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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:	11971				
Facility Name:	lity Name: Citrus Valley Medical Center - QV Campus				
Address:	1115 S Sunset Ave	]			
City:	West Covina	]			
Hospital Owner/Lice	ensee: Citrus Valley Health Partners	]			
Year of Rep	porting: 2015				
Contact 1 e-mail Ad	dress: [Confidential data left blank intentionally.]	]			
Contact 2 e-mail Ad	Idress: [Confidential data left blank intentionally.]	]			
Contact 3 e-mail Add	dress:: [Confidential data left blank intentionally.]	]			
Name of Sub	mitter: Ed Gharibans	]			
Submission	Date: 10/20/2015 4:23:48 PM	]			

Report Y	'ear: 2015 11971	Citrus Valley Medical Center - Q	V Campus	West Covina		Page:2 of 44
rebuild, r 130061.5	etrofit or replace the buildir 5,for rebuild, retrofit or repla	re planned for rebuild, retrofit or replanged for rebuild, retrofit or replanged to SPC2, SPC3, SPC4 or SPC5 pacement of the building that the hosp per Section 130061(c)(1)(B)	er 130061(c)(1	(A). The deadline, a	s described in S	Section 130060 or
Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01163	Main Building	1115 S Sunset Ave	Retrofit	SPC2	01/01/2018	07/03/2017

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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-01163	Main Building		Retrofit/Replacement Project:	No	]			
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Projected Date Start Date	Projected Completion Date Status	CEQA Review			
11971 IM-2012- 0 00010		5/23/2012	06/01/2015	ACTI	No			
OSHPD FDD SB499 Report	Data Last Update:	10/20/2015 Submis	sion Date: 10/20/2015	Printed: 10/22/2015 6:25 A	M			

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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-0	01163	Building Name:	Main Building	g			
Type of Service Provide	ed						
	npatient 215 Beds	Inpatient 39 Days	623 X S	Surgical	Obstetrical Recovery		
	npatient 0 Beds	Inpatient Days	0 X A	nesthesia	Newborn/ WellBaby		
	npatient 18 Beds	Inpatient Days 2	2439 C	linical Lab	Emergency		
	npatient 0 Beds	Inpatient Days		adiological/ naging harmaceutical	Nuclear Medicine		
	npatient 0 Beds	Inpatient Days		ietetic	Rehabilitati Therapy	on	
	npatient 0 Beds	Inpatient Days		dministration	Renal Dialy	sis	
	npatient 0 Beds	Inpatient Days		ervices	Surgery		
		eds this		bstetrical esarean/Deliv	Central Pla	nt	
OSHPD FDD SB499 Report	Data Last I	Jpdate: 10/20/2015	Submission [	Date: 10/20/2015	Printed: 10/22/2	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-01163 Bu	ilding Name: Main Building							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 197 Inpatient 3407 Bed Days 5	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Perinatal (excluse 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 Card						
Inpatient 18 Inpatient 2439 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 12 Inpatient 3755 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service						
Inpatient 6 Inpatient 1793 Bed Days	Inpatient 0 Inpatient 0 Bed Days	233 233						
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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-01163	Main Building	Retrofit
BLD-01164	Service Building	Remain
BLD-01165	South Wing Addition	Remain
BLD-01166	1968 West Wing Addition	Remain
BLD-01167	Outpatient Addition	Remain
BLD-01168	Mechanical Building	Remain
BLD-01170	MRI / CT Building	Remain
BLD-01171	Chiller Room Addition	Remain
BLD-01172	Cardiac Cath Lab Addition	Remain
BLD-01173	Maternal & Child Health Center	Remain
BLD-05424	Bridge Connector	Remain
	P	P

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No proposed nev	w buildings	s to be cons	structed at this or another site.		

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No data reported	I for Sectio	on 130061	(c)(2)(A) , (B), or (C)		

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No data reported for Section 130061(c)(2)(D).							

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No data reporte	lo data reported for Section 130061(c)(2)(D).								

No data reported for whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E).	

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No data reported	d for Sectio	n 130061(c)	)(3).		

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Report any general per Section 130061		tient service that is provided in any g	eneral acute care hospital	building that is rat	ed SPC-1
Building Number:	BLD-01163 Buildin	g Name: Main Building			
Type of Service	e Provided				
		X Surgical	Obstetrical Cesarean/Deliv	X Rehabi Therap	
X	Nursing	X Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal I	Dialysis
X	Pediatric/Adol escent	Clinical Lab		X Outpat	ient
		X Radiological/ Imaging	Newborn/ WellBaby		/
	Psychiatric Nursing	X Pharmaceutical	Emergency	Centra	Plant
	Obstetrical Ante/Postprtum	X Dietetic	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: Configuration:	BLD-01163 Retrofit Non-Cor	Building Name:	Main Building	and remo	ve from service	e by 2030		]		
Type of Service	Provided									
Nu	ırsing	Su	rgical		Obstetrical Cesarean/Deli	v	Rehabilitation Therapy			
	ensiveCare	An An	esthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent	Cli	inical Lab		licectory					
	ychiatric Irsing		adiological/ aging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum	Ph	narmaceutical		Emergency		Central Plant			
Inte Ca	ermediate are	Die	etetic		Nuclear Medic	ina 🗌	Support			
	illed Nursing	Ac	Iministration				Services			
OSHPD FDD SB499 R	Report	Data Last Update:	10/20/2015	Submissic	on Date: 10/20,	/2015 Printed:	10/22/2015 6:25 A	M		

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Report the final cor requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showin and the type of service the	g how e hat will t	ach building will comply w be provided in each gener	vith the SP al acute ca	C-5/NPC-4 or 5 are hospital building				
Building Number:	BLD-01164	Building Na	me: Service Building								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
-	ediatric/Adol cent		Clinical Lab								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support				
	illed Nursing		Administration				Services				
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Report the final con requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showing and the type of service the type of servic	g how e hat will t	ach building will comply w be provided in each gener	ith the SP al acute c	C-5/NPC-4 or 5 are hospital building				
Building Number:	BLD-01165	Building Na	me: South Wing Addition	on							
Configuration: Remove from GAC service by 1/1/2030											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate		Dietetic				Quanat				
	illed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showin and the type of service the	g how ea hat will t	ach building will comply wit be provided in each genera	th the SP I acute ca	C-5/NPC-4 or 5 are hospital building				
Building Number:	BLD-01166	Building Na	me: 1968 West Wing A	ddition							
Configuration: Remove from GAC service by 1/1/2030											
Type of Service	e Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	ediatric/Adol cent		Clinical Lab								
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate		Dietetic				Quartert				
	illed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showin and the type of service the	g how e hat will t	ach building will comply be provided in each ger	/ with the SP neral acute ca	C-5/NPC-4 or 5 are hospital building				
Building Number:	BLD-01167	Building Na	me: Outpatient Additior	า							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support				
Sk	illed Nursing		Administration				Services				
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will compl be provided in each ge	y with the SP neral acute ca	C-5/NPC-4 or 5 are hospital building				
Building Number:	BLD-01168	Building Na	me: Mechanical Buildir	ng							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab		loovery						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate		Dietetic								
	illed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showing and the type of service th	g how e hat will t	ach building will comply wi be provided in each genera	th the SP al acute ca	C-5/NPC-4 or 5 are hospital building				
Building Number:	BLD-01170	Building Na	me: MRI / CT Building								
Configuration:	Iration: Remove from GAC service by 1/1/2030										
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis				
	ediatric/Adol cent		Clinical Lab		Recovery						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support				
Sk	illed Nursing		Administration				Services				
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply w be provided in each gener	ith the SP al acute ca	C-5/NPC-4 or 5 are hospital building				
Building Number:	BLD-01171	Building Na	me: Chiller Room Addi	tion							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Int <sup>a</sup>	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
-	ediatric/Adol cent		Clinical Lab		Receivery						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate		Dietetic								
	illed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply w be provided in each genera	ith the SP al acute c	C-5/NPC-4 or 5 are hospital building				
Building Number:	BLD-01172	Building Na	me: Cardiac Cath Lab	Addition							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
-	ediatric/Adol cent		Clinical Lab		10001019						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant				
	ermediate		Dietetic								
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	uildings on the / replacement	hospital campus showir and the type of service t	ng how e that will l	ach building will comply v be provided in each gene	with the SP ral acute c	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-01173	Building Na	me: Maternal & Child H	Health C	enter		
Configuration:	N/A						
Type of Service	e Provided						
Nu Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services
		•					
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Report the final con requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	g how e hat will l	ach building will co be provided in each	mply with the SP( a general acute ca	C-5/NPC-4 or 5 are hospital building	
Building Number:	BLD-05424	Building Na	me: Bridge Connector					
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
-	diatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate		Dietetic		N		0	
	illed Nursing		Administration		Nuclear Medicine		Support Services	
OSHPD FDD SB499 R	Report D	Data Last Updat	e: 10/20/2015	Submiss	ion Date: 10/20/20	15 Printed:	10/22/2015 6:25 AM	

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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	Building Number: BLD-01164 Building Name: Service Building									
Type of Service Provided										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis			
Psychiatric	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge				
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Centr	al Plant			
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi				
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this 0 Building										
OSHPD FDD SB499 Repo	DIT	Data Last Update:	10/20/2	Jib Submissi	on Date: 10/20/2015	Printed: 10/22/	2015 6:25 AM			

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	e information on t PC-5 per Section		inpatient beds	by type of S	Service provided by b	buildings that are classified	l as SPC-2, SPC	C-3, SPC-4,			
Buildin	g Number: BLC	0-01165	Building N	Name: So	uth Wing Addition						
Туре	Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Reha Thera	abilitation apy			
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cent	ral Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi				
	Skilled Nursing	Inpatient Beds	0	X	Administration						
	Total Beds this 0 Building										
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	de information on SPC-5 per Section		f inpatient beds	by type of §	Service provided by I	ouildings that are classified	as SPC-2, SP	C-3, SPC-4,		
Build	Building Number: BLD-01166 Building Name: 1968 West Wing Addition									
Тур	Type of Service Provided									
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy		
	IntensiveCare	Inpatient Beds	0	X	Anesthesia		_			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cent	ral Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Supp Serv			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this 0 Building									
OSHPE	D FDD SB499 Repo	rt [	Data Last Update:	10/20/20	)15 Submissi	on Date: 10/20/2015	Printed: 10/22	/2015 6:25 AM		

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	tion on the number o Section 130061(e)	of inpatient beds	by type of \$	Service provided by	buildings	that are classified	as SPC-2, S	SPC-3, SPC-4,			
Building Numbe	er: BLD-01167	Building N	ame: Ou	Itpatient Addition							
Type of Servic	Type of Service Provided										
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy			
X Intensive	Care Inpatient Beds	12		Anesthesia							
Pediatric/ escent	/Adol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis			
Psychiatr	ic Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery			
Obstetric Ante/Pos		0		Pharmaceutical	X	Emergency	X C	entral Plant			
Intermedi Care	iate Inpatient Beds	0		Dietetic		Nuclear Medicine		upport ervices			
Skilled N	ursing Inpatient Beds	0		Administration							
Total Bec Building	Total Beds this 12 Building										
OSHPD FDD SB49	99 Report	Data Last Update:	10/20/20	)15 Submiss	sion Date:	10/20/2015	Printed: 10	/22/2015 6:25 AM			

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	le information on PC-5 per Section		inpatient beds	by type of \$	Service provided by t	puildings that are classified	as SPC-2, SPC	C-3, SPC-4,			
Buildi	ng Number: BLI	D-01168	Building N	lame: Me	echanical Building						
Туре	Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy			
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Centr	al Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	ort ces			
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this 0 Building										
OSHPD	FDD SB499 Repo	rt D	Data Last Update	: 10/20/20	)15 Submissi	on Date: 10/20/2015	Printed: 10/22/	2015 6:25 AM			

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	nation on the nui er Section 13006		patient beds	by type of S	ervice provided by	/ building	s that are classified	as SPC-2, SF	PC-3, SPC-4,		
Building Num	ber: BLD-0117	70	Building N	lame: MR	I / CT Building						
Type of Service Provided											
Nursing	g Inpat Beds		0		Surgical		Obstetrical Cesarean/Deliv		abilitation rapy		
Intensiv	veCare Inpat Beds		0		Anesthesia						
Pediatr escent			0		Clinical Lab		Obstetrical Recovery	Ren	al Dialysis		
Psychia Nursiną			0	X	Radiological/ Imaging		Newborn/ WellBaby	Out Sur	patient gery		
Obsteti Ante/Po	rical Inpat ostprtum Beds		0		Pharmaceutical		Emergency	Cen	tral Plant		
Interme Care	ediate Inpat Beds		0		Dietetic		Nuclear Medicine	Sup Serv	port vices		
Skilled	Nursing Inpat Beds		0		Administration						
	Total Beds this 0 Building										
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Report	t Year: 2015	11971	Citrus Valley	Medical Cen	ter - QV Campus	West Covina		Page:31 of 44			
	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)										
Build	ing Number: BL	D-01171	Building N	lame: Ch	iller Room Addition						
<u>Тур</u>	Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy			
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Centr	ral Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	ort ces			
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this 0 Building										
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	e information on t PC-5 per Section		inpatient beds	by type of S	Service provided by	buildings that are classifie	d as SPC-2, SP0	C-3, SPC-4,		
Buildin	Building Number: BLD-01172 Building Name: Cardiac Cath Lab Addition									
Туре	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	abilitation apy		
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this 0 Building									
OSHPD	FDD SB499 Repor	t D	ata Last Update	: 10/20/20	)15 Submiss	ion Date: 10/20/2015	Printed: 10/22/	2015 6:25 AM		

eport Yea	ar: 2015	11971	Citrus Valley M	ledical Cen	ter - QV Campus		West Covina		Page:33 of 44
	formation on th -5 per Section		f inpatient beds	by type of S	Service provided by	building	s that are classified	as SPC-2, S	SPC-3, SPC-4,
Building Number: BLD-01173 Building Name: Maternal & Child Health Center									
Type of Service Provided									
X Nu	rsing	Inpatient Beds	34		Surgical	X	Obstetrical Cesarean/Deliv		ehabilitation herapy
X Inte	ensiveCare	Inpatient Beds	40		Anesthesia				
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery		enal Dialysis
	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging	X	Newborn/ WellBaby		utpatient urgery
	stetrical te/Postprtum	Inpatient Beds	6		Pharmaceutical		Emergency		entral Plant
Inte	ermediate re	Inpatient Beds	0		Dietetic		Nuclear Medicine		upport ervices
Ski	illed Nursing	Inpatient Beds	0		Administration				
	tal Beds this ilding		80						
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	ation on the number er Section 130061(e)	of inpatient beds	by type of \$	Service provided by	buildings that are classified	as SPC-2, SPC	C-3, SPC-4,			
Building Numl	ber: BLD-05424	Building N	ame: Bri	dge Connector						
Type of Service Provided										
Nursing	g Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy			
Intensiv	veCare Inpatient Beds	0		Anesthesia						
Pediatr escent	ic/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis			
Psychia Nursing		0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surge	atient ery			
Obstetr Ante/Po	ical Inpatient ostprtum Beds	0		Pharmaceutical	Emergency	Cent	ral Plant			
Interme Care	ediate Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi				
Skilled	Nursing Inpatient Beds	0		Administration						
	Total Beds this 0 Building									
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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-(	01164 Buildi	ng Name: Service Building			
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric					
	patient 0 ays	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt O	
Perinatal (Exclude Newbo	orn / GYN)	Burn	Skilled Nursing		
	patient 0 ays	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0	
Pediatric		Intensive Care Newborn Nursery	Intermediate Care		
	patient 0 ays	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0	
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled		
	patient 0 ays	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt O	
Coronary Care		Chemical Dependency		l Beds this ding Per	
	patient 0 ays	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	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-01165	Building Name: South Wing Addition				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
npatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 Unit Service 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-01166	Building Name: 1968 West	Wing Addition			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Days	tient 0 Inpatient 0 s Bed	Inpatient 0 Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Days	tient 0 Inpatient 0 s Bed	Inpatient 0 Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
npatient 0 Inpatient 3ed Days	0 Inpatient 0 Inpa Bed Days	tient 0 Inpatient 0 s Bed	Inpatient 0 Days		
ntensive Care	Rehabilitation Center	Int. Care / Develop Disabled	omentally		
npatient 0 Inpatient 3ed Days	0 Inpatient 0 Inpa Bed Days	tient 0 Inpatient 0 s Bed	Inpatient 0 Days		
Coronary Care	Chemical Dependency	Total Beds this Building Per	Total Beds this Building Per		
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Days	tient 0 Unit	<b>Service</b> 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-01167	Building Name:	Outpatient Addition			
Medical / Surgical (Include GYN)	Acute Respir	ratory Care	Acute Psychiatric		
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 /s	
Perinatal (Exclude Newborn / GYN	) Burn		Skilled Nursing		
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 /s	
Pediatric	Intensive Ca Nursery	re Newborn	Intermediate Care		
npatient 0 Inpatient 8 Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 /s	
Intensive Care	Rehabilitatio Center	n	Int. Care / Development Disabled	ally	
Inpatient 12 Inpatient Bed Days	3135 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 /s	
Coronary Care	Chemical De	pendency	Building Per E	Fotal Beds this Building Per	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit S	Service 12	
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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-01168	Building Name:	Mechanical Building			
Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric		
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Perinatal (Exclude Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Pediatric	Intensive Ca Nursery	re Newborn	Intermediate Care		
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Intensive Care	Rehabilitatio Center	n	Int. Care / Developmentall Disabled	у	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Coronary Care	Chemical De	pendency	Building Per Bui	al Beds this Iding Per	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days		0	
DSHPD FDD SB499 Report	Data Last Update: 10/20/20	015 Submission Dat	te: 10/20/2015 Printed: 10/2	22/2015 6:25 AM	

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Include information on the number of SPC-5 per Section 130061(e)	npatient beds by type of unit	provided by buildings tha	at are classified as SPC-2, SPC	-3, SPC-4, and
Building Number: BLD-01170	Building Name: M	RI / CT Building		
Medical / Surgical (Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Pediatric	Intensive Care N Nursery	lewborn	Intermediate Care	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpat Bed Days	
Intensive Care	Rehabilitation Center		Int. Care / Developmenta Disabled	lly
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days 0	Inpatient 0 Inpat Bed Days	
Coronary Care	Chemical Deper	ndency	Building Per Building Per	otal Beds this uilding Per
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Se	orvice 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-01171 Bu	ilding Name: Chiller Room Addition				
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 thisTotal Beds thisBuilding PerBuilding 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-01172 E	Building Name:         Cardiac Cath Lab Addition				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Bed 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed			
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			
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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-01173	Building Name: Maternal & Child Health Cer	nter			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 40 Inpatient 888 Bed Days	4 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient Bed Days	0 Inpatient 40 Inpatient 11245 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 0 Inpatient Bed Days	0 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 Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit Service 80 80			
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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-05424	Building Name:	Bridge Connector			
Medical / Surgical (Include GYN)	Acute Respi	ratory Care	Acute Psychiatric		
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Perinatal (Exclude Newborn / GYN	l) Burn		Skilled Nursing		
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ont 0	
Pediatric	Intensive Ca Nursery	are Newborn	Intermediate Care		
npatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
ntensive Care	Rehabilitatio Center	on	Int. Care / Developmentall Disabled	ý	
npatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0	
Coronary Care	Chemical De	ependency	Building Per Bui	al Beds this Iding Per	
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days		0	
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