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: | 11966 | | | | | | | | | |
| Facility Name: | Pomona | Pomona Valley Hospital Medical Center | | | | | | | | |
| Address: | 1798 N. | 8 N. Garey Ave. | | | | | | | | |
| City: | Pomona | Pomona | | | | | | | | |
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| Hospital Owner/Licensee: | | Pomona Valley Hospital Medical Center | | | | | | | | |
| Year of Reporting: | | 2016 | | | | | | | | |
| Contact 1 e-mail Ad | ddress: | [Confidential data left blank intentionally.] | | | | | | | | |
| Contact 2 e-mail Ad | ddress: | [Confidential data left blank intentionally.] | | | | | | | | |
| Contact 3 e-mail Ad | ldress:: | [Confidential data left blank intentionally.] | | | | | | | | |
| Name of Sub | omitter: | Richard Kuyper | | | | | | | | |
| Submission | n Date: | 1/12/2017 1:34:06 PM | | | | | | | | |
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Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:2 of 91

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- 00414 | 1913 Building | 1798 N. Garey Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 00415 | 1928 Building | 1798 N. Garey Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 05176 | 1958 Lobby Addition | 1798 N. Garey Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 05202 | 1958 Building (Emergency Wing) | 1798 N. Garey Ave. | Remove | N/A | 01/01/2020 | 07/01/2019 |

Report Year: Pomona Valley Hospital Medical Center 2016 11966 Pomona Page:3 of 91 No data reported for Section 130061(c)(1)(C).

| Report Year: 2016 | 11966 | Pomona Valley Hospital Medical Center | Pomona | P | age:4 of 91 | | | | | | |
|----------------------------|--|---------------------------------------|----------------------------|-------------------------|-------------|--|--|--|--|--|--|
| Provide the number of | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | | | | | |
| Building Number: BL | D-00414 | Building Name: 19 | 13 Building | | | | | | | | |
| Type of Service Prov | <u>ided</u> | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | | | | | | | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | | | | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | | | | | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis | | | | | | | |
| Skilled Nursing | Inpatient | 0 Inpatient Days 0 | Support Services | X Outpatient Surgery | | | | | | | |
| | Beds | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant | | | | | | | |
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| Report \ | Year: 2016 | 11966 | Pomona Valley Hospital | Medical Cente | er | Pomona | | Page:5 of 91 |
|----------|-------------------------------|-------------------|----------------------------|-----------------|-----------------|------------------------|------------------------|--------------|
| Provid | de the number of | inpatient bed | s and patient days per typ | pe of service p | er building per | r Section 130061 | (c)(1)(F) | |
| | ng Number: BL | | Building Nar | me: | 928 Building | | | |
| | | | | | I 🖂 | .:1 | ☐ Obstetrica | al |
| Ш | Nursing | Inpatient Beds | 0 Inpatient Days | 0 | X Surg | licai | Recovery | |
| | IntensiveCare | Inpatient Beds | 0 Inpatient Days | 0 | Anes | thesia | Newborn/ WellBaby | |
| | Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days | 0 | Clinic | cal Lab | Emergend | су |
| | Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days | 0 | Radio Imag | ological/ ing | Nuclear Medicine | |
| | | | | | Pharr | maceutical | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days | 0 | Diete | etic | Rehabilita Therapy | ition |
| | Intermediate Care | Inpatient Beds | 0 Inpatient Days | 0 | | inistration | Renal Dia | |
| | Skilled Nursing | Inpatient | 0 Inpatient Days | 0 | Supp Servi | | X Outpatien Surgery | t |
| | | Beds | Total Beds this Building | 0 | | etrical arean/Deliv | Central P | lant |
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| Report Year: 2 | 016 11966 | Pomona Valley Hospital Medical Cente | Pomona | Page:6 | of 91 |
|-------------------------|------------------------|---|-------------------------------|----------------------------|-------|
| Provide the numb | per of inpatient be | ds and patient days per type of service p | er building per Section 13006 | 31(c)(1)(F) | |
| Building Number | | Building Name: 19 | 958 Lobby Addition | | |
| Type of Service | Provided | | 1 — | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | |
| IntensiveCa | are Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | |
| Pediatric/Adescent | dol Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | |
| Obstetrical Ante/Postpi | Inpatient rtum Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | |
| Intermediat Care | | 0 Inpatient Days 0 | Administration X Support | Renal Dialysis Outpatient | |
| Skilled Nurs | sing Inpatient Beds | 0 Inpatient Days 0 | Services | Surgery | |
| | 2000 | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Plant | |
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| Report Yea | ar: 2016 | 11966 | Pomona | Valley Hospita | al Medical Ce | enter | Pomona | | | Page:7 of 91 |
|------------|---------------------------|-------------------|----------------------|-------------------|----------------|--------------------|------------------------|---------|-------------------------|--------------|
| Provide t | the number of | inpatient bed | s and pat | tient days per t | type of servic | e per building per | r Section 130061(| c)(1)(F |) | |
| _ | Number: BLI Service Provi | | | Building N | lame: | 1958 Building (E | Emergency Wing) | | | |
| | rsing | Inpatient Beds | 0 | Inpatient Days | 0 | Surg | iical | | Obstetrical Recovery | |
| Inte | ensiveCare | Inpatient Beds | 0 | Inpatient Days | s 0 | Anes | thesia | | Newborn/ WellBaby | |
| 1 1 | diatric/Adol cent | Inpatient Beds | 0 | Inpatient Day | ys 0 | Clinic | cal Lab | | Emergency | , |
| | ychiatric rsing | Inpatient Beds | 0 | Inpatient Day | ys 0 | Radio | ological/ ing | | Nuclear Medicine | |
| | stetrical te/Postprtum | Inpatient Beds | 0 | Inpatient Day | ys 0 | Phari | maceutical | | Rehabilitati Therapy | on |
| Inte | ermediate re | Inpatient Beds | 0 | Inpatient Day | /s 0 | | inistration | | Renal Dialy | vsis |
| Skil | illed Nursing | Inpatient Beds | 0 | Inpatient Day | /s 0 | Supp Servi | ices | | Outpatient Surgery | |
| | | Deus | Total Be Building | eds this | 0 | | etrical arean/Deliv | | Central Pla | nt |
| | | | | | | | | | | |
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Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:8 of 91 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00414 **Building Number: Building Name:** 1913 Building Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 0 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 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 Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:9 of 91 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00415 1928 Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:10 of 91 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-05176 1958 Lobby Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:11 of 91 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 1958 Building (Emergency Wing) **Building Number:** BLD-05202 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed intensive Care Newborn **Pediatric Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed 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-00411 | 1972 Building - ICU/Emergency | Remain |
| BLD-00412 | D&T Addition | Remain |
| BLD-00413 | Women's Center | Remain |
| BLD-00414 | 1913 Building | Remove |
| BLD-00415 | 1928 Building | Remove |
| BLD-00416 | 1953 Building | Remain |
| BLD-00417 | 1961 Building | Remain |
| BLD-00418 | 1963 Building - Cafeteria | Remain |
| BLD-02838 | Building 01A | Remain |
| BLD-02839 | Building 01B Canopy | Remain |
| BLD-03850 | Boiler Building | Remain |
| BLD-03877 | 1961 Dining Building | Remain |
| BLD-05176 | 1958 Lobby Addition | Remove |
| BLD-05202 | 1958 Building (Emergency Wing) | Remove |
| BLD-05669 | 2013 Vestibule | Remain |
| BLD-05670 | 2013 Low Canopy | Remain |
| BLD-05671 | 2013 High Canopy | Remain |

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|----------------|--|-------|---------------------------------------|--------|---------------|--|--|--|--|--|
| No proposed ne | No proposed new buildings to be constructed at this or another site. | | | | | | | | | |
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| Report Yea | ar: 2016 1 | 1966 Po | mona Valley Hospital Medica | al Cente | Pomona | | Page:14 of 91 | | | |
|---|--|-----------------|---|----------|--|--|---------------|--|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | | | | |
| Building Number: BLD-00414 1913 Building Removal Date: 07/01/2019 | | | | | | | | | | |
| Planned U | ses for the building | to be remov | ved from acute care service: | | | | | | | |
| Planned u | ise for building: | | | | | | | | | |
| | Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing | elivered in the | Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration | | Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine | Rehabilitation Therapy Renal Dialysi X Outpatient Surgery Central Plant Support Services | S | | | |
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| Report Yea | ear: 2016 11966 Pomona Valley Hospital Medical Center | | | | omona | | Page:15 of 91 | | | |
|---|---|--------------|-----------------------------|------------------|-------------------------------|---|------------------------|---|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | | | | |
| Building Nu | umber: BLD-0 | 0415 | 1928 Building | Removal Date: | 07/01/2019 | | | | | |
| Planned Us | ses for the buildi | ng to be rem | oved from acute care servic | ce: | | | | | | |
| Planned u | se for building: | | | | | | | | | |
| Inpatient se | ervices currently | delivered in | the building: | | | | | | | |
| | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | , | Rehabilitation Therapy | | | |
| | IntensiveCare | | Anesthesia | | | | , | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | 3 | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support Services | | | |
| | Skilled Nursing | | Administration | | | | OOI VIOGO | | | |
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| Report Yea | ar: 2016 1 | 1966 Po | mona Valley Hosp | ital Medical Cente | er P | omona | | Page:16 of 91 | | | |
|---|---|---------------|--------------------------|--------------------|-------------------------------|-------|------------------------|---------------|--|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | | | | | |
| Building Number: BLD-05176 1958 Lobby Addition Removal Date: | | | | | | | | | | | |
| Planned Us | ses for the buildin | g to be remov | ed from acute care | e service: | | | | | | | |
| Planned us | se for building: | | | | | | | | | | |
| Inpatient se | Inpatient services currently delivered in the building: | | | | | | | | | | |
| 1 | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | , | Rehabilitation Therapy | | | | |
| ı | ntensiveCare | | Anesthesia | | | | _ тногару | | | | |
| 1 1 | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | 5 | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| 1 1 | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | |
| 1 1 | ntermediate Care | | Dietetic | | Nuclear Medicine | X | Support Services | | | | |
| | Skilled Nursing | | Administration | | | | Convious | | | | |
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| ear: 2016 11 | 966 Po | omona Valley Hospi | ital Medical Cente | er | Pomona | | Page:17 of 91 | | | |
|---|--|---|---|--|---|---|--|--|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | | | | |
| Building Number: BLD-05202 1958 Building (Emergency Wing) Removal Date: | | | | | | | | | | |
| Jses for the building | to be remo | ved from acute care | e service: | | | | | | | |
| use for building: | | | | | | | | | | |
| services currently de | elivered in th | ne building: | | | | | | | | |
| Nursing | | Surgical | | Obstetrical Cesarean/Deli | iv [| | | | | |
| IntensiveCare | | Anesthesia | | | _ | | | | | |
| Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | 3 | | | |
| Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | |
| Intermediate Care | | Dietetic | | Nuclear Medicine | | Support Services | | | | |
| Skilled Nursing | X | Administration | | | | Common | | | | |
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| | Juliding or buildings to cted date or dates the crebuild buildings a sed uses of the building rebuild buildings a sent service currently. Jumber: BLD-052 Jses for the building use for building: Services currently de Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care | uilding or buildings to be replaced ted date or dates the building was rebuild buildings as well. He was of the building or buildings as well. He was service currently delivered in the service service services currently delivered in the services | dilding or buildings to be replaced, rebuilt, removed cted date or dates the building will be removed from the property of the buildings as well. The property of the building or building or building: Jesus for the building to be removed from acute care use for building: | uilding or buildings to be replaced, rebuilt, removed from acute care so cted date or dates the building will be removed from service per Sector rebuild buildings as well. Intervice currently delivered in the building or buildings per Sector rebuild buildings as well. It is service currently delivered in the building or buildings per Section in the building (Emergency). Intervices currently delivered in the building: Intervices currently delivered in the building: Intervices currently delivered in the building: Pediatric/Adol | dilding or buildings to be replaced, rebuilt, removed from acute care service, provide cted date or dates the building will be removed from service per Section 130061 (c) or rebuild buildings as well. It is ded uses of the building or buildings to be removed from acute care service per Section rebuild buildings as well. It is ent service currently delivered in the building or buildings per Section 130061(c)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2) | uilding or buildings to be replaced, rebuilt, removed from acute care service, provide the following: cted date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provice or rebuild buildings as well. Ited uses of the building or buildings to be removed from acute care service per Section 130061(c)(2) or rebuild buildings as well. Items service currently delivered in the building or buildings per Section 130061(c)(2)(C) Items service currently delivered in the building or buildings per Section 130061(c)(2)(C) Items services currently delivered in the building (Emergency Wing) Removal Date: Uses for the building to be removed from acute care service: use for building: Services currently delivered in the building: Nursing Surgical Obstetrical Cesarean/Deliv Recovery Psychiatric Nursing Obstetrical Recovery Radiological/ Imaging Newborn/ WellBaby Obstetrical Ante/Postprtum Intermediate Dietetic Nuclear Medicine | uilding or buildings to be replaced, rebuilt, removed from acute care service, provide the following: cted date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or date or rebuild buildings as well. end uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said or rebuild buildings as well. ent service currently delivered in the building or buildings per Section 130061(c)(2)(C) Jumber: BLD-05202 | | | |

| Report Year: 2016 11966 Pomona | a Valley Hospital Medical Center | omona | Page:18 of 91 | |
|---|----------------------------------|---|---------------|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | |
| Building Nbr: BLD-00414 Building Name: | 1913 Building | Year of Information: 2013 | 3 | |
| Unit Type | lı . | nformation Current As Of: | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | sabled | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | |
| Coronary Care | Chemical Dependency | Total Beds this | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | |
| Days | Deus Days | Total Beds this Building per Service | 0 | |
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| Report Year: 2016 11966 Pomon | a Valley Hospital Medical Center | Pomona | Page:19 of 91 |
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| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, a | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-00414 Building Name: | 1913 Building | Year of Information: 2014 | |
| Unit Type | lı | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomon | a Valley Hospital Medical Center | Pomona | Page:20 of 91 |
|--|---|---|----------------|
| Provide the number of inpatient beds and pa care services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, a | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-00414 Building Name: | 1913 Building | Year of Information: 2015 | |
| Unit Type | ı | Information Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 |
| Coronary Care | Chemical Dependency | Total Beds this | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 |
| Deus Days | Deus Days | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomon | a Valley Hospital Medical Center | Pomona | Page:21 of 91 |
|---|---|---|----------------|
| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, a | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-00415 Building Name: | 1928 Building | Year of Information: 2013 | 3 |
| Unit Type | lı | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomon | a Valley Hospital Medical Center | Pomona | Page:22 of 91 |
|---|---|---|----------------|
| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, a | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-00415 Building Name: | 1928 Building | Year of Information: 2014 | 1 |
| Unit Type | lı | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomon | a Valley Hospital Medical Center | Pomona | Page:23 of 91 |
|---|---|---|----------------|
| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, a | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-00415 Building Name: | 1928 Building | Year of Information: 2015 | 5 |
| Unit Type | lı | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomor | a Valley Hospital Medical Center | Pomona | Page:24 of 91 | | |
|---|---|---|---------------|--|--|
| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | |
| Building Nbr: BLD-05176 Building Name: | 1958 Lobby Addition | Year of Information: 2013 | | | |
| Unit Type | | Information Current As Of: | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | | |
| .,, | .,, | Total Beds this Building per Service | 0 | | |
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| Report Year: 2016 11966 Pomor | a Valley Hospital Medical Center | Pomona | Page:25 of 91 |
|---|---|---|----------------|
| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, a | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-05176 Building Name: | 1958 Lobby Addition | Year of Information: 2014 | |
| Unit Type | | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Coronary Care Inpatient 0 Patient 0 Beds Days | Chemical Dependency Inpatient 0 Patient 0 Beds Days | Total Beds this Building per Unit | 0 |
| | | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomon | a Valley Hospital Medical Center | Pomona | Page:26 of 91 |
|---|---|---|----------------|
| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, a | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-05176 Building Name: | 1958 Lobby Addition | Year of Information: 2015 | 5 |
| Unit Type | ı | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomor | a Valley Hospital Medical Center | romona | Page:27 of 91 |
|---|---|---|----------------|
| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, ar | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-05202 Building Name: | 1958 Building (Emergency Wing) | Year of Information: 2013 | |
| Unit Type | Ir | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Coronary Care Inpatient 0 Patient 0 Beds Days | Chemical Dependency Inpatient 0 Patient 0 Beds Days | Total Beds this Building per Unit | 0 |
| Days | 2ayo | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomor | a Valley Hospital Medical Center | omona | Page:28 of 91 |
|---|---|---|----------------|
| Provide the number of inpatient beds and pacare services per Section 130061(c)(2)(D). | tient days per unit for the year of 2013, 2014, ar | nd 2015 for buildings to be remo | ved from acute |
| Building Nbr: BLD-05202 Building Name: | 1958 Building (Emergency Wing) | Year of Information: 2014 | |
| Unit Type | Ir | nformation Current As Of: | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 |
| Coronary Care Inpatient 0 Patient 0 Beds Days | Chemical Dependency Inpatient 0 Patient 0 Beds Days | Total Beds this Building per Unit | 0 |
| , | • | Total Beds this Building per Service | 0 |
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| Report Year: 2016 11966 Pomor | na Valley Hospital Medical Center | Pomona | Page:29 of 91 | | |
|---|-----------------------------------|---|---------------|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | |
| Building Nbr: BLD-05202 Building Name: | 1958 Building (Emergency Wing) | Year of Information: 2015 | | | |
| Unit Type | | Information Current As Of: | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Coronary Care | Chemical Dependency | Total Beds this | 0 | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | | |
| | - 1,5 | Total Beds this Building per Service | 0 | | |
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| Report Year: 201 | 6 11966 Pomona | a Valley Hospital Medical C | Center | mona | Page:30 of 91 | | | |
|--|----------------------|-----------------------------|--------------------------|------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-0 | D0414 Building Name: | 1913 Building | | Year of Information: | 2013 | | | |
| Type of Services Provided | ivallie. | | | nformation Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | _ | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutical | Emergency [| Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear [Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Center | omona | Page:31 of 91 | | | |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-0 | D0414 Building Name: | | Year of Information: | 2014 | | | | |
| Type of Services Provided | | Information Current As Of: | | | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | — , | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | suilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Center | omona | Page:32 of 91 | | | |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-0 | D0414 Building Name: | 1913 Building | | Year of Information: | 2015 | | | |
| Type of Services Provided | | | | | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | - | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| P | omona | Page:33 of 91 | | | |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-0 | D0415 Building Name: | | Year of Information: | 2013 | | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | - | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Penter | omona | Page:34 of 91 | | | |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-0 | D0415 Building Name: | | Year of Information: | 2014 | | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | - | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Center | omona | Page:35 of 91 | | | |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-0 | D0415 Building Name: | | Year of Information: | 2015 | | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Center | Pomona | Page:36 of 91 | | | |
|--|----------------------|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-0 | D5176 Building Name: | 1958 Lobby Addition | | Year of Information: | 2013 | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | 1 | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Center | Pomona | Page:37 of 91 | | | | |
|--|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|
| | Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-05176 Building Name: 1958 Lobby Addition Year of Information: 2014 | | | | | | | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Tronar Biaryolo | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | al Emergency | Central Plant | | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Center | Pomona | Page:38 of 91 | | | |
|--|--|-----------------------------|--------------------------|----------------------------|---------------------------|--|--|--|
| | Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | |
| Building Nbr: BLD-05176 Building Name: 1958 Lobby Addition Year of Information: 2015 | | | | | | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Tronal Dialyolo | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutic | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administration | 1 | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Center | omona | Page:39 of 91 | | | | |
|---|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|
| | Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-05202 Building Name: 1958 Building (Emergency Wing) Year of Information: 2013 | | | | | | | | | |
| Type of Services Of: | | | | | | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | X Administration | | | | | | |
| Total Beds this B | suilding per service | 0 | | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical (| Center | omona | Page:40 of 91 | | | | |
|---|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|--|
| | Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | | |
| Building Nbr: BLD-05202 Building Name: 1958 Building (Emergency Wing) Year of Information: 2014 | | | | | | | | | |
| Type of Services Provided Information Current As Of: | | | | | | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | | | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | X Administration | | | | | | |
| Total Beds this B | suilding per service | 0 | | | | | | | |
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| Report Year: 201 | 6 11966 Pomon | a Valley Hospital Medical C | Center | omona | Page:41 of 91 | | | |
|---|--|-----------------------------|--------------------------|-------------------------------|---------------------------|--|--|--|
| | Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D). | | | | | | | |
| Building Nbr: BLD-05202 Building Name: 1958 Building (Emergency Wing) Year of Information: 2015 | | | | | | | | |
| Type of Services Provided | | | | Information Current As Of: | | | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | Nortal Dialyolo | | | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceutica | al Emergency | Central Plant | | | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | X Administration | | | | | |
| Total Beds this B | uilding per service | 0 | | | | | | |
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|----------------------|----------------|-------------|---------------|----------------|-----------------|------------|-----------------|---|---|--|
| No data reported for | or whether the | e general | acute care se | ervices and be | ds will be relo | cated to a | new, existing o | r retrofitted building ace" per Section 13 | and any 30061(c)(2)(F) | |
| oon coponaing bail | amig once of p | 3.0,000.110 | | .ago a 2 | ramaning record | | | acc per cocaen re | , | |
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|---|-------------------------------------|---------------|
| Each hospital owner shall also report for each facility for which any buildings will be removed number of inpatient beds by type of unit and service per Section 130061(c)(3) | d from active care service, any net | change in the |
| Building Number: BLD-00414 Building Name: 1913 Building | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted by | ouilding? | |
| OutpatientSurgery N/A | | |
| Each hospital owner shall also report for each facility for which any buildings will be removed number of inpatient beds by type of unit and service per Section 130061(c)(3) | d from active care service, any net | change in the |
| Building Number: BLD-00415 Building Name: 1928 Building | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted by | ouilding? | |
| Surgical N/A | | |
| Each hospital owner shall also report for each facility for which any buildings will be removed number of inpatient beds by type of unit and service per Section 130061(c)(3) | d from active care service, any net | change in the |
| Building Number: BLD-00415 Building Name: 1928 Building | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted be | ouilding? | |
| OutpatientSurgery N/A | | |
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| Report Year: 2016 Pomona Va | lley Hospital Medical Center | Pomona | Page:44 of 91 |
|---|---|-------------------------|-----------------------------|
| Each hospital owner shall also report for each faci number of inpatient beds by type of unit and service | | ed from active care ser | vice, any net change in the |
| Building Number: BLD-05176 Building Name: | 1958 Lobby Addition | | |
| Will general acute care services and beds will be r | elocated to a new, Existing or retrofitted | building? | |
| Support Services N/A | |] | |
| | | | |
| Each hospital owner shall also report for each faci number of inpatient beds by type of unit and service | | ed from active care ser | vice, any net change in the |
| Building Number: BLD-05202 Building Name: | 1958 Building (Emergency Wing) | | |
| Will general acute care services and beds will be r | relocated to a new, Existing or retrofitted | building? | |
| Administration N/A | |] | |
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| port Year: 2016 11966 Pomoi | na Valley Hospital Medical Center | Pomona | | Page:45 of 91 |
|---|--|---------------------------|------------------------------|---------------|
| eport any general acute care hospital inpa er Section 130061(c)(4) | atient service that is provided in any | general acute care ho | ospital building that is rat | ed SPC-1 |
| uilding Number: BLD-00414 Buildin | g Name: 1913 Building | | | |
| Type of Service Provided | | | | |
| | Surgical | Obstetrical Cesarean/D | eliv Rehab Therap | |
| Nursing | Anesthesia | | | |
| IntensiveCare | Allestilesia | Obstetrical Recovery | Renal | Dialysis |
| Do diotrio / A do l | Clinical Lab | Recovery | • | |
| Pediatric/Adol escent | | Newborn/ | X Outpat Surger | ient y |
| Psychiatric | Radiological/ Imaging | WellBaby | | |
| Nursing | Pharmaceutical | Emergency | Centra | l Plant |
| Obstetrical | | Nuclear | Suppo | rt |
| Ante/Postprtum | Dietetic | Medicine | Service | es |
| Intermediate | | | | |
| Care | Administration | | | |
| Skilled Nursing | | | | |
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|---------------------------------------|-------------------------------|-------------------|-------------------------|------------|-------------------------------|------------|---------------------------|---|
| Report any general per Section 130061 | acute care hospital inpa | tient service tha | t is provided in any | general ad | cute care hospital | building t | hat is rated SPC-1 | |
| Building Number: | BLD-00415 Buildin | g Name: 1928 | 3 Building | | | | | |
| Type of Service | Provided | | | | | | | |
| | | X s | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | Nursing | | Anesthesia | | | | Devel Districts | |
| | IntensiveCare | | | | Obstetrical Recovery | | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | | Newborn/ | X | Outpatient Surgery | |
| | Psychiatric | | Radiological/ maging | | WellBaby | | | |
| | Nursing | | Pharmaceutical | | Emergency | | Central Plant | |
| | Obstetrical Ante/Postprtum | | Dietetic | 1 | Nuclear Medicine | | Support Services | |
| | Intermediate Care | | Administration | | | | | |
| | Skilled Nursing | | | | | | | |
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|---------------------------------------|-------------------------------|--|------------|-------------------------------|------------|---------------------------|
| Report any general per Section 130061 | | atient service that is provided in any | general ac | ute care hospital | building t | hat is rated SPC-1 |
| Building Number: | BLD-05176 Buildin | g Name: 1958 Lobby Addition | | | | |
| Type of Service | Provided | | | | | |
| | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | Nursing | Anesthesia | | | | Daniel Diekaie |
| | IntensiveCare | | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol escent | Clinical Lab | | Newborn/ | | Outpatient Surgery |
| | Psychiatric | Radiological/ Imaging | <u> </u> | VellBaby | | |
| | Nursing | Pharmaceutical | | Emergency | | Central Plant |
| | Obstetrical Ante/Postprtum | Dietetic | | luclear ledicine | X | Support Services |
| | Intermediate Care | Administration | | | | |
| | Skilled Nursing | | | | | |
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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-05202 Buildin | g Name: 19 | 58 Building (Emerge | ncy Wing |) | | | |
| Type of Service | Provided | | | | | | | |
| | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | Nursing | | Anesthesia | | | | Renal Dialysis | |
| | IntensiveCare | | Clinical Lab | | Obstetrical Recovery | | Reliai Dialysis | |
| | Pediatric/Adol escent | | Radiological/ | | Newborn/ WellBaby | | Outpatient Surgery | |
| | Psychiatric Nursing | | Imaging Pharmaceutical | | Emergency | | Central Plant | |
| | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | | 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-00411 | Building Name: 1972 Building - I | ICU/Emergency | | | | | | | | | | |
| Configuration: Remove from GA | C service by 1/1/2030 | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | | |
| X Nursing | Surgical | Obstetrical Cesarean/Deliv | X Rehabilitation Therapy | | | | | | | | | |
| X IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | | | | |
| X Pediatric/Adol escent | X Clinical Lab | Recovery | | | | | | | | | | |
| Psychiatric Nursing | X Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | X Emergency | X Central Plant | | | | | | | | | |
| Intermediate | Dietetic | | | | | | | | | | | |
| Care Skilled Nursing | Administration | Nuclear Medicine | X Support Services | | | | | | | | | |
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|------------------|---------------------------|-------------|--------------------------|-----|---|------|-------------------------|
| | er by retrofit or by re | | | | ach building will comply on provided in each gene | | |
| Building Number: | BLD-00412 E | uilding Nar | me: D&T Addition | | | | |
| Configuration: | Retrofit Conforming | building to | NPC 4 or NPC 5 | | | | |
| Type of Service | Provided | | | | | | |
| Nu | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation nerapy |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | R | enal Dialysis |
| | diatric/Adol cent | | Clinical Lab | | recovery | | |
| | ychiatric rsing | X | Radiological/ Imaging | | Newborn/ WellBaby | | utpatient urgery |
| | stetrical te/Postprtum | X | Pharmaceutical | | _ | | |
| 7 (11) | ion odipitum | | Dietetic | | Emergency | ∐ C€ | entral Plant |
| Inte Car | ermediate re | | Dietetic | | Nuclear Medicine | | Support Services |
| Ski | lled Nursing | | Administration | | | J | orvided |
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|---|-------------------------------|--------------|--------------------------|------|---|---|---------------------------|--|--|--|--|
| | vhether by retrofit or by | | | | each building will comply be provided in each gene | | | | | | |
| Building Numb | er: BLD-00413 | Building Na | me: Women's Center | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | | | |
| Type of Ser | vice Provided | | | | | | | | | | |
| X | Nursing | | Surgical | Х | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| X | IntensiveCare | | Anesthesia | X | Obstetrical Recovery | | Renal Dialysis | | | | |
| X | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| X | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | X | Central Plant | | | | |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | Х | Support | | | | |
| | Skilled Nursing | | Administration | | | | Services | | | | |
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|------------------|--------------------------|-------------|--------------------------|----|---|---|---------------------------|
| | ner by retrofit or by re | | | | ach building will comply wind provided in each genera | | |
| Building Number: | BLD-00414 B | uilding Nar | me: 1913 Building | | | | |
| Configuration: | Remove from GAC | service by | 1/1/2020 | | | | |
| Type of Service | Provided | | | | | | |
| Nu | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | F | Renal Dialysis |
| | diatric/Adol cent | | Clinical Lab | | recovery | | |
| | ychiatric rsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Gurgery |
| | stetrical | | Pharmaceutical | | | | |
| — Ant | te/Postprtum | | | | Emergency | | Central Plant |
| Inte Car | ermediate re | | Dietetic | | Nuclear Medicine | | Support |
| Ski | illed Nursing | | Administration | | | | Services |
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|---|--|-------------------------|---|-----------------------|---|-----------------------------|--|--|--|--|--|--|--|
| Report the final cor requirements whetl per Section 13006 | her by retrofit or by r | dings on the eplacement | hospital campus showin and the type of service t | g how e hat will t | ach building will comply woe provided in each gener | vith the SPC al acute ca | C-5/NPC-4 or 5 re hospital building | | | | | | |
| Building Number: | BLD-00415 | Building Na | me: 1928 Building | | | | | | | | | | |
| Configuration: | Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | | | | |
| Type of Service | Provided | | | | | | | | | | | | |
| Nu | ursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | | |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | | |
| | ediatric/Adol cent | | Clinical Lab | | receivery | | | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | | |
| | ostetrical nte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | | |
| | termediate are | | Dietetic | | Nuclear Medicine | | Support | | | | | | |
| Sk | cilled Nursing | | Administration | | | | Services | | | | | | |
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|---------------------|-------------------------|-----------|--------------------------|----|--|---|---------------------------|
| | by retrofit or by repla | | | | ach building will comply w e provided in each gener | | |
| Building Number: Bl | _D-00416 Build | ding Nam | ne: 1953 Building | | | | |
| Configuration: | emove from GAC ser | vice by 1 | /1/2030 | | | | |
| Type of Service Pr | ovided | | | | | | |
| Nursir | ng | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Intens | iveCare | | Anesthesia | | Obstetrical Recovery | F | Renal Dialysis |
| X Pedia escen | tric/Adol t | X | Clinical Lab | | Trock of the state | | |
| Psych Nursir | | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Gurgery |
| Obste | | | Pharmaceutical | | | | |
| — Ante/F | Postprtum | | | | Emergency | | Central Plant |
| Interm Care | nediate | | Dietetic | | Nuclear Medicine | | Support |
| Skilled | d Nursing | X | Administration | | | , | Services |
| | | | | | | | |
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| eport Year: 20 | 16 11966 P | omona Valle | ey Hospital Medical Cen | ter | Pomona | | Page:55 of 91 |
|------------------|---------------------------|--------------|--------------------------|-----|--|---|---------------------------|
| | ner by retrofit or by re | | | | ach building will comply be provided in each gene | | |
| Building Number: | BLD-00417 | Building Nar | me: 1961 Building | | | | |
| Configuration: | Remove from GAC | service by | 1/1/2030 | | | | |
| Type of Service | Provided | | | | | | |
| X Nu | rsing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X Inte | ensiveCare | X | Anesthesia | X | Obstetrical Recovery | | Renal Dialysis |
| | diatric/Adol cent | | Clinical Lab | | recovery | | |
| | ychiatric rsing | X | Radiological/ Imaging | X | Newborn/ WellBaby | X | Outpatient Surgery |
| | stetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | ermediate | | Dietetic | | | | |
| Cal X Ski | illed Nursing | | Administration | | Nuclear Medicine | X | Support Services |
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|---|-------------------------------|-----------------------------|---|-------------------------|--|-------------------------------|--------------------------------------|--|--|--|--|--|
| Report the final c requirements who per Section 1300 | ether by retrofit or by r | dings on the replacement | hospital campus showir and the type of service | ng how e that will t | ach building will comply voe provided in each gene | vith the SPC ral acute car | -5/NPC-4 or 5 e hospital building | | | | | |
| Building Number: BLD-00418 Building Name: 1963 Building - Cafeteria | | | | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2030 | | | | | | | | | | | | |
| Type of Service | ce Provided | | | | | | | | | | | |
| N | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | | |
| X I | ntensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | receivery | | | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | |
| | ntermediate Care | X | Dietetic | | Nuclear Medicine | | Support | | | | | |
| | Skilled Nursing | | Administration | | | | Services | | | | | |
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|--|-------------------------------|---------------------------|--|-----------|--|--------------------------------------|--------------------------------|
| Report the final c requirements who per Section 1300 | ether by retrofit or by re | ings on the heplacement a | nospital campus showing and the type of service the | g how ean | ach building will comply voe provided in each gene | vith the SPC-5/l ral acute care h | NPC-4 or 5 ospital building |
| Building Number | : BLD-02838 | Building Nam | ne: Building 01A | | | | |
| Configuration: | Retrofit Conforming | building to I | NPC 4 or NPC 5 | | | | |
| Type of Servi | ce Provided | | | | | | |
| r | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | receivery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient gery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | ☐ Cei | ntral Plant |
| | Intermediate | | Dietetic | | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | pport rvices |
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| | ner by retrofit or by re | | | | ach building will comply one provided in each gene | | |
| Building Number: | BLD-02839 | Building Nam | e: Building 01B Cano | ру | | | |
| Configuration: | Retrofit Conforming | building to N | IPC 4 or NPC 5 | | | | |
| Type of Service | Provided | | | | | | |
| Nu | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation nerapy |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | Re | enal Dialysis |
| | diatric/Adol cent | | Clinical Lab | | recovery | | |
| | ychiatric rsing | | Radiological/ Imaging | | Newborn/ WellBaby | | utpatient urgery |
| | stetrical te/Postprtum | | Pharmaceutical | | | | antral Digat |
| | ermediate | | Dietetic | Ш | Emergency | | entral Plant |
| Ca | | | Administration | | Nuclear Medicine | | upport ervices |
| Ski | illed Nursing | | | | | | |
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|---|--------------------------|-------------------------|---|-----------|--|---------------------------------|-------------------------------------|
| Report the final conf requirements whether per Section 130061 | er by retrofit or by rep | ngs on the blacement | hospital campus showing and the type of service the | g how ean | ach building will comply voe provided in each gene | vith the SPC- ral acute care | 5/NPC-4 or 5 e hospital building |
| Building Number: | BLD-03850 B | uilding Nar | me: Boiler Building | | | | |
| Configuration: | Remove from GAC s | ervice by | 1/1/2030 | | | | |
| Type of Service | Provided | | | | | | |
| Nur | rsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Inte | ensiveCare | | Anesthesia | | Obstetrical Recovery | F | Renal Dialysis |
| Pec esc | diatric/Adol ent | | Clinical Lab | | Recovery | | |
| | rchiatric sing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Gurgery |
| | stetrical | | Pharmaceutical | | | | |
| Anto | e/Postprtum | | | | Emergency | X C | Central Plant |
| Inte Car | ermediate re | | Dietetic | | Nuclear Medicine | | Support |
| Skil | lled Nursing | | Administration | | | | Services |
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|--|--|-------------------------|---|-----------------------|---|-----------------------------|--|--|--|--|--|--|--|
| Report the final con requirements wheth per Section 130061 | ner by retrofit or by r | dings on the eplacement | hospital campus showir and the type of service t | g how e hat will t | ach building will comply w be provided in each gener | ith the SPC al acute car | e-5/NPC-4 or 5 re hospital building | | | | | | |
| Building Number: | BLD-03877 | Building Nar | me: 1961 Dining Build | ng | | | | | | | | | |
| Configuration: | 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 | | Recovery | | | | | | | | |
| | ychiatric ırsing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | | | | | |
| Into Ca | ermediate ire | | Dietetic | | Nuclear Medicine | X | Support | | | | | | |
| Sk | illed Nursing | | Administration | | | | Services | | | | | | |
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|--|-----------------------------|-------------------------|---|-------------------------|---|-----------------------------|--|
| Report the final cor requirements wheth per Section 130061 | her by retrofit or by r | dings on the eplacement | hospital campus showir and the type of service | ng how e that will l | ach building will comply woe provided in each gener | vith the SPC al acute ca | C-5/NPC-4 or 5 re hospital building |
| Building Number: | BLD-05176 | Building Na | me: 1958 Lobby Addit | ion | | | |
| Configuration: | Remove from GAC | service by | 1/1/2020 | | | | |
| Type of Service | Provided | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical nte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | termediate are | | Dietetic | | Nuclear Medicine | X | Support |
| Sk | cilled Nursing | | Administration | | | | Services |
| | | | | | | | |
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|--|-------------------------|-----------------|---------------------|---------|---------------------|----------|---------------------------|
| Report the final configurequirements whether per Section 130061(c) | by retrofit or by repla | | | | | | |
| Building Number: BL | _D-05202 Build | ding Name: 1 | 958 Building (Eme | ergency | Wing) | | |
| Configuration: | emove from GAC ser | vice by 1/1/202 | 0 | | | | |
| Type of Service Pro | ovided | | | | | | |
| Nursir | ng | Surgio | cal | | Obstetri Cesarea | | Rehabilitation Therapy |
| Intens | iveCare | Anest | hesia | | Obstetri Recovei | | Renal Dialysis |
| Pediat escen | tric/Adol t | Clinic | al Lab | | 11000101 | ý | |
| Psych Nursir | | Radio Imagi | ological/ ng | | Newbori WellBab | | Outpatient Surgery |
| Obste | trical | Pharm | naceutical | | | | |
| Ante/F | Postprtum | | | | Emerge | ncy | Central Plant |
| Interm Care | nediate | Dietet | iic | П | Nuclear | Medicine | Support |
| Skilled | d Nursing | X Admir | nistration | | | | Services |
| | | | | | | | |
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| Report Year: 20 | 11966 F | omona Valle | ey Hospital Medical Cen | ter | Pomona | | Page:63 of 91 |
|---|-----------------------------|-------------------------|--|-------------------------|--|-------------------------------|--|
| Report the final cor requirements whetl per Section 13006 | her by retrofit or by r | dings on the eplacement | hospital campus showir and the type of service | ng how e that will t | ach building will comply voe provided in each gene | vith the SPC ral acute car | c-5/NPC-4 or 5 re hospital building |
| Building Number: | BLD-05669 | Building Na | me: 2013 Vestibule | | | | |
| Configuration: | Remove from GAC | service by | 1/1/2030 | | | | |
| Type of Service | Provided | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | receivery | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical nte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | termediate are | | Dietetic | | Nuclear Medicine | X | Support |
| Sk | killed Nursing | | Administration | | | | Services |
| | | | | | | | |
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|--|------------------------------|-------------------------|--|-----------------------|--|-------------------------------------|---------------------------------|
| Report the final correquirements whe per Section 13006 | ther by retrofit or by re | ngs on the placement | hospital campus showin and the type of service t | g how e hat will t | ach building will comply voe provided in each gene | vith the SPC-5/ ral acute care h | NPC-4 or 5 nospital building |
| Building Number: | BLD-05670 E | Building Na | me: 2013 Low Canopy | | | | |
| Configuration: | Remove from GAC | service by | 1/1/2030 | | | | |
| Type of Servic | e Provided | | | | | | |
| N | lursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy |
| In | ntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis |
| | rediatric/Adol scent | | Clinical Lab | | recovery | | |
| | sychiatric lursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery |
| | Obstetrical nte/Postprtum | | Pharmaceutical | | Emergency | ☐ Ce | ntral Plant |
| | ntermediate | | Dietetic | | | | |
| | are killed Nursing | | Administration | | Nuclear Medicine | | ipport ervices |
| | ' | | | | | | |
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|--|-------------------------------|------------------------|--|-----------------------|--|-------------------------------------|---------------------------------|
| Report the final or requirements wh per Section 1300 | nether by retrofit or by re | ings on the eplacement | hospital campus showin and the type of service t | g how e hat will t | ach building will comply voe provided in each gene | vith the SPC-5/ ral acute care h | NPC-4 or 5 nospital building |
| Building Number | r: BLD-05671 | Building Na | me: 2013 High Canopy | / | | | |
| Configuration: | Remove from GAC | service by | 1/1/2030 | | | | |
| Type of Serv | ice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | Re | nal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | ☐ Ce | ntral Plant |
| | Intermediate | | Dietetic | | | | |
| | Care Skilled Nursing | | Administration | Ш | Nuclear Medicine | | upport ervices |
| | ı | | | | | | |
| | | | | | | | |
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| Report Year: 2016 | 11966 | Pomona Valley Ho | ospital Medi | cal Center | | Pomona | | Page:66 of 91 |
|---|---------------------------------|----------------------------|--------------|-------------------------|----------|-------------------------------|-----------|-------------------------|
| Include information of 4D and SPC-5 per S | on the number Section 130061 | of inpatient beds b (e) | y type of Se | rvice provided by | / buildi | ngs that are classified a | as SPC-2, | SPC-3, SPC-4, SPC- |
| Building Number: | BLD-00411 | Building Na | me: 1972 | 2 Building - ICU/E | merge | ency | | |
| Type of Service P | rovided | | | | | | | |
| X Nursing | Inpatient Beds | 108 | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation herapy |
| X IntensiveCare | Inpatient Beds | 38 | | Anesthesia | | | | |
| Pediatric/Ado escent | I Inpatient Beds | 0 | X | Clinical Lab | | Obstetrical Recovery | R | enal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ maging | | Newborn/ WellBaby | | Outpatient urgery |
| Obstetrical Ante/Postprtu | Inpatient m Beds | 0 | | Pharmaceutical | | X Emergency | X C | entral Plant |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | X s | upport ervices |
| Skilled Nursin | g Inpatient Beds | 0 | | Administration | | | | |
| Total Beds thi Building | is | 146 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| eport Year: 2016 | 11966 | Pomona Valley Ho | spital Medical Center | Pomona | Page:67 of 91 |
|--|-------------------|------------------|-------------------------------|---------------------------------|------------------------------|
| Include information on 4D and SPC-5 per Sec | | | type of Service provided by I | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-00412 | Building Nar | me: D&T Addition | | |
| Type of Service Prov | vided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | X Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
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| eport Yea | r: 2016 | 11966 | Pomona Valley F | lospital Me | dical Center | | Pomona | | Page:68 of 91 |
|-----------|------------------------------------|-------------------|-----------------|--------------|--------------------------|---------|---------------------------------|----------|---------------------------|
| | information on t SPC-5 per Sect | | | by type of S | Service provided by | buildir | ngs that are classified a | ıs SPC-2 | 2, SPC-3, SPC-4, SPC- |
| Building | Number: BLD | -00413 | Building N | ame: Wo | omen's Center | | | | |
| Type o | of Service Provi | ided | | | | | | | |
| X N | lursing | Inpatient Beds | 0 | | Surgical | [| X Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X In | ntensiveCare | Inpatient Beds | 47 | | Anesthesia | | | | |
| | ediatric/Adol scent | Inpatient Beds | 0 | | Clinical Lab | [| X Obstetrical Recovery | | Renal Dialysis |
| P N | sychiatric Iursing | Inpatient Beds | 0 | | Radiological/ Imaging | [| X Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical .nte/Postprtum | Inpatient Beds | 84 | | Pharmaceutical | [| Emergency | X | Central Plant |
| | ntermediate Care | Inpatient Beds | 0 | | Dietetic | [| Nuclear Medicine | X | Support Services |
| s | killed Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | otal Beds this building | | 131 | | | | | | |
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| port Year: 2016 | 11966 | Pomona Valley Ho | spital Medical Center | Pomona | Page:69 of 91 |
|--|-------------------|------------------|-----------------------------|---------------------------------|------------------------------|
| Include information on 4D and SPC-5 per Sec | | | type of Service provided by | buildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-00416 | Building Nar | me: 1953 Building | | |
| Type of Service Pro | vided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | X Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | X Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |
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| eport Year: | 2016 | 11966 | Pomona Valley H | lospital Me | dical Center | | Pomona | | Page:70 of 91 |
|-------------|------------------------------------|-------------------|-----------------|--------------|--------------------------|---------|-------------------------------|---------|---------------------------|
| | nformation on the PC-5 per Section | | | by type of S | Service provided by t | ouildir | ngs that are classified a | s SPC-2 | 2, SPC-3, SPC-4, SPC- |
| Building N | Number: BLD | -00417 | Building Na | ame: 19 | 61 Building | | | | |
| Type of | Service Provi | ded | | | | | | | |
| X Nu | rsing | Inpatient Beds | 82 | X | Surgical | [| Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X Inte | ensiveCare | Inpatient Beds | 0 | X | Anesthesia | _ | _ | _ | |
| | diatric/Adol cent | Inpatient Beds | 0 | | Clinical Lab | | X Obstetrical Recovery | | Renal Dialysis |
| Psy Nu | ychiatric irsing | Inpatient Beds | 0 | X | Radiological/ Imaging | | X Newborn/ WellBaby | X | Outpatient Surgery |
| | ostetrical te/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | [| Emergency | | Central Plant |
| Inte | ermediate ire | Inpatient Beds | 0 | | Dietetic | [| Nuclear Medicine | X | Support Services |
| Ski | illed Nursing | Inpatient Beds | 38 | | Administration | | | | |
| | tal Beds this ilding | | 120 | | | | | | |
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| teport Year: 2016 | 11966 | Pomona Valley Ho | spital Medical Center | Pomona | Page:71 of 91 |
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| Include information or 4D and SPC-5 per Se | | | type of Service provided by | buildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: Bl | _D-00418 | Building Na | me: 1963 Building - Cafete | ria | |
| Type of Service Pro | ovided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| X IntensiveCare | Inpatient Beds | 6 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 34 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient n Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | X Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 40 | | | |
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| port Year: 2016 | 11966 | Pomona Valley Ho | spital Medical Center | Pomona | Page:72 of 91 |
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| Include information on 4D and SPC-5 per Sec | | | type of Service provided by t | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-02838 | Building Na | me: Building 01A | | |
| Type of Service Pro | <u>vided</u> | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |
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| eport Year: 2016 | 11966 | Pomona Valley Ho | spital Medical Center | Pomona | Page:73 of 91 |
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| Include information on 4D and SPC-5 per Sec | | | type of Service provided by b | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-02839 | Building Nar | me: Building 01B Canopy | | |
| Type of Service Prov | vided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
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| port Year: 2016 | 11966 F | Pomona Valley Ho | spital Medical Center | Pomona | Page:74 of 91 |
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| Include information on 4D and SPC-5 per Sec | | | type of Service provided by b | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-03850 | Building Nar | me: Boiler Building | | |
| Type of Service Prov | vided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | X Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |
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| port Year: 2016 | 11966 | Pomona Valley Ho | spital Medical Center | Pomona | Page:75 of 91 |
|--|-------------------|------------------|-------------------------------|---------------------------------|------------------------------|
| Include information on 4D and SPC-5 per Sec | | | type of Service provided by t | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-03877 | Building Na | me: 1961 Dining Building | | |
| Type of Service Pro | vided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | _ | _ |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |
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| eport Year: 2016 | 11966 | Pomona Valley Ho | spital Medical Center | Pomona | Page:76 of 91 |
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| Include information on 4D and SPC-5 per Sec | | | type of Service provided by | buildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-05669 | Building Nar | me: 2013 Vestibule | | |
| Type of Service Prov | vided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |
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| port Year: 2016 | 11966 F | Pomona Valley Ho | spital Medical Center | Pomona | Page:77 of 91 |
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| Include information on 4D and SPC-5 per Sec | | | type of Service provided by by | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-05670 | Building Na | me: 2013 Low Canopy | | |
| Type of Service Prov | <u>/ided</u> | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |
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| port Year: 2016 | 11966 F | Pomona Valley Ho | spital Medical Center | Pomona | Page:78 of 91 |
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| Include information on 4D and SPC-5 per Sec | | | type of Service provided by t | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL | D-05671 | Building Nar | me: 2013 High Canopy | | |
| Type of Service Prov | vided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | _ | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 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, SPC-4D and SPC-5 per Section 130061(e)

| 4D and SPC-5 per Section 130061(e) | | | | | | |
|--------------------------------------|--|---|--|--|--|--|
| Building Number: BLD-00411 Build | ding Name: 1972 Building - ICU/Emergence | су | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 108 Inpatient 26948 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | |
| Inpatient 26 Inpatient 7833 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Building Per Building Per | | | | |
| Inpatient 12 Inpatient 2889 Bed Days | Inpatient 0 Inpatient 0 Days | Unit Service 146 | | | | |

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Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:81 of 91 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, SPC-4D and SPC-5 per Section 130061(e) BLD-00413 Women's Center **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient 21187 84 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Days Bed Days Bed **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient 47 Inpatient Inpatient Inpatient 13590 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0

Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0

Bed

Bed

Days

Days

131

131

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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, SPC-4D and SPC-5 per Section 130061(e)

| 4D and SPC-5 per Section 130061(e) | | |
|------------------------------------|-----------------------------------|---|
| Building Number: BLD-00417 Build | ding Name: 1961 Building | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 82 Inpatient 15040 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 38 Inpatient 0 Bed Days |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care |
| Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled |
| Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Days |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per |
| Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 120 |
| | | |

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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, SPC-4D and SPC-5 per Section 130061(e)

| 4D and SPC-5 per Section 130061(e) | | | | | | |
|------------------------------------|------------------------|---------------------------|---|--|--|--|
| Building Number: BLD-00418 | Building Name: | 1963 Building - Cafeteria | | | | |
| Medical / Surgical (Include GYN) | Acute Resp | iratory Care | Acute Psychiatric | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | |
| Perinatal (Exclude Newborn / GY | N) Burn | | Skilled Nursing | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | |
| Pediatric | Intensive C Nursery | are Newborn | Intermediate Care | | | |
| Inpatient 34 Inpatient Days | 2860 Inpatient Bed | 6 Inpatient 1735 Days | Inpatient 0 Inpatient 0 Days | | | |
| Intensive Care | Rehabilitati Center | on | Int. Care / Developmentally Disabled | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | |
| Coronary Care | Chemical D | ependency | Total Beds this Total Beds this Building Per Building Per | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days | Unit Service 40 | | | |
| | | | | | | |

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Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:86 of 91 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, SPC-4D and SPC-5 per Section 130061(e) BLD-02839 **Building 01B Canopy Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:87 of 91 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, SPC-4D and SPC-5 per Section 130061(e) BLD-03850 **Boiler Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:88 of 91 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, SPC-4D and SPC-5 per Section 130061(e) BLD-03877 1961 Dining Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:89 of 91 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, SPC-4D and SPC-5 per Section 130061(e) BLD-05669 2013 Vestibule **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:90 of 91 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, SPC-4D and SPC-5 per Section 130061(e) BLD-05670 2013 Low Canopy **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11966 Pomona Valley Hospital Medical Center Pomona Page:91 of 91 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, SPC-4D and SPC-5 per Section 130061(e) BLD-05671 2013 High Canopy **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0