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

Facility Number:	11748		
Facility Name:	Citrus Valley Medical	Center - IC Campus	
Address:	210 W. San Bernardin	no Rd.	
City:	Covina		
Hospital Owner/Lic	nsee: Citrus Valle	ey Health Partneers	
Year of Rep	orting: 2011		
Contact 1 e-mail Ac	dress:		
Contact 2 e-mail Ac	dress:		
Contact 3 e-mail Ad	ress::		
Name of Sub	nitter: Ed Ghariba	ans	
Submission	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	Original Building	210 W. San Bernardino Rd.	Retrofit	SPC2	01/01/2013	12/31/2012
02	East Wing Addition	210 W. San Bernardino Rd.	Retrofit	SPC2	01/01/2013	12/31/2012
03	West Wing Addition	210 W. San Bernardino Rd.	Retrofit	SPC2	01/01/2013	12/31/2012
04	Psychiatric Wing Addition	210 W. San Bernardino Rd.	Retrofit	SPC2	01/01/2013	12/31/2012
05	Lobby Addition	210 W. San Bernardino Rd.	Retrofit	SPC2	01/01/2013	12/31/2012
06	Generator Building	210 W. San Bernardino Rd.	Retrofit	SPC2	01/01/2013	12/31/2012

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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: Original Building		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	41 Inpatient 10102 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	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X 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	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 41	Cesarean/Deliv	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: East Wing Addition		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	61 Inpatient 14546 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	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	25 Inpatient Days 4384	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	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	ng Name: West Wing Addition					
Type of Service Prov	Type of Service Provided						
X Nursing	Inpatient Beds	14 Inpatient 3316 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	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	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 14	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery			
		Building		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: 04	Buildi	ng Name: Psychiatric Wing Addition		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	8 Inpatient Days 2264	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Beds	30 Inpatient Days 5835	X 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	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 38	Cesarean/Deliv	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: 05 Building Name: Lobby 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	X 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 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	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: 06	Buildi	ng Name: Generator Building		
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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Occurred by Don't	X Central Plant

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Building Number:	01	Building Name: Original	inal Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 41 Bed	Inpatient 1010 Days 2	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 / developr 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	41	41

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Building Number:	02	Building Name: Eas	t Wing Addition		
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 61 Bed	Inpatient 1454 Days 6	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 25 Bed	Inpatient 4384 Days
Pediatric		intensive Care Ne 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	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	86	86

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Building Number: 03	Building Name: Wes	t Wing Addition		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 14 Inpatient 3316 Bed Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 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 Inpatient 0 Bed 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 Inpatient 0 Bed Days	Inpatient 0 Bed	Inpatient 0 Days	14	14

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Building Number:	04	Building Name:	sychiatric Wing Addition		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 30 Bed	Inpatient 5835 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 N Nursery	Newborn	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 8 Bed	Inpatient 2264 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	38	38

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Building Number:	05	Building Name: Lobb	by Addition				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	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 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	nt. 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: 06	Building Name:	Generator Building]
Medical / Surgical (Include GYN)	Acute Respi	ratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Ca Nursery	re Newborn	Intermediate Card	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitatio Center	n	Int. Care / developm Disabled	ent
Inpatient 0 Inpatient 0 Bed 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 Inpatient 0 Bed Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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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	Original Building				
02	East Wing Addition				
03	West Wing Addition				
04	Psychiatric Wing Addition				
05	Lobby Addition				
06	Generator Building				
07	Power Plant				
08	Radiology Addition				
09	Conference Room Addition				
10	Surgery Wing 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)

		[22							
Building Number:	01 Buildir	ng Name: Original Building							
Type of Service Provided									
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	Nursing	Anesthesia							
	IntensiveCare		Obstetrical Recovery	Ш	Renal Dialysis				
	Pediatric/Adol escent	Clinical Lab	Newborn/		Outpatient Surgery				
	Psychiatric	X Radiological/ Imaging	── WellBaby						
	Nursing	Pharmaceutical	X Emergency		Central Plant				
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X	Support Services				
	Intermediate Care	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:	East Wing Addition			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
_	Pediatric/Ado	, [Clinical Lab	_		Outpatient
	escent		Radiological/	Newborn/ WellBaby	LLI Surgery	
	Psychiatric Nursing		Imaging	- Emergency		On steel Plant
			Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu	m [Dietetic	X Nuclear Medicine	X	Support Services
	Intermediate Care	 x	Administration			
X	Skilled Nursin		Administration			

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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	Building Name:	Wes	st Wing Addition				
Type of Service	Provided	_	_					
] s	Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
X	Nursing] A	Anesthesia				
	IntensiveCare					Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	, [] (Clinical Lab			П	Outpatient
	escent	X		Radiological/ WellBaby		Newborn/ WellBaby	L Surgery	
	Psychiatric Nursing		_	maging Pharmaceutical		Emergency		Central Plant
	Obstetrical	<u> </u>		Filamilaceutical		Emergency		Central Flant
	Ante/Postprtu	m X] [Dietetic	Ш	Nuclear Medicine	Х	Support Services
	Intermediate		_					
	Care	X] /	Administration				
	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:	04	Building Name:	Psychiatric Wing Add	ition			
Type of Servic	e Provided						
			X Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	l	Anesthesia				
X	IntensiveCare	,		Obstetrical Recovery		Renal Dialysis	
_	Pediatric/Ado	, [Clinical Lab			Outpatient	
	escent		X Radiological/			J Surgery	
X	Psychiatric Nursing		Imaging			0 (15)	
			Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration				
	Skilled Nursin	lg					

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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:	05	Building Name:	Lobby Addition		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	,		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	, L	Clinical Lab		Outpatient
_	escent		Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	X Emergency	Central Plant
	Obstetrical	m		Nuclear	Support
	Ante/Postprtu	"" <u> </u>	Dietetic Med		Services
	Intermediate Care		Administration		
			Administration		
	Skilled Nursin	ıg I			

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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:	06	Building Name:	Generator Building						
Type of Service Provided									
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		Anesthesia		_				
	IntensiveCare			Obstetrical Recovery		Renal Dialysis			
	Pediatric/Ado escent	, ^L	Clinical Lab	Newborn/		Outpatient Surgery			
	Psychiatric		Radiological/ Imaging	WellBaby		<i>3 7</i>			
	Nursing		Pharmaceutical	Emergency	X	Central Plant			
	Obstetrical Ante/Postprtu	m _		Nuclear		Support			
	,		Dietetic	Medicine		Services			
	Intermediate Care		Administration						
П	Skilled Nursin	g							

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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 Number: 01 Building Name: Original Building							
Configuration	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030			
Type of Ser	Type of Service Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
	Intermediate Care		Dietetic				Comment	
	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 Numb	Building Number: 02 Building Name: East Wing Addition							
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030			
Type of Ser	Type of Service Provided							
X	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		Dietetic					
X	Care Skilled Nursing	X	Administration	[X]	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 Name: West Wing Addition								
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030					
Type of Service	ce Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
1 1	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant			
	ntermediate Care	X	Dietetic							
	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 Numbe	r: 04	Building Na	me: Psychiatric Wii	ng Addition				
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	C 3 and rem	ove from service by 2030			
Type of Service Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
X	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emorgonov		Central Plant	
	Intermediate		Dietetic		Emergency	Ш	Central Plant	
	Care				Nuclear Medicine	X	Support Services	
	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:	05	Building Na	me: Lobby Addition				
Configuration .	Retrofit Non-Confo	orming buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
I I	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	termediate are		Dietetic				
	killed Nursing		Administration		Nuclear Medicine	Ш	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:	06	Building Na	me: Generator Buildi	ng			
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	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:	07	Building Na	me: Power Plant					
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Service Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
l I	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	termediate		Dietetic					
	are killed 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:	08	Building Na	me: Radiology Addi	tion			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servic	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic	_		_	Contract talk
	are killed 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:	09	Building Na	me: Conference Roo	om Additior	1		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servic	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	rediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	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:	10	Building Nar	me: Surgery Wing Ado	dition			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
X N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	itermediate are		Dietetic				
	are killed 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	ng Number: 07									
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	X 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)

Buildi	ng Number: 08									
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	X	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	X	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)

Buildir	ng Number: 09										
Type	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	X Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X 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)

Buildi	Building Number: 10 Building Name: Surgery Wing Addition											
Тур	Type of Service Provided											
X	Nursing	Inpatient Beds	14	X	Surgical	Obstetrical Cesarean/Deliv	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		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		14									

Report Status: **Data Last Update**: 10/28/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:46 PM

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Building Number:	D7 Build	ing Name: Pow	er Plant		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developme Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	08 Build	ding Name: Radio	ology Addition		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse Newborn / 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 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 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: 09	Buildi	ing Name: Con	ference Room Addition		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
	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 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
·	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	10 Build	ling Name: Surg	ery Wing Addition		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse Newborn / 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 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 14 Bed	Inpatient 3340 Days	Inpatient 0 Bed	Inpatient 0 Days	14	14