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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	ensee: KND Development 52, LLC
Year of Rep	porting: 2012
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	dress::
Name of Sub	omitter: Degenkolb
Submission	n Date: 10/24/2012 7:01:20 AM

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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- 03708	Main Hospital	14148 Francisquito Avenue	Retrofit	SPC2	01/01/2015	12/01/2014
BLD- 03709	Main Hospital Addition	14148 Francisquito Avenue	Retrofit	SPC2	01/01/2015	12/01/2014
BLD- 03710	ICU Addition	14148 Francisquito Avenue	Retrofit	SPC2	01/01/2015	12/01/2014

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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: BL	.D-03708	Building Name:	Main Hospital	
Type of Service Prov	<u>rided</u>			_
X Nursing	Inpatient Beds	83 Inpatient 28463 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 Support	X Renal DialysisX Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	X Outpatient Surgery
		Total Beds this Building	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: BL	D-03709	Building Name:	lain Hospital Addition	
Type of Service Prov	<u>ided</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	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: BL	.D-03710	Building Name:	ICU Addition	
Type of Service Prov	<u>rided</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 Total Beds this 8	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesaleal // 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:	BLD-03708	Building Name:	Main Hospital		
Medical / Surgical (Include GYN)		Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 83 Bed	Inpatient 2846 Days 3	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care 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	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	83	83

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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-03709	Building Name: Mair	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 I	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	intensive Care Newborn Nursery		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 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:	BLD-03710	Building Name:	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 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 New Nursery	intensive Care Newborn Nursery		
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 8 Bed	Inpatient 2597 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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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-03708	Main Hospital	Retrofit
BLD-03709	Main Hospital Addition	Retrofit
BLD-03710	ICU Addition	Retrofit

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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-03708 Building	g Name: Ma	ain Hospital			
Type of Service	e Provided					
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia			
	IntensiveCare		,	Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol	X	Clinical Lab	·		Outpatient
	escent	X	Radiological/	Newborn/ WellBaby	Х	Surgery
	Psychiatric Nursing		Imaging		_	
		X	Pharmaceutical	Emergency	Х	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine		Support Services
_			Dietetic			
	Intermediate Care	X	Administration			
	Olilla IN saisa					
	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:	BLD-03709	Building Name:	Main Hospital Addition					
Type of Service	Type of Service Provided							
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	Nursing		Anesthesia					
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis		
П	Pediatric/Ado	, L	Clinical Lab	Newborn/		Outpatient Surgery		
_			Radiological/ Imaging	WellBaby		Cuigoly		
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant		
	Obstetrical Ante/Postprtu	m	Dietetic	Nuclear Medicine	X	Support Services		
	Intermediate Care		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:	BLD-03710 Buildin	g Name: ICU Addition								
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
	Nursing	Anesthesia								
X	IntensiveCare	<u> </u>	Obstetrical Recovery	Renal Dialysis						
	Pediatric/Adol escent	Clinical Lab	□ N. 1/	Outpatient Surgery						
		Radiological/ Imaging	Newborn/ WellBaby	Surgery						
	Psychiatric Nursing	Pharmaceutical	Emergency	Central Plant						
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services						
	Intermediate Care	Administration								
П	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 Numbe	r: BLD-03708	Building Na	me: Main Hospital				
Configuration: Retrofit Non-Confo		rming building to SPC 2 and NPC 3 and remove from service by 2030					
Type of Serv	rice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate	X	Dietetic				
	Care 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: BLD-03709		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 Serv	ice 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		Nuclear Medicine		Cupport	
	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 Numbe	er: BLD-03710	Building Na	me: ICU Addition					
Configuration: Retrofit Non-Confo		orming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Serv	vice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	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		Support Services	

Report Status: **Data Last Update:** 10/18/2012 **Submission Date:** 10/24/2012 **Print Date:** 11/5/2012 1:25 PM

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