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

Facility Number:	11704
Facility Name:	Kindred Hospital Baldwin Park
Address:	14148 Francisquito Avenue
City:	Baldwin Park
Hospital Owner/Lice	rensee: KND Development 52, LLC
Year of Rep	porting: 2011
Contact 1 e-mail Ac	ddress:
Contact 2 e-mail Ac	ddress:
Contact 3 e-mail Ad	dress::
Name of Sub	omitter: Degenkolb
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	Main Hospital	14148 Francisquito Avenue	Retrofit	SPC2	01/01/2013	07/01/2012
02	Main Hospital Addition	14148 Francisquito Avenue	Retrofit	SPC2	01/01/2013	07/01/2012
03	ICU Addition	14148 Francisquito Avenue	Retrofit	SPC2	01/01/2013	07/01/2012

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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	Buildi	ing Name: Main Hospital		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	63 Inpatient 20988 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building 63	Cesarean/Deliv	X Central Plant

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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: 02	Buildi	ng Name: Main Hospital Addition		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Total Beds this Building	Cesarean/Denv	Central Plant

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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: 03	Buildi	ing Name: ICU Addition		
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	8 Inpatient Days 2597	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	2003	Total Beds this Building	Obstetrical Cesarean/Deliv	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:	Main Hospital		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 63 Bed	Inpatient 2098 Days 8	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 Bed	0 Inpatient 0 Days	63	63

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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:	02	Building Name: Main	Hospital Addition		
Medical / Surgical	(Include 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	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	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 / developn Disabled	nent
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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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name:	ICU Addition		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ent
Inpatient 8 Bed	Inpatient 2597 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	8	8

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

Building Number		Building to be Removed
01	Main Hospital	
02	Main Hospital Addition	
03	ICU Addition	

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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 Buildi	ng Name: Main Hospital			
Type of Servic	e Provided				
		X Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X Anesthesia			
	IntensiveCare		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent	X Clinical Lab		Х	Outpatient
		X Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	X Pharmaceutical	Emergency	Х	Central Plant
	Obstetrical		Nuclear		Support
	Ante/Postprtum	X Dietetic	Medicine		Services
	Intermediate Care				
	Odio	X Administration			
	Skilled Nursing				

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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:	02	Building Name:	Main Hospital Ad	dition					
Type of Service Provided									
			Surgical	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy			
	Nursing		Anesthesia	_					
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery			
_	Dovekistria		Radiological/ Imaging	WellBaby		Calgory			
	Psychiatric Nursing		Pharmaceution	cal Emergency		Central Plant			
	Obstetrical Ante/Postprtu	m		Nuclear	х	Support			
			Dietetic	Medicine		Services			
	Intermediate Care		Administration	n					
	Skilled Nursin	g							

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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:	03 Build	ding Name: ICU Addition								
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
	Nursing	Anesthesia								
X	IntensiveCare		Obstetrical Recovery	Renal Dialysis						
	Pediatric/Adol	Clinical Lab		Outpatient						
	escent	Radiological/	Newborn/ WellBaby	L_J Surgery						
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central Plant						
	Obstatuisal	Pharmaceutical	Lineigency	Central Plant						
Ш	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services						
	Intermediate Care	Administration								
П	Skilled Nursing	Administration								

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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	Building Name: Main Hospital							
Configuration :	Retrofit Non-Confo	rming buildir	ng to SPC 2 and NPC 3	3 and rem	ove from service by 2030			
Type of Service Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis	
1 1	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
1 1	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant	
	Intermediate Care	X	Dietetic					
	Skilled Nursing	X	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: 02 Building Name: Main Hospital Addition								
Configuration Retrofit Non-Confo		orming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Service Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic					
	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:	03	Building Nar	me: ICU Addition					
Configuration Retrofit Non-Confo		orming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Service	ce Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X I	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

Report Status: **Data Last Update**: 10/31/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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