Report Year:	2
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2013 12180

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

Facility Number:	12180	
Facility Name:	Doctors Hospital of West Covina Inc	
Address:	725 S. Orange Ave.	
City:	West Covina	
Hospital Owner/Lic Year of Rep Contact 1 e-mail Ac Contact 2 e-mail Ac Contact 3 e-mail Ac Name of Sub	rting: 2013 ress:	
Submission	Date: 12/19/2013 4:17:43 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- 02176	Hospital Building / Additions	725 S. Orange Ave.	Retrofit	SPC2	01/01/2020	10/30/2019

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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-02176 Hospital Building / Additio	ns Retrofit/Replacement Yes-Planned Project:
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review
12180 S131854-19 0 -00	8/22/2013 11/26/2013 02/17/2013 03/31/2013 PEND No 12:00:00 12:00:00 AM AM

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BL	D-02176	Building Name:	Hospital Building / Additions		
Type of Service Prov	/ided				
X Nursing	Inpatient Beds	13 Inpatient 542 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	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis	
X Skilled Nursing	Inpatient Beds	33 Inpatient Days 7995	X Support Services	X Outpatient Surgery	
		Total Beds this 46 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:	BLD-02176	Building Name:	lospital Building / Additions		
Medical / Surgical	(Include GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 13 Bed	Inpatient 542 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 33 Bed	Inpatient 7995 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 / develop Disabled	ment
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	46	46
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For all build	lings at the facility, ind	dicate which ones are scheduled for general ac	ute service removal.	

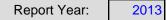
Building Number Building Name	Building to be Removed / Replaced / Rebuilt
BLD-02176 Hospital Building / Additions	Retrofit

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12180

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-02176 Building	g Name: Ho	ospital Building / Add	litions			
Type of Service Provided							
		x	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab			X	Outpatient Surgery
	Psychiatric	X	Radiological/ Imaging		Newborn/ WellBaby		Surgery
	Nursing	X	Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care	Х	Administration				
X	Skilled Nursing						

Report Status: Data Last Update: 12/19/2013

Submission Date: 12/19/2013

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	er: BLD-02176	Building Na	me: Hospital Buildir	ng / Addition	IS		
Configuration	:: N/A						
Type of Service Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	x	Central Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support
X	Skilled Nursing	X	Administration				Services

Report Status: Data Last Update: 12/19/2013

Submission Date: 12/19/2013

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