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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:	11768		
Facility Name:	Kindrec	Hospital - La Mirada	
Address:	14900 I	mperial Hwy	
City:	La Mira	da	
Hospital Owner/Lice	ensee:	Southern California Specialty Care, Inc	
Year of Rep	oorting:	2015	
Contact 1 e-mail Ad	dress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	dress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Sub	omitter:	Bill Alexander	
Submission	n Date:	12/7/2015 3:51:15 PM	

Report Y	Year: 2015 11768	Kindred Hospital - La Mirada		La Mirada		Page:2 of 20		
rebuild, re 130061.5	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- 03470	Building III	14900 Imperial Hwy	Retrofit	SPC2	01/01/2016	12/15/2015		
				D-1 40/07/0045	Deinte de 10			

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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-03470	Building III		Retrofit/Replacement Project:	Hazus-S	ubmitted			
Facility Project Sub Number Number Num Scop	De	Plan A Date In [	Approved Projected Date Start Date	Projected Completion Date	CEQA Status Review			
11768 S131152-19 0 -00			/2014 06/30/2014 00:00 AM		FIEL No			
OSHPD FDD SB499 Report	Data Last Update: 10/15/2015	Submission D	ate: 12/07/2015	Printed: 12/9/20	45 C-25 AM			

Report Year:       2015       1176	8 Kindred Hospital - La Mirada	La Mirada	Page:4 of 20					
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-03470 Building Name: Building III								
Type of Service Provided								
Nursing Inpatie Beds	ont 0 Inpatient 0 Days	Surgical Obstetric Recover						
IntensiveCare Inpatie Beds	ent 0 Inpatient Days 0	Anesthesia Newborr WellBab						
Pediatric/Adol Inpatie escent Beds	ent 0 Inpatient Days 0	Clinical Lab	псу					
Psychiatric Inpatie Nursing Beds	ent 0 Inpatient Days 0	Radiological/ Nuclear Imaging	9					
Obstetrical Inpatie Ante/Postprtum Beds	ent 0 Inpatient Days 0	Pharmaceutical   Dietetic   Dietetic						
Intermediate Inpatie Care Beds	ent 0 Inpatient Days 0	Administration Renal Di						
Skilled Nursing Inpatie Beds	ont 0 Inpatient Days 0	Services Surgery	in					
	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Plant					
OSHPD FDD SB499 Report	Data Last Update: 10/15/2015	Submission Date: 12/07/2015 Printed: 12/9	9/2015 6:25 AM					

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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-03470 Build	ling Name: Build	ding III		]		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	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 Nev Nursery	wborn	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 / developm Disabled	nent		
Inpatient 0 Bed	Inpatient 0 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	0	0		
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or all buildings a	t the facility, indicate which ones are scheduled	d for general acute service removal.	
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	_
BLD-01710	Building I	Remain	
BLD-03469	Building II	Remain	
BLD-03470	Building III	Retrofit	

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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 (a	)(2)(A) , (B), or (C)			

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lo data reported for Sectio	n 130061(c)(2)(D	).		

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lo data reported fo	or Section	130061(c)	(2)(D).		

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No data reported	d for wheth uilding site	er the gene	eral acute care services t numbers for buildings	and beds will be relowith a Building Resol	ocated to a new	v, existing or retrofit ild" or "Replace" pe	tted building a er Section 130	nd any 061(c)(2)(E).
	unun ig ente							

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lo data reporte	ed for Section	n 130061(c	)(3).		

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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-03470	Building Name: Building III							
Type of Service Provided								
	Surgical		Dbstetrical Cesarean/Deliv	Rehabilitation Therapy				
Nursing	Anesthesia		N	Renal Dialysis				
IntensiveCa	re Clinical Lab		Dbstetrical Recovery	Renai Dialysis				
Pediatric/Ac escent	lol Radiological		lewborn/ VellBaby	Outpatient Surgery				
Psychiatric Nursing	Imaging Pharmaceut	ical E	mergency	Central Plant				
Obstetrical Ante/Postpr	tum Dietetic		luclear	Support Services				
Intermediate Care	e Administratio	on						
Skilled Nurs	ing							
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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-01710	Building Nam	ne: Building I					
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5								
Type of Service F	Provided							
X Nurs	sing	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy	
X Inter	nsiveCare	X	Anesthesia		Obstetrical Recovery	XR	enal Dialysis	
Pedi esce	iatric/Adol ent	X	Clinical Lab		Receivery			
Psyc Nurs	chiatric sing	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery	
	tetrical e/Postprtum	X	Pharmaceutical		Emergency	X C	entral Plant	
X Inter Care	rmediate	X	Dietetic		Nuclear Medicine		Summert.	
	ed Nursing	X	Administration	X	Nuclear Medicine		Support Services	
OSHPD FDD SB499 Re	eport D	ata Last Update	: 10/15/2015	Submissi	on Date: 12/07/2015	Printed: 12	2/9/2015 6:25 AM	

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	her by retrofit or by		hospital campus showin and the type of service t						ng
Building Number:	BLD-03469	Building Na	me: Building II						]
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5						]
Type of Service	Provided								
X Nu	ırsing	X	Surgical		Obstet Cesar	trical ean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis	
	ediatric/Adol cent		Clinical Lab						
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	jency		Central Plant	
Inte Ca	ermediate		Dietetic		Nuclea	ar Medicine		Support	
	illed Nursing	X	Administration		NUCIER		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-03470	Building Na	me: Building III						
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Service	Provided								
Nu Nu	ursing		Surgical		Obstet Cesar	trical ean/Deliv		Rehabilitation Therapy	
Int	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		Recov	cry			
	sychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	jency		Central Plant	
Int Ca	ermediate		Dietetic		NL star	- <b></b>		0	
	illed Nursing		Administration		NUCIE	ar Medicine	X	Support 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-01710	Building Na	ame: Bu	iilding l				
Type of Service Pro	vided							
X Nursing	Inpatient Beds	79	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	6	X	Anesthesia				
Pediatric/Adol	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	X F	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Dutpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	×	Pharmaceutical		Emergency	хc	Central Plant
Intermediate X Care	Inpatient Beds	24	X	Dietetic	X	Nuclear Medicine	X s	Support Services
Skilled Nursing	Inpatient Beds	0	X	Administration				
Total Beds this Building		109						
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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-03469	Building N	ame: Bu	iilding II				
Type of Service Pro	vided							
X Nursing	Inpatient Beds	9	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging	Γ	Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Ľ	Emergency		Central Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled Nursing	Inpatient Beds	0	X	Administration				
Total Beds this Building		9						
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Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3,	SPC-4, and
Building Number: BLD-01710 Building Number:	ding Name: Building I		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 79 Inpatient 17158 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	ot O
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 O
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 O
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 6 Inpatient 1848 Bed Days	Inpatient 24 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt O
Coronary Care	Chemical Dependency		l Beds this ding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	
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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-03469 Build	ding Name: Building II							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 9 Inpatient 1955 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 thisTotal Beds thisBuilding PerBuilding Per						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 9 9						
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