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: Facility Name:	11776 Kindred	Hospital - San Gabriel Valley	
Address:	845 N. L	ark Ellen Ave.	
City:	West Co	vina	
Hospital Owner/Licensee:		Southern California Specialty Care,Inc	
Year of Reporting:		2015	
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]	
Contact 2 e-mail Address:		[Confidential data left blank intentionally.]	
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]	
Name of Sub	mitter:	William Alexander, Facility Representative	
Submission	n Date:	12/7/2015 3:47:04 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- 01722	Building I (Acute Care	845 N. Lark Ellen Ave.	Retrofit	SPC2	01/01/2020	02/15/2019

Building No:	BLD-01722		Building I (Acute Care Facility)		Retrofit/Re Project:	eplacement	Hazus-Su	bmitted	
Facility Proj Number Num		Sco	ope	Date In	Plan Approved Date		Projected Completion Date	Status	CEQA Review
11776 I1500 00	003-19-)		1/15/2015				ACTI	No

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Provide the number o	f inpatient bed	ds and patient days per type of service	e per building per Section 130061((c)(1)(F)
Building Number: Bl	LD-01722	Building Name:	Building I (Acute Care Facility)	
Type of Service Prov	<u>vided</u>			
X Nursing	Inpatient Beds	70 Inpatient 17789 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	6 Inpatient Days 1829	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	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	Beds	Total Beds this Building 76	Obstetrical Cesarean/Deliv	X Central Plant

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1 Tovide the Hamber	or impatient beds and	patient days per type or uni	t per building per Section 1	30001(0)(1)(1)	
Building Number:	BLD-01722	Building Name: Build	ding I (Acute Care Facility)		
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 70 Bed	Inpatient 1778 Days 9	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 / developr Disabled	nent
Inpatient 6 Bed	Inpatient 1829 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	76	76

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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-01722	Building I (Acute Care Facility)	Retrofit		

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No proposed ne	ew buildings	to be const	ructed at this or another site.		

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Report Year: Kindred Hospital - San Gabriel Valley West Covina 2015 11776 Page:9 of 16 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whethe	er the gener	al acute care se	rvices and beds v	vill be relocated to a	new, existing or retrofi ebuild" or "Replace" pe	tted building a	and any 1061(c)(2)(F)	
corresponding	ballaning office	roi projecti	Tarriboro for bank	anigo war a banc	ing recordion of re	obulia of Ropidoo po	51 C CC	(0)(2)(2)	

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X Surgical Obstetrical Rehabilitation Therapy X Nursing X Anesthesia Obstetrical Renabilitation Therapy X IntensiveCare Obstetrical Recovery X Renal Dialysis Pediatric/Adol escent X Radiological/ Imaging Renal Dialysis Psychiatric Nursing X Pharmaceutical Emergency X Central Plant Obstetrical Ante/Postprtum X Dietetic X Nuclear Medicine X Support Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Care X And a position Intermediate Care X And a position Care X And a position Care C	ding Number:	BLD-01722 Buildi	ng Name: B	uilding I (Acute Care I	acility)			
Nursing X Anesthesia Cesarean/Deliv Therapy X IntensiveCare	Type of Service	e Provided	I V	Surgical		Obstatrical		Rehabilitation
X		Nicosia		Surgical	Ш		Ш	
InternsiveCare	X	Nursing	X	Anesthesia				
Pediatric/Adol escent Newborn/ WellBaby Newborn/ WellBaby	X	IntensiveCare					X	Renal Dialysis
Psychiatric Nursing Ante/Postprtum X Radiological/ Imaging X Pharmaceutical Emergency X Central Plant X Nuclear X Support Services X Dietetic X Nuclear Medicine X Services X Nuclear Nedicine X Nuclear Nedicine X Nuclear Nedicine Nedicine			X	Clinical Lab				Outpatient
Psychiatric Nursing X Pharmaceutical Emergency X Central Plant Obstetrical X Nuclear Medicine X Support Services Intermediate Care Care Care Total Plant Total Pl		escent	X	Radiological/			Ш	Surgery
Obstetrical Ante/Postprtum X Pharmaceutical Emergency X Central Plant X Nuclear X Support X Support Services Intermediate Care				Imaging				
Ante/Postprtum X Nuclear X Support Services Intermediate		ivuisiiig	X	Pharmaceutical		Emergency	X	Central Plant
X Dietetic Medicine Services X Dietetic X D					X		Х	Support
		·	X	Dietetic		Medicine	_	Services
Oaic I IV I								
[X] Administration		Cuio	X	Administration				
Skilled Nursing		Skilled Nursing						

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Report the final conf requirements wheth per Section 130061(er by retrofit or by rep	gs on the lacement	hospital campus showing and the type of service the	g how e nat will t	ach building will comply wit be provided in each genera	h the SPC I acute car	c-5/NPC-4 or 5 re hospital building
Building Number:	BLD-01722 Bu	uilding Naı	me: Building I (Acute C	are Fac	ility)		
Configuration:	Retrofit Non-Conform	ning buildir	ng to SPC 2 and NPC 3	and rem	ove from service by 2030		
Type of Service	Provided						
X Nur	rsing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inte	ensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
Pec esc	diatric/Adol ent	X	Clinical Lab		Recovery		
	vchiatric rsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical e/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
Inte Car	ermediate re	X	Dietetic	X	Nuclear Medicine	X	Support
Skil	lled Nursing	X	Administration		Nuclear Medicine		Services

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