## 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:	11672							
Facility Name:	Glendor	Glendora Community Hospital						
Address:	150 W. I	Route 66						
City:	Glendor	a						
Hospital Owner/Lic	ensee:	East Valley Glendora Hospital LP						
Year of Reporting:		2015						
Contact 1 e-mail Ad	ddress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ad	ddress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]						
Name of Submitter:		Brad Hawn						
Submission Date:		12/17/2015 9:38:43 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- 00151	Original Building	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD- 00152	Emergency Building	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD- 00153	1966 Addition - West	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD- 03521	1966 Addition - East	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019

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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-00151 Original Building Retrofit/Replacement Project:

Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 11672 H142627-19 11/12/201 10/8/2015 07/01/2015 PEND No -00 12:00:00 4 AM

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).

BLD-00152 Hazus-Planned **Emergency Building** Retrofit/Replacement Building No: Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Number Number Num Scope Date Start Date Date In

Number Number Num Scope

Date In

Date Start Date

Completion Date Status

Review

11672 H142627-19 0 11/12/201 10/8/2015 07/01/2015

PEND No

AM

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Provide	e the number of	inpatient bed	s and pat	ient days per typ	pe of service	per building	g per Section 1300	61(c)(1)(F	=)	
Buildin	g Number: BLI	D-00151		Building Na	me:	Original Bui	lding			
Type o	of Service Prov	<u>ided</u>								
X	Nursing	Inpatient Beds	40	Inpatient Days	1626	X	Surgical		Obstetrical Recovery	
X Ir	ntensiveCare	Inpatient Beds	10	Inpatient Days	445	X A	Anesthesia		Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0	X	Clinical Lab		Emergency	,
	Psychiatric Nursing	Inpatient Beds	21	Inpatient Days	4441	X F	Radiological/ maging	X	Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	30	Inpatient Days	318		Pharmaceutical Dietetic	X	Rehabilitati Therapy	on
	ntermediate Care	Inpatient Beds	0	Inpatient Days	0		Administration		Renal Dialy	<i>r</i> sis
s	Skilled Nursing	Inpatient Beds	O Total Bo		101		Support Services Obstetrical Cesarean/Deliv	X X	Outpatient Surgery  Central Pla	nt
			Building	<b>.</b>						

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Provide the num	nber of inpatient bed	ds and patient days per type of servio	ce per building per Section 1300	061(c)(1)(F)	
Building Numbe		Building Name:	Emergency Building		
Type of Service	e Provided				
X Nursing	Inpatient Beds	21 Inpatient 1073 Days	Surgical	Obstetrical Recovery	
IntensiveC	Care Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/A escent	Adol Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency	
Psychiatric	c Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
Obstetrica Ante/Postp		0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermedia Care	ate Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis	
Skilled Nu	rsing Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Deas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

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Provi	de the number of	inpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)	
	ing Number: BL		Building Name: 19	966 Addition - West		
	Nursing	Inpatient Beds	6 Inpatient 1084 Days	Surgical	Obstetrical Recovery	
	IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	1
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	ion
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	/sis
	Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support	Outpatient Surgery	
		Dodd	Total Beds this Building 6	Obstetrical Cesarean/Deliv	Central Pla	nt

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Provide the number o	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: Bl		Building Name: 19	966 Addition - East		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	1
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialy	/sis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Outpatient Surgery	
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt

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Provide the number	ovide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	BLD-00151	Building Name: Origi	nal Building					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 40 Bed	Inpatient 1626 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 4441 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 Nev Nursery	vborn	Intermediate Card				
Inpatient 30 Bed	Inpatient 318 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent			
Inpatient 5 Bed	Inpatient 445 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 5 Bed	Inpatient 444 Days	Inpatient 0 Bed	Inpatient 0 Days	101	101			

Report Year: 2015 11672 Glendora Community Hospital Glendora Page:10 of 29 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00152 **Emergency Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 1073 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 21 Inpatient 21 Inpatient Inpatient Inpatient Days Days Bed Bed

Report Year: 2015 11672 Glendora Community Hospital Glendora Page:11 of 29 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00153 **Building Number: Building Name:** 1966 Addition - West Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 1084 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 6 Inpatient Inpatient Inpatient 6 Days Days Bed Bed

Report Year: 2015 11672 Glendora Community Hospital Glendora Page:12 of 29 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 1966 Addition - East **Building Number:** BLD-03521 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed 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-00151	Original Building	Retrofit
BLD-00152	Emergency Building	Retrofit
BLD-00153	1966 Addition - West	Retrofit
BLD-03521	1966 Addition - East	Retrofit

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Report Year: Glendora Community Hospital 2015 11672 Glendora Page:17 of 29 No data reported for Section 130061(c)(2)(D).

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No data reported	I for whethe	r the general	acute care s	services and be	ds will be reloca	ated to a	new, existing or re	etrofitted building a	and any 0061(c)(2)(F)	
	o data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any presponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(e)(2)(E).									

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No data reporte	d for Section	n 130061(c)	(3).		

Section 130061		ng Name: O	riginal Building				
Type of Service	e Provided	. –					
		X	Surgical	Ш	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab			х	Outpatient
	escent	X	Radiological/	Ш	Newborn/ WellBaby		Surgery
X	Psychiatric Nursing		Imaging		Emorgonov		Construct Diagram
		X	Pharmaceutical		Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	Х	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
	Skilled Nursing						

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Report any general per Section 130061	acute care hospital ir	npatient service t	nat is provided in any	general a	acute care hospital	building t	that is rated SPC-1	
Building Number:	BLD-00152 Buil	ding Name: E	mergency Building					
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia				Danel Diebreie	
	IntensiveCare	X	Oliviaal Lab		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab  Radiological/		Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Imaging	_	·			
	ŭ		Pharmaceutical	Х	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration					
	Skilled Nursing							

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Report any general per Section 130061		tient service that is provided	in any general ac	ute care hospital	building that	t is rated SPC-1
Building Number:	BLD-00153 Buildin	g Name: 1966 Addition - \frac{1}{2}	West			
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	Anesthesia				Renal Dialysis
	IntensiveCare	Clinical Lab		Obstetrical Recovery	□ '	ichai Diaiysis
	Pediatric/Adol escent	Radiological		lewborn/ VellBaby		Outpatient Surgery
	Psychiatric Nursing	Imaging Pharmaceuti		Emergency		Central Plant
	Obstetrical Ante/Postprtum	Dietetic		luclear ledicine		Support Services
	Intermediate Care	Administration	on			
	Skilled Nursing					

ilding Number:	BLD-03521 Buildi	ng Name: 19	966 Addition - East			
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing		Anesthesia	Cesarear/Deliv	 	
	IntensiveCare		Oli de al Lest	Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	Newborn/ WellBaby	Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging	 ·		
	Obstetrical		Pharmaceutical	Emergency	Central Plant	
Ш	Ante/Postprtum		Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care		Administration			
	Skilled Nursing					

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Report the final configuration of all bu requirements whether by retrofit or by per Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ring how each building will comply we that will be provided in each gener	ith the SPC-5/NPC-4 or 5 al acute care hospital building							
Building Number: BLD-00151	Building Name: Original Building									
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 Rehabilitation Therapy							
IntensiveCare	X Anesthesia	Obstetrical Recovery	Renal Dialysis							
Pediatric/Adol escent	X Clinical Lab	Recovery								
X Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery							
Obstetrical	X Pharmaceutical									
Ante/Postprtum		Emergency	X Central Plant							
Intermediate Care	X Dietetic									
Skilled Nursing	Administration	X Nuclear Medicine	X 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-00152 Building Name: Emergency Building										
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030										
Type of Service Provided										
X N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation herapy			
In	ntensiveCare		Anesthesia		Obstetrical Recovery	R	tenal Dialysis			
	ediatric/Adol scent	X	Clinical Lab		Recovery					
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient ourgery			
	Obstetrical .nte/Postprtum		Pharmaceutical	Х	Emergency	c	entral Plant			
	ntermediate care		Dietetic		Nuclear Medicine		Support			
S	killed Nursing	X	Administration			— (	Services			

Report Year:	2015 11672	Glendora Con	nmunity Hospital		Glendora		Page:26 of 29				
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-00153 Building Name: 1966 Addition - West											
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030											
Type of Service Provided											
X N	Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy				
lı	ntensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis				
	Pediatric/Adol escent		Clinical Lab		recovery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		outpatient urgery				
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	c	entral Plant				
	ntermediate Care		Dietetic		Nuclear Medicine		Gupport				
	Skilled Nursing		Administration	_		—	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:	Building Number: BLD-03521 Building Name: 1966 Addition - East										
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030											
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 Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	estetrical te/Postprtum		Pharmaceutical	П	Emergency		Central Plant				
	ermediate		Dietetic								
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services				

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