SB499 Report Data Last Update: 10/01/2018 Submission Date: 10/18/2018 Printed: 10/20/2018 6:30 AM									

Report Year: 2018 10685	Kindred Hospital Ontario	Ontario		Page:14 of 17				
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: BLD-01466 Building Name: Building I								
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030								
Type of Service Provided								
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	X Reha Thera	bilitation apy				
X IntensiveCare	X Anesthesia	Obstetrical	X Rena	l Dialysis				
Pediatric/Adol escent	X Clinical Lab							
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge					
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	X Centr	al Plant				
Intermediate	X Dietetic							
Care Care Skilled Nursing	X Administration	Nuclear Medicine	X Supp Serv					
	-							
OSHPD FDD SB499 Report Data Last Update: 10/01/2018 Submission Date: 10/18/2018 Printed: 10/20/2018 6:30 AM								

Report Year: 2018 10685	Kindred Hospital Ontario	Ontario	Page:15 of 17					
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: BLD-01467	Building Name: Ambulance Cano	ру						
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	1000101						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Dietetic							
Skilled Nursing	Administration	Nuclear Medicine	Support Services					
OSHPD FDD SB499 Report	Data Last Update: 10/01/2018	Submission Date: 10/18/2018	Printed: 10/20/2018 6:30 AM					

Report Year: 2018	10685 Ki	ndred Hospital	I Ontario		Ontario		Page:16 of 17	
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, SPC-4D and SPC-5 per Section 130061(e)								
Building Number: BLD-01467 Building Name: Ambulance Canopy								
Type of Service Prov	vided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy	
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	ntral Plant	
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Se	pport rvices	
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
OSHPD FDD SB499 Report	Data	a Last Update:	10/01/2018	3 Submission Da	ate: 10/18/2018 Pri	nted: 10/20/	/2018 6:30 AM	

Report Year: 2018 10685 Kindred H	Hospital Ontario	Dntario	Page:17 of 17				
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, SPC-4, AD and SPC-5 per Section 130061(e)							
Building Number: BLD-01467 Building Name: Ambulance Canopy							
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t O				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t O				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t				
Coronary Care	Chemical Dependency		l Beds this ling Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0				
OSHPD FDD SB499 Report Data Last U	pdate: 10/01/2018 Submission Date:	10/18/2018 Printed: 10/20	/2018 6:30 AM				