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

Facility Number:	10685
Facility Name:	Kindred Hospital Ontario
Address:	550 North Monterey Avenue
City:	Ontario
Hospital Owner/Lice	ensee: THC - Orange County, Inc.
Year of Rep	porting: 2011
Contact 1 e-mail Ac	ldress:
Contact 2 e-mail Ac	Idress:
Contact 3 e-mail Ad	dress::
Name of Sub	mitter: William Alexander
Submission	n Date: 1/29/2012 3:00:00 PM

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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 Addres		Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Building I	550 North Monterey Avenue	Retrofit	SPC2	01/01/2013	12/15/2012

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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: 01 Building I	Retrofit/Replacement Yes-Planned Project:]
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQ in Date Date Review	
10685 SS051453 0	07/05/2005 09/29/2005 07/18/2005 03/14/2006 CLSD No)

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

Building Number: 01	Buildi	ng Name: Building I								
Type of Service Provided										
X Nursing	Inpatient Beds	84 Inpatient 26627 Days	X Surgical	Obstetrical Recovery						
X IntensiveCare	Inpatient Beds	7 Inpatient Days 2208	X Anesthesia	Newborn/ WellBaby						
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X 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	X Pharmaceutical X Dietetic	X Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	X Renal Dialysis						
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery						
		Total Beds this Building 91	Cesarean/Deliv	X Central Plant						

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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:	01 E	Building Name: Build	ling I		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 84 Bed	Inpatient 2662 Days 7	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	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 Nev Nursery	vborn	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 2208 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	91	91

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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
01	Building I	
02	Ambulance Canopy	

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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)

Decilation of Neurolands		Duilding Name.	ا بمانمی								
Building Number:	01 E	Building Name:	Building I								
Type of Service Provided											
		X	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy					
X	Nursing	X	Anesthesia			5 15:1					
X	IntensiveCare			Obstetrical Recovery	X	Renal Dialysis					
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery					
П	Psychiatric	X	Radiological/ Imaging	WellBaby							
	Nursing	X	Pharmaceutical	Emergency	X	Central Plant					
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services					
	Intermediate Care	X	Administration								
	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	r: 01							
Configuration .	Retrofit Non-Confo	orming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Serv	ice Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant	
	Intermediate	X	Dietetic					
	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: 02 Building Name: Ambulance Canopy									
Configuration :	Retrofit Conforming	Retrofit Conforming building to NPC 4 or NPC 5							
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
1 1	diatric/Adol cent		Clinical Lab		Recovery				
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Int	ermediate		Dietetic		Emergency		Central Flant		
Ca	illed 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)

Buildi									
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update:** 12/08/2011 **Submission Date:** 01/29/2012 **Print Date:** 1/30/2012 12:46 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:	02 Build	ing Name: Amb	ulance Canopy			
Medical / Surgical (In	clude 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 Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Nev 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 / developr Disabled	ment	
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	