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:	10685	10685						
Facility Name:	Kindred Ho	ospital Ontario						
Address:	550 N Mor	terey Ave						
City:	Ontario							
Hospital Owner/Lice	ensee:	THC - Orange County, Inc.						
Year of Reporting:		2016						
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 Submitter:		William Alexander						
Submission	n Date:	10/19/2016 3:51:52 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, SPC4D 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.	Building Name Alternate Building Address		Building	Final SPC Rating	Extension	Anticipated
No.			Resolution	If Required	Date	Completion Date
BLD- 01466	Building I	550 N Monterey Ave	Retrofit	SPC2	01/01/2020	02/15/2019

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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-01466 Building I Retrofit/Replacement Hazus-Submitted Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Date Start Date Number Number Num Scope Review Date In 0 ACTI No 10685 I140018-36-12/29/201 00

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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	_D-01466	Building Name: Bu	uilding I		
Type of Service Prov	<u>vided</u>				
X Nursing	Inpatient Beds	84 Inpatient 25640 Days	X Surgical	Obstetrical Recovery	
X IntensiveCare	Inpatient Beds	7 Inpatient Days 1332	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	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 91 Building	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery X Central Plant	

Report Year: 2016 10685 Kindred Hospital Ontario Ontario Page:5 of 17 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01466 **Building I Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 84 Inpatient 2564 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient 1332 Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 91 Inpatient Inpatient Inpatient 91 Bed Days Days 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-01466	Building I	Retrofit			
BLD-01467	Ambulance Canopy	Remain			

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No proposed n	ew buildings	to be consti	ructed at this or another site.		

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No data reporte	ed for whether	er the general	al acute care services and	beds will be relocated to a	new, existing or retrofitted building a ebuild" or "Replace" per Section 130	and any
corresponding	bullding sites	s or project i	idilibers for buildings with a	a Building Resolution of R	ebulla of Replace per Section 130	0001(c)(z)(E).



port Year: 201		ed Hospital On			Ontario		Page:13 of 17		
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-01466 Building Name: Building I									
Type of Service Provided									
		×	Surgical	Ш	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	Nursing	X	Anesthesia						
X	IntensiveCare				Obstetrical Recovery	X	Renal Dialysis		
	Pediatric/Adol	X	Clinical Lab		·		Outpatient		
	escent	X	Radiological/		Newborn/ WellBaby	Ш	Surgery		
	Psychiatric Nursing		Imaging						
	Nutsing	X	Pharmaceutical		Emergency	X	Central Plant		
	Obstetrical Ante/Postprtum				Nuclear Medicine	X	Support Services		
		×	Dietetic		Medicine		Services		
	Intermediate Care	x							
			Administration						
	Skilled Nursing	I							

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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-01466	Building Name: Building I							
Configuration: Retrofit Non-Con	forming 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					
X IntensiveCare	X Anesthesia	Obstetrical Recovery	X Renal Dialysis					
Pediatric/Adol escent	X Clinical Lab	Recovery						
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical	X Pharmaceutical							
Ante/Postprtum		Emergency	X Central Plant					
Intermediate Care	X Dietetic	Nuclear Medicine	X Support					
Skilled Nursing	X 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: BLD-014	Building Name: Ambul	lance Canopy							
Configuration: N/A									
Type of Service Provided									
Nursing	Surgical		tetrical arean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia		tetrical	Renal Dialysis					
Pediatric/Add escent	Clinical La		Weiy						
Psychiatric Nursing	Radiologic Imaging	cal/ Newl	born/ Baby	Outpatient Surgery					
Obstetrical	Pharmace	utical	_						
Ante/Postprtu		Eme	rgency	Central Plant					
Intermediate Care	Dietetic	Nucle	ear Medicine	Support					
Skilled Nursi	g Administra	ition		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, SPC-4D and SPC-5 per Section 130061(e)								
Building Number: BLI	D-01467	Building Na	me: Am	bulance Canopy					
Type of Service Prov	<u>vided</u>								
Nursing	Inpatient Beds	0		Surgical	[Obstetrical Cesarean/Deliv		ehabilitation herapy	
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	[Obstetrical Recovery	R	enal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	[Newborn/ WellBaby		Outpatient urgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	[Emergency		entral Plant	
Intermediate Care	Inpatient Beds	0		Dietetic	[Nuclear Medicine	X s	upport ervices	
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

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