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Office of Statewide Health Planning and Development Facilities 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:	11658		
Facility Name:	Garfield	Medical Center	
Address:	525 N.	Garfield Ave.	
City:	Monter	ey Park	
Hospital Owner/Lice	ensee:	AHMC Healthcare, Inc	
Year of Reporting:		2015	
Contact 1 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Sub	mitter:	Paul Hensler	
Submission	Date:	12/21/2015 10:41:08 AM	

Report Y	/ear: 2015 11658	Garfield Medical Center		Monterey Park		Page:2 of 32		
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- 01934	Main Hospital	525 N. Garfield Ave.	Retrofit	SPC2	01/01/2018	12/31/2017		
				D				

jected construction	ch is pla	Instruction Garfield Medical Center anned for rebuild, retrofit or replacement late or dates and projected Completion of	, provide the date or dates	project nu	Monterey mbers, pe n 130061(r Section	130061(c)(1)(C).	Page:3 of The ent project	
ilding No: BLD-01	•	Main Hospital		Retr Proj	ofit/Repla	cement	Yes-Subr	nitted	
	Sub Num	Scope	Date In	Plan App Date	roved Pro e Sta	ojected art Date	Projected Completion Date	Status	CEQA Review
658 IL101610-0	0	VSI for Garfield/11658: Main Hospital (BLD 01934) SPC-2 Reclassification Project	- 6/30/2010		06	6/30/2010		ACTI	No
HPD FDD SB499 Re	nort	Data Last Update: 12/16/2015	Submi	ssion Date:	12/21/20)15	Printed: 12/23/20)15 6·25 ΔI	Л

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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-01934	Building Name:	Iain Hospital					
Type of Service Provided							
X Nursing Inpatien Beds	t 134 Inpatient 48910 Days		bstetrical ecovery				
X IntensiveCare Inpatien Beds	t 22 Inpatient Days 8030		ewborn/ /ellBaby				
Pediatric/Adol Inpatien escent Beds	t 0 Inpatient Days 0	X Clinical Lab	mergency				
Psychiatric Inpatien Nursing Beds	t 0 Inpatient Days 0		uclear Iedicine				
Obstetrical Inpatien Ante/Postprtum Beds	t 0 Inpatient Days 0		ehabilitation herapy				
Intermediate Inpatien Care Beds	t 0 Inpatient Days 0		enal Dialysis				
Skilled Nursing Inpatien Beds	t 0 Inpatient Days 0		utpatient urgery				
Deus	Total Beds this 156 Building	Obstetrical Cesarean/Deliv	entral 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-01934 Building Name: Main Hospital								
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 106 Bed	Inpatient 3869 Days 0	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 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care New Nursery	vborn	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 14 Bed	Inpatient 5110 Days	Inpatient 28 Bed	Inpatient 1022 Days 0	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 8 Bed	Inpatient 2920 Days	Inpatient 0 Bed	Inpatient 0 Days	156	156			
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or all buildings a	t the facility, indicate which ones are scheduled fo	r general acute service removal.	
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-01934	Main Hospital	Retrofit	
BLD-01935	Nursery/Post Partum	Remain	
BLD-01936	Emergency Wing	Remain	
BLD-01937	O.B. Pavilion	Remain	

BLD-01938

BLD-01939

BLD-03427

O.B. Addition

Cath Lab

ER Addition

Remain

Remain

Remain

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

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

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lo data reported for Section 130061(c)(2)(D).								

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Io data reported for Section 130061(c)(2)(D).								

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No data reported corresponding b	l for wheth uilding site	er the gene s or projec	eral acute care services t numbers for buildings	and beds will be relowith a Building Reso	ocated to a n lution of "Re	ew, existing or retro build" or "Replace"	ofitted building a per Section 130	and any 0061(c)(2)(E).

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No data reported	d for Section	on 130061(c	:)(3).		

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Report any general per Section 130061		tient service that is provided in any g	general acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-01934 Buildin	g Name: Main Hospital			
Type of Service	e Provided				
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabi Therap	
X	Nursing	X Anesthesia		χ Renal [Dialysis
X	IntensiveCare	X Clinical Lab	Obstetrical Recovery	X Renal I	Jaiyaia
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	X Outpati Surgery	
	Psychiatric Nursing	Imaging X Pharmaceutical	Emergency	X Central	Plant
	Obstetrical Ante/Postprtum	X Dietetic	X Nuclear Medicine	X Suppor Service	
	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 acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-01934	Building Name: Main Hospital										
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5											
Type of Service Provided											
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	X Rehal Thera	bilitation apy							
X IntensiveCare	X Anesthesia	Obstetrical Recovery	X Renal	l Dialysis							
Pediatric/Adol escent	X Clinical Lab	Receivery									
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpa Surge								
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	X Centra	al Plant							
Intermediate Care	X Dietetic										
Skilled Nursing	X Administration	X Nuclear Medicine	X Supp Servi								
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	II buildings on the hospital campus showi or by replacement and the type of service			
Building Number: BLD-01935	Building Name: Nursery/Post Par	tum		
Configuration: Retrofit Non	Conforming building to SPC 5 and NPC 4	t or NPC 5		
Type of Service Provided				
Nursing	X Surgical	X Obstetrical Cesarean/De		abilitation rapy
X IntensiveCare	X Anesthesia	X Obstetrical Recovery	Rena	al Dialysis
Pediatric/Adol escent	Clinical Lab	1000101		
Psychiatric Nursing	Radiological/ Imaging	X Newborn/ WellBaby	Outp Surg	patient gery
X Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Cent	tral Plant
Intermediate Care	Dietetic	Nuclear Mec		
Skilled Nursing	Administration			oport vices
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	buildings on the hospital campus showi by replacement and the type of service			
Building Number: BLD-01936	Building Name: Emergency Wing			
Configuration: Retrofit Non-C	onforming building to SPC 5 and NPC 4	1 or NPC 5		
Type of Service Provided				
Nursing	Surgical	Obstetrical Cesarean/Deliv	X Rehabili Therapy	
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal D	Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery	
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central	Plant
Intermediate Care	Dietetic	Nuclear Medicine	X Suppor	*
Skilled Nursing	Administration		X Suppor Service	
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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-01937	Building Na	me: O.B. Pavilion									
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5												
Type of Service	Provided											
Nu	ursing		Surgical	X	Obste Cesar	trical rean/Deliv		Rehabilitation Therapy				
Int	ensiveCare		Anesthesia	X	Obste Recov			Renal Dialysis				
	ediatric/Adol cent		Clinical Lab		Necov	very						
	sychiatric ursing		Radiological/ Imaging		Newb WellB			Outpatient Surgery				
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	gency		Central Plant				
	ermediate are	x	Dietetic		Nucle	ar Medicine		Support				
Sk	illed Nursing		Administration		Nuclea			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 acute care hospital building per Section 130061(c)(5)												
Building Number:	BLD-01938	Building Na	me: O.B. Addition									
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030												
Type of Service	Provided											
Nu	ırsing		Surgical	X	Obste Cesar	trical ean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia	X	Obste Recov			Renal Dialysis				
	diatric/Adol cent		Clinical Lab		Recov	ery						
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emerg	gency		Central Plant				
Inte Ca	ermediate Ire	X	Dietetic		Nucle	ar Medicine		Support				
_	illed Nursing		Administration		NUCIE			Services				
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	her by retrofit or by		hospital campus showin and the type of service								
Building Number:	BLD-01939	Building Na	me: Cath Lab								
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5											
Type of Service	e Provided										
X Nu	ursing	X	Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy			
Int	tensiveCare		Anesthesia		Obstet Recov			Renal Dialysis			
-	ediatric/Adol scent		Clinical Lab								
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa		X	Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	ency		Central Plant			
	termediate		Dietetic		-						
	are killed Nursing		Administration		Nuclea	ar 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 acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-03427	Building Na	me: ER Addition								
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstet Recove			Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		110001	<i></i> ,					
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery			
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	ency		Central Plant			
Inte Ca	ermediate are		Dietetic		Nuclea	r Medicine		Support			
Sk	illed Nursing		Administration		Tuolea			Services			
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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: BL	-D-01935	Building Na	ime: Nu	ursery/Post Partum]		
Type of Service Pro	ovided									
Nursing	Inpatient Beds	0	X	Surgical	X	Obstetrical Cesarean/Deliv		habilitation erapy		
X IntensiveCare	Inpatient Beds	20	X	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery	Re Re	nal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X	Newborn/ WellBaby		tpatient rgery		
Obstetrical X Ante/Postprtum	Inpatient Beds	34		Pharmaceutical		Emergency	X Ce	ntral Plant		
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		pport rvices		
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		54								
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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: BL	D-01936	Building N	lame: En	nergency Wing						
Type of Service Pro	vided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		abilitation rapy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Ren	al Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cer	tral Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Sup Ser	port vices			
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		0								
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Include information and SPC-5 per Sec		of inpatient beds	by type of \$	Service provided by	buildings that are classified	as SPC-2, SF	PC-3, SPC-4,
Building Number: BLD-01937 Building Name: O.B. Pavilion							
Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	X Obstetrical Cesarean/Deliv		abilitation rapy
IntensiveCar	e Inpatient Beds	0		Anesthesia			
Pediatric/Add escent	ol Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Ren	al Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Out Sur	patient gery
Obstetrical Ante/Postprt	Inpatient um Beds	0		Pharmaceutical	Emergency	Cen	tral Plant
Intermediate	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Sup Sup Serv	port ⁄ices
Skilled Nursi	ng Inpatient Beds	0		Administration			
Total Beds th Building	nis	0					
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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-01938 Building Name: O.B. Addition								
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	X Obstetrical Cesarean/Deliv		abilitation rapy	
	Care Inpatient Beds	0		Anesthesia				
Pediatric/A	Adol Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Ren	al Dialysis	
Psychiatric	c Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Out Sur	patient gery	
Obstetrica		0		Pharmaceutical	Emergency	Cen	tral Plant	
Intermedia	ate Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Sup Sup Serv	port ⁄ices	
Skilled Nu	rsing Inpatient Beds	0		Administration				
Total Beds Building	s this	0						
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Include information o and SPC-5 per Section		of inpatient beds	by type of S	Service provided by	buildings that are classified a	as SPC-2, SP	PC-3, SPC-4,
Building Number: BLD-01939 Building Name: Cath Lab							
Type of Service Provided							
X Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv		abilitation rapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Ren	al Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Out Sur	patient gery
Obstetrical Ante/Postprtur	Inpatient n Beds	0		Pharmaceutical	Emergency	Cen	tral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sup Serv	port ⁄ices
Skilled Nursing) Inpatient Beds	0		Administration			
Total Beds this Building	3	0					
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Include information on and SPC-5 per Sectio		of inpatient beds	by type of \$	Service provided by	buildings that are classified a	as SPC-2, SP	C-3, SPC-4,	
Building Number: BL	D-03427	Building N	lame: EF	R Addition				
Type of Service Pro	Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy	
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Ren	al Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	patient jery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency		tral Plant	
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Serv	port vices	
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-01935 Building Number:	Iding Name: Nursery/Post Partum				
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 34 Inpatient 12410 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 20 Inpatient 7300 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 Servi			
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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-01936 Build	ding Name: Emergency Wing		_			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 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-01937 Build	ding Name: O.B. Pavilion					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0				
OSHPD FDD SB499 Report Data Last U	pdate: 12/16/2015 Submission Date:	12/21/2015 Printed: 12/23/2015 6:25 AM	Λ			

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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-01938 Build	ding Name: O.B. Addition					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Coronary Care	Chemical Dependency	Total Beds this Total Be Building Per Building				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	0			
OSHPD FDD SB499 Report Data Last U	pdate: 12/16/2015 Submission Date:	12/21/2015 Printed: 12/23/201	5 6:25 AM			

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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-01939 Building Name: Cath Lab						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient <u>0</u> Inpatie Bed Days	nt 0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	/			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0			
Coronary Care	Chemical Dependency	Building Per Buil	al Beds this ding Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	/ice 0			
OSHPD FDD SB499 Report Data Last U	odate: 12/16/2015 Submission Date:	12/21/2015 Printed: 12/23	3/2015 6:25 AM			

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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-03427 Build	ding Name: ER Addition					
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	nt 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	nt 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	nt 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	nt 0			
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0			
OSHPD FDD SB499 Report Data Last U	pdate: 12/16/2015 Submission Date:	12/21/2015 Printed: 12/23	3/2015 6:25 AM			