Report Year:	2012
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11548 San

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

Facility Number:	11548	
Facility Name:	San Ga	oriel Valley Medical Center
Address:	438 W.	Las Tunas Dr.
City:	San Ga	oriel
Hospital Owner/Lic Year of Rep		AHMC San Gabriel Valley Medical Center
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	bmitter:	San Gabriel Valley Medical Center
Submission	n Date:	1/10/2013 5:43:36 PM

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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 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)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00662	Pavilion Building	438 W. Las Tunas Dr.	Retrofit	SPC2	01/01/2015	03/28/2014

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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-00662 Pavilion Building	Retrofit/Replacement Yes-Submitted
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review
11548 IL101496-1 0 SB 499: VSI - BLDG 1/PAVILION BLDG, OUT OF PLANE WALL ANCHORAGE	6/30/2010 3/2/2011 08/20/2012 03/28/2014 PEND No 12:00:00 12:00:00 AM AM

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD	0-00662	Building Name:	Pavilion Building		
Type of Service Provic	led				
Ŭ Ŭ	Inpatient 16 Beds	Inpatient 745 Days	Surgical	X Obstetrical Recovery	
	Inpatient 23 Beds	Inpatient Days 4872	X Anesthesia	Newborn/ WellBaby	
	Inpatient 0 Beds	Inpatient Days 0	Clinical Lab	Emergency	
	Inpatient 42 Beds	Inpatient Days 7782	Radiological/ Imaging	Nuclear Medicine	
	Inpatient 7 Beds	Inpatient Days 1552	Pharmaceutical X Dietetic	X Rehabilitation Therapy	
	Inpatient 0 Beds	Inpatient Days 0		X Renal Dialysis	
	Inpatient 41 Beds Total E Buildin	Beds this 129	X Support Services X Obstetrical Cesarean/Deliv	Outpatient Surgery	

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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:	BLD-00662	Building Name: Pavil	ion Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 16 Bed	Inpatient 745 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 42 Bed	Inpatient 7782 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 7 Bed	Inpatient 1552 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 41 Bed	Inpatient 1059 Days 9
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 2125 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 11 Bed	Inpatient 2747 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 / Replaced / Rebuilt
BLD-00662	Pavilion Building	Retrofit
BLD-00664	Radiology and Surgery Addition	Remain
BLD-00666	Emergency Addition	Remain
BLD-00667	CCU Building	Remain
BLD-00668	Patient Tower	Remain

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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:	BLD-00662 Buildi	ng Name:	Pavilion Building						
Type of Service Provided									
			Surgical	X	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy		
X	Nursing	X	Anesthesia						
X	IntensiveCare			X	Obstetrical Recovery	Х	Renal Dialysis		
	Pediatric/Adol		Clinical Lab	_			Outpatient		
	escent		Radiological/		Newborn/ WellBaby		Surgery		
X	Psychiatric Nursing		Imaging Pharmaceutical		Emergency	X	Central Plant		
X	Obstetrical		_		N. J		Quant		
	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: BLD-00662 Building Name: Pavilion Building								
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Servi	ce Provided							
1 X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X I	ntensiveCare	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	
	ntermediate Care	X	Dietetic		Nuclear Medicine		Support	
_	Skilled Nursing		Administration			X	Support Services	

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Building Number	: BLD-00664	Building Nar	me: Radiology and Sur	gery Ad	dition				
Configuration:	Retrofit Conformin	g building to	building to NPC 4 or NPC 5						
Type of Servi	ce Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical		Pharmaceutical						
	Ante/Postprtum				Emergency		Central Plant		
	Intermediate Care		Dietetic						
,	Cale			X	Nuclear Medicine		Support Services		
	Skilled Nursing		Administration						

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Building Number:	BLD-00666	Building Nar	me: Emergency Addition	on		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servio	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical		Pharmaceutical			
	Ante/Postprtum			X	Emergency	Central Plant
	ntermediate Care		Dietetic			
C C	Jaio				Nuclear Medicine	Support Services
<u> </u>	Skilled Nursing		Administration			

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Building Numbe	r: BLD-00667	Building Na	me: CCU Building				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency		Central Plant
	Intermediate		Dietetic	_		_	
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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Building Numbe	er: BLD-00668	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 Recovery	Х	Renal Dialysis
	Pediatric/Adol escent	x	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical	Х	Pharmaceutical				
X	Ante/Postprtum				Emergency		Central Plant
	Intermediate Care		Dietetic				0
	Gale				Nuclear Medicine		Support Services
	Skilled Nursing	X	Administration				

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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: BLC	D-00664	Building N	lame: Ra	diology and Surgery	Addition	
Туре	e of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0	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	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient 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		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: BLI	D-00666	Building N	Name: En	nergency Addition					
Туре	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			
Π	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: BLI	D-00667	Building I	Name: CC	U Building		
Туре	e of Service Prov	rided					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	8		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X 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	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	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: BL	-D-00668	Building N	ame: Pa	tient Tower						
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 Dialy				
Psychiatric	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery				
Obstetrical X Ante/Postprtum	Inpatient Beds	22	X	Pharmaceutical	Emergency	Central Pla				
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	X	Administration						
Total Beds this Building		136								

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		on the numl er <mark>Section</mark> 1		ent beds by typ	e of u	nit provided by build	lings that are c	lassified as S	SPC-2, SPC-3,
Building N	lumber:	BLD-00664	Build	ling Name:	Radi	ology and Surgery Ac	dition		
Medical / S	Surgical (In	clude GYN))	Acute Resp	ratory	Care	Acute Psy	/chiatric	
Inpatient Bed	0	Inpatient Days	0	Inpatient Bed	0	Inpatient 0 Days	Inpatient Bed	0 Inp Day	ys

Perinatal (excluse Ne	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	/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 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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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:	BLD-00666	Building Nam	e: Eme	rgency Addition				
Medical / Surgical (Include GYN)			Respiratory	Care	Acute Ps	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days	Inpatient Bed	0	Inpatient 0 Days	
Perinatal (excluse N	Newborn / GYN)	Burn			Skilled N	ursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days	Inpatient Bed	0	Inpatient 0 Days	
Pediatric		intensi Nurser	ve Care Nev y	vborn	Intermed	iate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days	Inpatient Bed	0	Inpatient 0 Days	
Intensive Care		Rehab Center	ilitation		Int. Care Disabled	/ developr	nent	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days	Inpatient Bed	0	Inpatient 0 Days	
Coronary Care		Chemi Depen			Total Bee Building Unit		Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days		0	0	

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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:	BLD-00667	Building Name:	CCU Building		
Medical / Surgical (Include GYN)	Acute Resp	iratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive C Nursery	are Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitati Center	on	Int. Care / develop Disabled	ment
Inpatient 8 Bed	Inpatient 12 Days	252 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependenc	у	Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 8	8

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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:	BLD-00668 Build	ding Name: Patient Tower		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 114 Bed	Inpatient 22721 Days	Inpatient 0 Inpatient Bed Days	t 0 Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 22 Bed	Inpatient 5803 Days	Inpatient 0 Inpatient Bed Days	t 0 Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	t 0 Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	t 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 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days	t 0 136	136

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