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Office of Statewide Health Planning and Development
Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

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

Facility Number:	10685					
Facility Name:	Kindred Hospital Ontario					
Address:	550 North Monterey Avenue					
City:	Ontario					
Hospital Owner/Licensee: THC - Orange County, Inc.						
Year of Reporting: 2014						
Contact 1 e-mail Add	ress:					
Contact 2 e-mail Add	ress:					
Contact 3 e-mail Add	ress::					
Name of Subn	hitter: William Alexander					
Submission	Date: 12/11/2014 9:12:10 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- 01466	Building I	550 North Monterey Avenue	Retrofit	SPC2	01/01/2019	12/15/2018	
		Data Last Hadata 40/44/0044		Dete: 40/44/2044	Drintadi 44		

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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-01466	Building I		Retrofit/Replacement Project:	Yes-Pla	nned		
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Start Date Date	Project Complete d	CEQA Status Review		
10685 SS051453-0 0	0	7/5/2005 12:00:00 AM	9/29/2005 07/18/2005 12:00:00 AM	03/14/2006	CLOS No		

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Provide the number of	inpatient be	eds and patient days per type of service	per building per Section 130061(	c)(1)(F)
Building Number: BLI	D-01466	Building Name:	Building I	
Type of Service Prov	ided			
X Nursing	Inpatient Beds	84 Inpatient 24373 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	7 Inpatient Days 1289	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	<ul><li>X Pharmaceutical</li><li>X Dietetic</li></ul>	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	Doub	Total Beds this <b>91</b> Building	Obstetrical 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-01466 Build	ling Name: Building I						
Medical / Surgical	(Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 84 Bed	Inpatient 2437 Days 3	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Perinatal (excluse	Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Pediatric		intensive Care Newborn Nursery	Intermediate Card					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Intensive Care		Rehabilitation Center	Int. Care / development Disabled					
Inpatient 7 Bed	Inpatient 1289 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0				
Coronary Care		Chemical Dependency	Total Beds this Total E Building Per Buildin Unit Servic					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	,,	91				
OSHPD FDD SB499 F	Report Data Last U	pdate: 12/11/2014 Submission	Date: 12/11/2014 Printed: 12/13	/2014 6:25 AM				

Building Number	Building Name		Building to be Removed / Replaced / Reb	puilt
3LD-01466	Building I	F	Retrofit	
3LD-01467	Ambulance Canopy	F	Remain	

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				-

No proposed new buildings to be constructed at this or another site.

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No data reporte	d for Sectio	n 130061 (c	e)(2)(A) , (B), or (C)		

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No data reporte	d for Sectio	on 130061(c	c)(2)(D).		

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No data reporte	ed for Section	n 130061(c)	)(2)(D.		

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No data reported	d for wheth	er the gener	al acute care services and beds will numbers for buildings with a Building	be relocated to a Resolution of "F	a new, existing or retrofitted building a	and any 061(c)(2)(E)

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lo data reported for Section 130061(c)(3).							

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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-01466 Building Name: Building I								
Type of Service	Provided							
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabi Therap				
X	Nursing	X Anesthesia		Repair	Dialysis			
X	IntensiveCare	X Clinical Lab	Obstetrical Recovery	X Renal [				
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	Outpati Surgery				
	Psychiatric Nursing	Imaging         X       Pharmaceutical	Emergency	X Central	Plant			
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service	t es			
	Intermediate Care	X Administration						
	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-01466     Building Name:     Building I       Configuration:     Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Service Provided			, 				
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	X Rehab Therap	ilitation by			
X IntensiveCare	X Anesthesia	Obstetrical Recovery	X Renal	Dialysis			
Pediatric/Adol escent	X Clinical Lab	Recovery					
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpat Surger				
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	X Centra	l Plant			
	X Dietetic						
Care Skilled Nursing	X Administration	Nuclear Medicine	X Suppo Servic				
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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-01467 Building Name: Ambulance Canopy								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehal Thera	bilitation apy				
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	l Dialysis				
Pediatric/Adol escent	Clinical Lab	Receively						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant				
Intermediate Care	Dietetic	Nuclear Medicine	X Supp	oort				
Skilled Nursing	Administration		Servi					
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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: BLD-01467 Building Name: Ambulance Canopy							
Type of Service Pro	vided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena Rena	l Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Centr	ral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	
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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)							
Building Number:   BLD-01467   Building Name:   Ambulance Canopy							
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Coronary Care	Chemical Dependency		Beds this ling Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0				
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