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.

Facility Number:	11548	
Facility Name:	San Gabriel Valley Medical Center	
Address:	438 W. Las Tunas Dr.	
City:	San Gabriel	
Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A	Address:	
Name of Su		
Submission	on Date: 12/18/2014 2:08:27 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	12/01/2014

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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-0	0662	Pavilion Building		Retrofit/Rep Project:	olacement	Yes-Suk	omitted	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11548	IL101496-0	0	SB 499: VSI - BLDG 1/PAVILION BLDG	6/30/2010 12:00:00 AM		08/20/2012	03/28/2014	ACTI	No
11548	S141187-19 -00	0	Pavilion Building Stone Facade Removal	6/9/2014 12:00:00 AM	7/18/2014 12:00:00 AM	10/01/2014		PEND	No

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-00662 Building Name: Pavilion Building								
Type of Service Pro	<u>vided</u>							
X Nursing	Inpatient Beds	13 Inpatient 0 Days	Surgical	X Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	23 Inpatient Days 5025	X Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	,			
X Psychiatric Nursing	Inpatient Beds	42 Inpatient Days 11947	Radiological/ Imaging	Nuclear Medicine				
X Obstetrical Ante/Postprtum	Inpatient Beds	7 Inpatient Days 1657	Pharmaceutical X Dietetic	X Rehabilitati Therapy	on			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	X Renal Dialy	<i>y</i> sis			
X Skilled Nursing	Inpatient Beds	44 Inpatient Days 12909	X Support Services X Obstetrical	Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Pla	nt			

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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 B u	uilding Name: Pavi	lion Building			
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 13 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 42 Bed	Inpatient 1194 Days 7	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 7 Bed	Inpatient 1657 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 44 Bed	Inpatient 1290 Days 9	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 2238 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 11 Bed	Inpatient 2787 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-00663	Cooling Tower	Remain
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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No proposed ne	ew buildings	s to be const	ructed at this or another site.		

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

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

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No data reporte	ed for whethe	er the general	al acute care services and beds	will be relocated to a	new, existing or retrofitted building a ebuild" or "Replace" per Section 130	nd any 061(c)(2)(F)
corresponding	building sites	or project i	idinibers for ballangs with a but	iding resolution of the	could of Replace per occitor for	001(0)(2)(L).

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No data reporte	d for Section	n 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-00662 Building Name: Pavilion Building											
Type of Service Provided											
			Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy				
X	Nursing	X	Anesthesia								
X	IntensiveCare			X	Obstetrical Recovery	X	Renal Dialysis				
П	Pediatric/Adol escent		Clinical Lab		Navda ana/		Outpatient Surgery				
			Radiological/ Imaging		Newborn/ WellBaby		Surgery				
X	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant				
X	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services				
			Dietetic								
	Intermediate Care		Administration								
X	Skilled Nursing										

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Report the final configuration of all requirements whether by retrofit or per Section 130061(c)(5)	buildings on the hospital campus show by replacement and the type of service	ring how each building will comply we that will be provided in each gene	vith the SPC-5/NPC-4 or 5 ral actue care hospital building
Building Number: BLD-00662	Building Name: Pavilion Building	l	
Configuration: Retrofit Non-Co	onforming building to SPC 2 and NPC	3 and remove from service by 2030)
Type of Service Provided			
X Nursing	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X IntensiveCare	X Anesthesia	X Obstetrical Recovery	X Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
X Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
X Obstetrical	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	X Dietetic	Nuclear Medicine	X Support
X Skilled Nursing	Administration	Nucleal Medicine	X Support Services
	•		

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eport the final equirements wh er Section 130	nether by retrofit or by	dings on the replacement	hospital campus show and the type of service	ving how e e that will	ach building will comply be provided in each geno	with the SP eral actue ca	C-5/NPC-4 or 5 are hospital building
uilding Numbe	r: BLD-00663	Building Na	me: Cooling Tower				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		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		_		
	Anton ostpitam		District		Emergency	X	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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 sequirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building ver Section 130061(c)(5) Building Number: BLD-00664 Building Name: Radiology and Surgery Addition Configuration: Retrofit Conforming building to NPC 4 or NPC 5 Type of Service Provided Nursing X Surgical Obstetrical Rehabilitation Therapy IntensiveCare X Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Name: Radiological/ Newborn/ WellBaby Surgery Pharmaceutical Ante/Postprtum Emergency Central Plant Dietetic Intermediate Care X Nuclear Medicine Support Services	acquirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building er Section 130061(c)(5) BLD-00664	oort Year: 2014 11548	San Gabriel Valley Medical Center	San Gabriel	Page:16 of 29
Configuration: Retrofit Conforming building to NPC 4 or NPC 5 Type of Service Provided Nursing X Surgical Obstetrical Rehabilitation Therapy IntensiveCare X Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby X Outpatient Surgery Pharmaceutical Emergency Central Plant Intermediate Care X Nuclear Medicine Support	Configuration: Retrofit Conforming building to NPC 4 or NPC 5 Type of Service Provided Nursing X Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare X Anesthesia Obstetrical Recovery Pediatric/Adol Clinical Lab Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby X Outpatient Surgery Pharmaceutical Ante/Postprtum Emergency Central Plant Intermediate Care X Nuclear Medicine Support Services	quirements whether by retrofit or			
Type of Service Provided Nursing X Surgical Obstetrical Cesarean/Deliv IntensiveCare X Anesthesia Obstetrical Renal Dialysis Renal Dialysis Pediatric/Adol escent Clinical Lab X Radiological/ Imaging Newborn/ WellBaby V Outpatient Surgery Pharmaceutical Ante/Postprtum Intermediate Care X Nuclear Medicine Support	Type of Service Provided Nursing X Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare X Anesthesia Obstetrical Recovery Renal Dialysis Recovery Pediatric/Adol escent Clinical Lab X Radiological/ Imaging Newborn/ WellBaby Obstetrical Ante/Postprtum Pharmaceutical Anter/Postprtum Dietetic Intermediate Care Administration	uilding Number: BLD-00664	Building Name: Radiology and S	urgery Addition	
Nursing X Surgical Obstetrical Rehabilitation Therapy IntensiveCare X Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby X Outpatient Surgery Pharmaceutical Surgery Central Plant Intermediate Care X Nuclear Medicine Support	Nursing X Surgical Obstetrical Rehabilitation Therapy IntensiveCare X Anesthesia Obstetrical Renal Dialysis Pediatric/Adol escent Clinical Lab Psychiatric Nursing X Radiological/ Imaging Newborn/ WellBaby X Outpatient Surgery Pharmaceutical Surgery Central Plant Intermediate Care X Nuclear Medicine Support Services	Configuration: Retrofit Confo	rming building to NPC 4 or NPC 5		
IntensiveCare	IntensiveCare X Anesthesia Cesarean/Deliv Therapy IntensiveCare X Anesthesia Obstetrical Recovery Renal Dialysis Pediatric/Adol escent Clinical Lab Psychiatric Nursing X Radiological/ Newborn/ WellBaby X Outpatient Surgery Obstetrical Ante/Postprtum Emergency Central Plant Intermediate Care X Nuclear Medicine Support Services Administration Administration Support Services Obstetrical Support Support Services Services Services Obstetrical Administration Support Services Services Services Services Support Services Serv	Type of Service Provided			
Pediatric/Adol escent	Pediatric/Adol escent	Nursing	X Surgical		
Pediatric/Adol escent	Pediatric/Adol escent	IntensiveCare	X Anesthesia		Renal Dialysis
Psychiatric Nursing	Paging Imaging WellBaby Surgery Obstetrical Ante/Postprtum Emergency Central Plant Intermediate X Nuclear Medicine Support Services Administration Administration		Clinical Lab	Recovery	
Obstetrical Ante/Postprtum Emergency Central Plant Dietetic X Nuclear Medicine Support	Obstetrical Ante/Postprtum Intermediate Care Dietetic X Nuclear Medicine Support Services		X Radiological/ Imaging		X Outpatient Surgery
Intermediate Care	Intermediate Care Dietetic X Nuclear Medicine Support Services		Pharmaceutical	П <i>г</i>	Control Bloom
IX Nuclear Medical M	Services Administration		Dietetic	Emergency	Central Plant
	Skilled Nursing ——	Care	Administration	X Nuclear Medicine	
Skilled Nursing		Skilled Nursing			

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	ner by retrofit or by r				ach building will comply we provided in each genera	
Building Number:	BLD-00666	Building Nam	ne: Emergency Addition	n		
Configuration:	Retrofit Conformin	g building to N	NPC 4 or NPC 5			
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical	X	Emergency	Central Plant
Inte Ca	ermediate re		Dietetic		Nuclear Medicine	Support
Ski	illed Nursing		Administration			 Services

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	ther by retrofit or by r			ach building will comply voe provided in each gene		
Building Number:	BLD-00667	Building Na	me: CCU Building			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	e Provided					
N	lursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X In	ntensiveCare		Anesthesia	Obstetrical Recovery	X	Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency		Central Plant
	ntermediate are		Dietetic	Nuclear Medicine	П	Support
S	killed Nursing		Administration		_	Services

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whether by retrofit or by				
per: BLD-00668	Building Name: Patient	Tower		
n: Retrofit Conformi	ng building to NPC 4 or NF	PC 5		
rvice Provided				
Nursing	Surgical			Rehabilitation Therapy
IntensiveCare	Anesthesia			Renal Dialysis
Pediatric/Adol escent	X Clinical Lab		covery	
Psychiatric Nursing	Radiologica Imaging			Outpatient Surgery
Obstetrical Ante/Postprtum	X Pharmaceu		nergency	Central Plant
Intermediate	Dietetic	_		Comun full
Care Skilled Nursing	X Administrat		clear Medicine	Support Services
	al configuration of all built whether by retrofit or by 30061(c)(5) Der: BLD-00668 In: Retrofit Conformit crvice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	al configuration of all buildings on the hospital came whether by retrofit or by replacement and the type 30061(c)(5) Deer: BLD-00668 Building Name: Patient no. Retrofit Conforming building to NPC 4 or NF rvice Provided Nursing Surgical Anesthesia Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Pharmaceu Obstetrical Ante/Postprtum Intermediate Care X Administrat	al configuration of all buildings on the hospital campus showing how each whether by retrofit or by replacement and the type of service that will be proposed in the service of service that will be proposed in the service of service that will be proposed in the service of service that will be proposed in the service of service that will be proposed in the service of service that will be proposed in the service of service that will be proposed in the service of service that will be proposed in the service that will be propose	al configuration of all buildings on the hospital campus showing how each building will comply with the Swhether by retrofit or by replacement and the type of service that will be provided in each general actue 30061(c)(5) Der: BLD-00668 Building Name: Patient Tower The setrofit Conforming building to NPC 4 or NPC 5 Truice Provided Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Pharmaceutical Obstetrical Ante/Postprtum Emergency Dietetic Intermediate Care Nuclear Medicine 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: BLI	D-00663	Building Na	me: Co	oling Tower				
Туре	e of Service Prov	<u>rided</u>							
	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 and SPC-5 per Section		inpatient beds t	by type of Se	rvice provided by I	ouildings that are classified a	as SPC-2, SP0	C-3, SPC-4,
Building Number: BL	D-00664	Building Na	ame: Radi	ology and Surgery	Addition		
Type of Service Prov	vided						
Nursing	Inpatient Beds	0	X :	Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy
IntensiveCare	Inpatient Beds	0	X A	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ maging	Newborn/ WellBaby	X Outpa Surge	
Obstetrical Ante/Postprtum	Inpatient Beds	0	F	Pharmaceutical	Emergency	Centi	al Plant
Intermediate Care	Inpatient Beds	0	□ ,	Dietetic	X Nuclear Medicine	Supp Servi	
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					

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Include information and SPC-5 per Sec		inpatient beds by	type of Service provided by but	uildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number:	BLD-00666	Building Nar	me: Emergency Addition		
Type of Service F	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCar	e Inpatient Beds	0	Anesthesia		
Pediatric/Add	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient um Beds	0	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursi	ng Inpatient Beds	0	Administration		
Total Beds th Building	nis	0			

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Include infor and SPC-5 p			npatient beds by t	ype of S	Service provided by bui	lding	s that are classified as	SPC-2	2, SPC-3, SPC-4,
Building Nur	mber: BLE	D-00667	Building Name	e: CC	CU Building				
Type of Se	ervice Prov	rided							
Nursi	ng	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Intens	siveCare	Inpatient Beds	8		Anesthesia				
Pedia escen	atric/Adol nt	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
Psych Nursir		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obste	etrical Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Interm Care	nediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled	d Nursing	Inpatient Beds	0		Administration				
Total Buildi	Beds this ng		8						

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Include information or and SPC-5 per Section		of inpatient beds t	y type of Service	provided by bui	Idings that are classified a	s SPC-2, SPC	:-3, SPC-4,
Building Number: Bl	LD-00668	Building Na	me: Patient To	ower			
Type of Service Pro	ovided						
X Nursing	Inpatient Beds	114	Surgio	cal	Obstetrical Cesarean/Deliv	Rehal	pilitation py
IntensiveCare	Inpatient Beds	0	Anestl	hesia			
Pediatric/Adol escent	Inpatient Beds	0	X Clinica	al Lab	Obstetrical Recovery	X Rena	Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radio Imagir	logical/ ng	X Newborn/ WellBaby	Outpa Surge	
Obstetrical X Ante/Postprtun	Inpatient n Beds	22	X Pharm	naceutical	Emergency	Centr	al Plant
Intermediate Care	Inpatient Beds	0	Dieteti	ic	Nuclear Medicine	Suppo Service	ort ces
Skilled Nursing	Inpatient Beds	0	X Admin	nistration			
Total Beds this Building	;	136					

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Intensive Care Newborn Intermediate Care Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per**

0

Inpatient

Days

Inpatient

Bed

Inpatient

Bed

Inpatient

Days

Unit

0

0

Service

0

Report Year: 2014 11548 San Gabriel Valley Medical Center San Gabriel Page:26 of 29 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) BLD-00664 Radiology and Surgery Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11548 San Gabriel Valley Medical Center San Gabriel Page:27 of 29 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) BLD-00666 **Emergency Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11548 San Gabriel Valley Medical Center San Gabriel Page:28 of 29 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) BLD-00667 **CCU** Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient 1400 Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 8 8

Report Year: 2014 11548 San Gabriel Valley Medical Center San Gabriel Page:29 of 29 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) BLD-00668 **Patient Tower Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 114 Inpatient Inpatient 0 Inpatient Inpatient 20678 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient 22 Inpatient 6657 Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 136 136