## 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 Ho	spital Ontario						
Address:	550 N Mon	terey Ave						
City:	Ontario							
Hospital Owner/Lice	ensee:	THC - Orange County, Inc.						
Year of Reporting:		2015						
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Address:: [Confidential data left blank intentionally.]								
Name of Sub	omitter:	William Alexander						
Submission	n Date:	12/10/2015 4:54:16 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.	Building Name Alternate Building Address		Building	Final SPC Rating	Extension	Anticipated
No.			Resolution	If Required	Date	Completion Date
BLD- 01466	Building I	550 N Monterey Ave	Retrofit	SPC2	01/01/2020	02/15/2019

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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-01466	Building I		Retrofit/Re	eplacement	Hazus-Su	ıbmitted	
Facility Proj Number Num		Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10685 SS05	1453-0 0		7/5/2005	9/29/2005 12:00:00 AM	07/18/2005	03/14/2006	CLOS	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-01466 Building Name: Building I								
Type of Service Provided								
X Nursing	Inpatient Beds	84 Inpatient 23966 Days	X Surgical	Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	7 Inpatient Days 1279	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	X Rehabilitation Therapy	า			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysi	s			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this 91 Building	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery  X Central Plant				

Report Year: 2015 10685 Kindred Hospital Ontario Ontario Page:5 of 17 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01466 **Building I Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 84 Inpatient 2396 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days 6 Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** 1279 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 91 Inpatient Inpatient Inpatient 91 Bed Days Days Bed

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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-01466	Building I	Retrofit
BLD-01467	Ambulance Canopy	Remain

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

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No data reporte	ed for whethe	er the general	al acute care services an	d beds will be relocated to a	new, existing or retrofitted building a ebuild" or "Replace" per Section 130	and any
corresponding i	Juliuling Sites	s or project i	idilibers for buildings will	Ta building Resolution of R	ebulla of Replace per Section 130	0001(C)(Z)(E).

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No data reported for Section 130061(c)(3).								

Report any general acute care hospital inpatient service that is provided in any general 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	Х	Rehabilitation Therapy		
X	Nursing	X	Anesthesia						
X	IntensiveCare				Obstetrical Recovery	X	Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab				Outpatient		
	escent	X	Radiological/ Imaging		Newborn/ WellBaby		Surgery		
	Psychiatric Nursing	x	Pharmaceutical		Emergency	X	Central Plant		
	Obstetrical								
	Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate Care								
	Caio	X	Administration						
	Skilled Nursing	1							

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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 acute 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			<del></del>						
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy						
X IntensiveCare	X Anesthesia	Obstetrical Recovery	X Renal Dialysis						
Pediatric/Adol escent	X Clinical Lab	Recovery							
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	X Central Plant						
Intermediate	X Dietetic		Central Flant						
Care Skilled Nursing	X Administration	Nuclear Medicine	X Support Services						
	ı								

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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 acute care hospital building per Section 130061(c)(5)										
Building Number: BLD-01467 Building Name: Ambulance Canopy										
Configuration: N/A										
Type of Service	ce Provided									
n	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
I	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate Care		Dietetic		Nuclear Medicine	П	Support			
	Skilled Nursing		Administration				Services			

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Include and S	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	Building Number: BLD-01467 Building Name: Ambulance Canopy								
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		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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