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

Facility Number:	11548	
Facility Name:	San Gabriel Valley Medical Center	
Address:	438 W. Las Tunas Dr.	
City:	San Gabriel	
		_
Hospital Owner/Lice	censee: AHMC San Gabriel Valley Medical Center	
Year of Rep	porting: 2011	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	ddress::	
Name of Sub	bmitter: San Gabriel Valley Medical Center	
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 Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Pavilion Building	438 W. Las Tunas Dr.	Retrofit	SPC2	01/01/2013	12/01/2012

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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 Building Name: Pavilion Building							
Тур	e of Service Prov	<u>rided</u>			_		
X	Nursing	Inpatient Beds	16 Inpatient 380 Days	Surgical	X Obstetrical Recovery		
X	IntensiveCare	Inpatient Beds	23 Inpatient Days 4416	X Anesthesia	Newborn/ WellBaby		
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
X	Psychiatric Nursing	Inpatient Beds	42 Inpatient Days 13	Radiological/ Imaging	Nuclear Medicine		
X	Obstetrical Ante/Postprtum	Inpatient Beds	7 Inpatient Days 1336	Pharmaceutical X Dietetic	X Rehabilitation Therapy		
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	X Renal Dialysis		
X	Skilled Nursing	Inpatient Beds	41 Inpatient Days 9329	X Support Services X 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 unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name: Pavi	lion Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 16 Bed	Inpatient 380 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 42 Bed	Inpatient 13 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 7 Bed	Inpatient 1336 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 41 Bed	Inpatient 9329 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 1763 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 11 Bed	Inpatient 2653 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	129	129

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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	Pavilion Building	
02	Radiology and Surgery Addition	
03	Emergency Addition	
04	CCU Building	
05	Patient Tower	
	01 02 03 04	Number Name O1 Pavilion Building O2 Radiology and Surgery Addition O3 Emergency Addition O4 CCU Building

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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:	01 Build	ing Name:	avilion Building						
Type of Service Provided									
			Surgical	X Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
X	Nursing	X	Anesthesia						
X	IntensiveCare			X Obstetrical Recovery	X	Renal Dialysis			
	Pediatric/Adol		Clinical Lab			Outpatient			
	escent		Radiological/	Newborn/ WellBaby		Surgery			
X	Psychiatric Nursing		Imaging Pharmaceutical	Emergency		Central Plant			
	Obstetrical		Pharmaceutical	Emergency	X	Central Plant			
X	Ante/Postprtum	X	Dietetic	Nuclear Medicine	Х	Support Services			
	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	: 01	01 Building Name: Pavilion Building							
Configuration Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Servi	ice Provided								
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
1/ \ 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	Intermediate	X	Dietetic		Line.geney	<u> </u>	Somari an		
	Care Skilled Nursing		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: Radiology and Surgery Addition							
Configuration .	Configuration Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service	e Provided								
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
In	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	termediate		Dietetic				2		
	are killed Nursing		Administration	X	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:	03	Building Na	me: Emergency Add	lition					
Configuration .	Configuration Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service	e Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol scent		Clinical Lab		Recovery				
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Inte/Postprtum		Pharmaceutical	X	Emergency		Central Plant		
	ntermediate		Dietetic				ooa.		
	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:	04	Building Na	me: CCU Building			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	ce Provided					
r	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ΧI	ntensiveCare		Anesthesia	Obstetrical	X	Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
I I	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency		Central Plant
	ntermediate Care		Dietetic			Connect
	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 Numbe	er: 05	Building Na	me: Patient Tower				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Linergoney		Control
	Care Skilled Nursing	X	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: 02	2 Buildii	ng Name:	idiology and	Surgery Addition		
Type of Service Pro	<u>ovided</u>					
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtun	Inpatient n Beds	0		Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this Building	3	0				

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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: 03 Building Name: Emergency Addition									
Тур	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	X Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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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: 04								
Type of Service Provided								
Nursing	Inpatient Beds	0	Su	urgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X IntensiveCare	Inpatient Beds	8	An	nesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Cli	inical Lab	Obstetrical Recovery	X Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		adiological/ aging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Ph	narmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Ll Die	etetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Ad	dministration				
Total Beds this Building		8						

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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: 05 Building Name: Patient Tower									
Тур	Type of Service Provided								
X	Nursing	Inpatient Beds	114		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	22	X	Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		136						

Report Status: **Data Last Update**: 10/13/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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Building Number:	2 Build	ing Name: Radi	ology and Surgery Addition	on	
Medical / Surgical (Inc	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 Nev	wborn / 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	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 / development Disabled	
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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Building Number:	03 Build	ling Name: Emerge	ency Addition		
Medical / Surgical (In	clude GYN)	Acute Respiratory Ca	are	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		npatient 0	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days		npatient 0	Inpatient 0 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		npatient 0	0 0	

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Building Number:)4 Build	ing Name: CCU	Building		
Medical / Surgical (Inc	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	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		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 / development Disabled	
Inpatient 8 Bed	Inpatient 2014 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	8	8

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Building Number:	5 Build	ing Name: Patie	ent Tower		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 114 Bed	Inpatient 24694 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse New	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 22 Bed	Inpatient 5149 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
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	Inpatient 0 Days	136	136