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:	11776							
Facility Name:	Kindred	Hospital - San Gabriel Valley						
Address:	845 N. L	ark Ellen Ave.						
City:	West Co	ovina						
Hospital Owner/Licensee:		Southern California Specialty Care,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, Facility Representative						
Submission Date:		10/17/2016 2:12:16 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. 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

Report Year: 2016 11776 Kindred Hospital - San Gabriel Valley West Covina Page:3 of 16 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-01722 Building I (Acute Care Facility) Retrofit/Replacement Hazus-Submitted Project: Facility Project Plan Approved Projected Projected CEQA Sub Date Review

Number Number Num Scope

Date In

Date Start Date Completion Date Status Review

11776 1150003-19- 0

1/15/2015

ACTI No

Report Year: 20°	11776	Kindred Hospital - San Gabriel Valley	y West Covina	Page:4 of 16					
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BLD-01722 Building Name: Building I (Acute Care Facility)									
Type of Service P	<u>Provided</u>								
X Nursing	Inpatient Beds	70 Inpatient 19051 Days	X Surgical	Obstetrical Recovery					
X IntensiveCar	e Inpatient Beds	6 Inpatient Days 1823	X Anesthesia	Newborn/ WellBaby					
Pediatric/Add escent	ol 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/Postprt	Inpatient um 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 Nursi	ng Inpatient Beds	0 Inpatient Days 0 Total Beds this 76	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery					
		Building		χ Central Plant					

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2016

11776

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West Covina

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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-01722 E	Building Name: Build	ing I (Acute Care Facility)				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 70 Bed	Inpatient 1905 Days 1	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	vborn	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 1823 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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Report Year: Kindred Hospital - San Gabriel Valley West Covina 2016 11776 Page:9 of 16 No data reported for Section 130061(c)(2)(D).

Report Year: Kindred Hospital - San Gabriel Valley West Covina 2016 11776 Page:10 of 16 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whethe	er the genera	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
oorrooporiding	ballaling offoc	or project i	amboro for buildings with	a Ballanig Rosolation of TR	obalia of Ropiaco por Cocion Foc	001(0)(2)(2).

Report Year: Kindred Hospital - San Gabriel Valley West Covina 2016 11776 Page:12 of 16 No data reported for Section 130061(c)(3).

Section 130061 ding Number:			uilding I (Acute Care I		·			
Type of Service Provided X Surgical Obstetrical Rehabilitation								
X	Nursing				Cesarean/Deliv		Therapy	
X	IntensiveCare	X	Anesthesia		Obstetrical Recovery	X	Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		·		Outpatient	
	Psychiatric	X	Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery	
	Nursing	x	Pharmaceutical		Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum	X	Dietetic	Х	Nuclear Medicine	X	Support Services	
	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: BLD-01722 Building Name: Building I (Acute Care Facility)									
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Service	Provided								
X Nur	sing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X Inte	ensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis		
Ped esc	diatric/Adol ent	X	Clinical Lab		Recovery				
	rchiatric sing	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	led Nursing	X	Administration		Nuclear Wedicine		Services		

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