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Office of Statewide Health Planning and Development
Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11971				
Facility Name:	cility Name: Citrus Valley Medical Center - QV Campus				
Address:	1115 S Sunset Ave				
City:	West Covina				
Hospital Owner/Lice	ensee: Citrus Valley Health Partners				
Year of Rep	orting: 2016				
Contact 1 e-mail Ad	dress: [Confidential data left blank intentionally.]				
Contact 2 e-mail Ad	dress: [Confidential data left blank intentionally.]				
Contact 3 e-mail Add	dress:: [Confidential data left blank intentionally.]				
Name of Sub	mitter: Ed Gharibans				
Submission	Date: 10/18/2016 12:01:06 PM				

Report Y	'ear: 2016 11971	Citrus Valley Medical Center - Q	V Campus	West Covina		Page:2 of 44	
rebuild, r 130060 c	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- 01163	Main Building	1115 S Sunset Ave	Retrofit	SPC2	01/01/2018	07/03/2017	
						V/22/22/2 2 2 2 1 1	

Report Year: 2016 1	1971 Citrus Valley Medical Center - Q	V Campus	West Covina	Page:3 d	of 44			
For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).								
Building No: BLD-01163	Main Building		Retrofit/Replacement Project:	Yes-Submitted				
Facility Project Sub Number Number Num	Scope	F Date In	lan Approved Projected Date Start Date	Projected Completion Date Status	CEQA Review			
11971 IM-2012- 0 00010	V.S.I. for Citrus Valley Medical Center - QV Campus Main Building #1	5/23/2012	06/01/2015	07/03/2017 AC	ΓI No			
OSHPD FDD SB499 Report	Data Last Update: 10/18/2016	Submissi	on Date: 10/18/2016	Printed: 10/20/2016 6:30 /	AM			

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Provide the number	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number:	LD-01163	Building Name:	lain Building				
Type of Service Pro	ovided						
X Nursing	Inpatient Beds	215 Inpatient 41056 Days	X Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby			
X Pediatric/Adol escent	Inpatient Beds	18 Inpatient Days 1905	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtun	Inpatient Beds	0 Inpatient Days 0	X Dietetic	X Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X AdministrationX Support	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	X Outpatient Surgery			
	2000	Total Beds this 233 Building	Obstetrical Cesarean/Deliv	Central Plant			
		ata Last Undate: 10/18/2016	Submission Date: 10/18/2016	Printed: 10/20/2016 6:30 AM			

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Provide the number of Inpatient beds and patient	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-01163 Bui	Iding Name: Main Building							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 197 Inpatient 3606 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Pediatric	intensive Care Newborn Nursery	Intermediate Card						
Inpatient 18 Inpatient 1905 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 12 Inpatient 3470 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service						
Inpatient 6 Inpatient 1526 Bed Days	Inpatient 0 Inpatient 0 Bed Days	233 233						
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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01163	Main Building	Retrofit
BLD-01164	Service Building	Remain
BLD-01165	South Wing Addition	Remain
BLD-01166	1968 West Wing Addition	Remain
BLD-01167	Outpatient Addition	Remain
BLD-01168	Mechanical Building	Remain
BLD-01170	MRI / CT Building	Remain
BLD-01171	Chiller Room Addition	Remain
BLD-01172	Cardiac Cath Lab Addition	Remain
BLD-01173	Maternal & Child Health Center	Remain
BLD-05424	Bridge Connector	Remain
	8	

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No proposed ne	w buildings	s to be con	structed at this or another site.		

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

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o data reported for Section 130061(c)(2)(D).								

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o data reported for Section 130061(c)(2)(D).								

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No data reporte	ed for whethe	er the gener s or project r	al acute care serv numbers for buildi	rices and beds will ngs with a Buildin	l be relocated to a g Resolution of "	a new, existing or Rebuild" or "Repla	retrofitted building ace" per Section 13	and any 0061(c)(2)(E).	
	Ū			0		·	·		

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No data reported	I for Section	n 130061(c)	(3).		

eport Year: 2016 11971 Citru	s Valley Medical Center - QV Campus	West Covina		Page:13 of 44							
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-01163 Buildi	ng Name: Main Building										
Type of Service Provided											
	X Surgical	Obstetrical Cesarean/Deliv	X Rehabi Therap								
X Nursing	X Anesthesia	_	—								
IntensiveCare		Obstetrical Recovery	Renal [Jialysis							
X Pediatric/Adol escent	Clinical Lab	Newborn/	X Outpati Surgery								
Psychiatric	X Radiological/ Imaging	WellBaby									
└── Nursing	X Pharmaceutical	Emergency	Central	Plant							
Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service								
Intermediate Care	X Administration										
Skilled Nursing											
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-01163 Configuration: Retrofit Non-	Building Name: Main Building	3 and remove fro	m service by 2030								
Type of Service Provided											
Nursing	Surgical	Obste Cesa	etrical] Rehal Thera	pilitation Py						
IntensiveCare	Anesthesia	Obste Recov		Renal	Dialysis						
Pediatric/Adol escent	Clinical Lab		vory								
Psychiatric Nursing	Radiological/ Imaging	Newb WellB] Outpa Surge							
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Centra	al Plant						
Intermediate Care	Dietetic										
Skilled Nursing	Administration		ear Medicine	Supp Servi							
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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-01164	Building Na	me: Service Building								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
-	ediatric/Adol cent		Clinical Lab								
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support				
	illed Nursing		Administration				Services				
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-01165	Building Na	me: South Wing Addition	on							
Configuration: Remove from GAC service by 1/1/2030											
Type of Service	e 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 hte/Postprtum		Pharmaceutical		Emergency		Central Plant				
	ermediate		Dietetic								
Ca	are killed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-01166	Building Nar	me: 1968 West Wing A	ddition							
Configuration: Remove from GAC service by 1/1/2030											
Type of Service	Provided										
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab		,						
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
	ermediate re		Dietetic		Nuclear Medicine		Support				
Ski	illed Nursing		Administration				Services				
			40/49/2040		on Data: 10/40/2040	Drintoch	10/20/2016 6:20 414				
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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-01167	Building Na	me: Outpatient Additio	n							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	diatric/Adol cent		Clinical Lab								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate re		Dietetic		Nuclear Medicine		Support				
Sk	illed Nursing		Administration				Services				
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-01168	Building Na	me: Mechanical Buildin	ng							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	ediatric/Adol cent		Clinical Lab		roooroly						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant				
	ermediate		Dietetic								
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final 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-01170 Building Name: MRI / CT Building												
Configuration:	Remove from GAC	emove from GAC service by 1/1/2030										
Type of Service	Provided											
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	ediatric/Adol cent		Clinical Lab		Recovery							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte Ca	ermediate		Dietetic				Quant					
	illed Nursing		Administration		Nuclear Medicine		Support Services					
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-01171	Building Na	me: Chiller Room Addi	tion							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	ediatric/Adol cent		Clinical Lab		recercity						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant				
Int Ca	ermediate		Dietetic								
	illed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-01172	Building Na	me: Cardiac Cath Lab	Addition							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided										
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
-	ediatric/Adol cent		Clinical Lab								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate		Dietetic								
	illed Nursing		Administration		Nuclear Medicine		Support Services				
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Report the final cor requirements wheth per Section 130061	her by retrofit or by	ildings on the replacement	hospital campus showin and the type of service t	ng how e that will l	ach building will comply v be provided in each gene	vith the SP ral acute c	C-5/NPC-4 or 5 are hospital building
Building Number:	BLD-01173	Building Na	me: Maternal & Child H	Health C	enter		
Configuration:	N/A						
Type of Service	e Provided						
Nu Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		,		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic				
	killed Nursing		Administration		Nuclear Medicine		Support Services
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	her by retrofit or by				ach building will comply wi be provided in each genera		
Building Number:	BLD-05424	Building Na	me: Bridge Connector				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte Ca	ermediate		Dietetic		Nuclear Medicine		Quarant
	illed Nursing		Administration		Nuclear Medicine		Support Services
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Include information on 4D and SPC-5 per Sec			by type of S	Service provided by bu	ildings that are classified a	IS SPC-2, S	PC-3, SPC-4, SPC-
Building Number: BLI	D-01164	Building N	lame: Se	rvice Building]
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		oport vices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					
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Include information on 4D and SPC-5 per Sec		npatient beds l	by type of S	ervice provided by bu	ildings that are classified a	as SPC-2, S	SPC-3, SPC-4, SPC-
Building Number: BLI	D-01165	Building Na	ame: Sou	uth Wing Addition			
Type of Service Prov	vided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		ehabilitation lerapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		utpatient Irgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	entral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Se	ipport ervices
Skilled Nursing	Inpatient Beds	0	X	Administration			
Total Beds this Building		0					
OSHPD FDD SB499 Report	Data	Last Update:	10/18/2016	Submission D	Pate: 10/18/2016 Pr	inted: 10/20	/2016 6:30 AM

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)										
Building Number: BLI	D-01166	Building N	lame: 196	68 West Wing Addition]			
Type of Service Prov	<u>vided</u>									
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv		habilitation erapy			
IntensiveCare	Inpatient Beds	0	X	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rel	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby		tpatient 'gery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	ntral Plant			
Intermediate	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Suj Sei	oport rvices			
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		0								
OSHPD FDD SB499 Report	Data	a Last Update:	10/18/2016	S Submission Da	ate: 10/18/2016 Prir	nted: 10/20/	2016 6:30 AM			

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Include information on 4D and SPC-5 per Sec			by type of S	Service provided by I	puildings that are classified	as SPC-2, S	PC-3, SPC-4, SPC-
Building Number: BL	D-01167	Building N	lame: Ou	tpatient Addition]
Type of Service Prov	vided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
X IntensiveCare	Inpatient Beds	12		Anesthesia			
Pediatric/Adol	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	C Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	X Ce	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Su Se	pport rvices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		12					
OSHPD FDD SB499 Report	Dat	a Last Update:	10/18/2016	Submission	Date: 10/18/2016 P	rinted: 10/20	/2016 6:30 AM

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	tion on the number of per Section 130061(by type of Service provided by t	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Numbe	er: BLD-01168	Building Na	ame: Mechanical Building		
Type of Servio	ce Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensive	Care Inpatient Beds	0	Anesthesia		
Pediatric, escent	/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatr	ric Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetric Ante/Pos		0	Pharmaceutical	Emergency	X Central Plant
Intermed Care	iate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled N	ursing Inpatient Beds	0	Administration		
Total Beo Building	ds this	0			
OSHPD FDD SB499	Report D	ata Last Update:	10/18/2016 Submission	Date: 10/18/2016 Pr	rinted: 10/20/2016 6:30 AM

Report Year: 2016	11971 Ci	trus Valley Med	dical Center	- QV Campus	West Covina		Page:30 of 44			
Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)										
Building Number: BLI	D-01170	Building Na	ame: MR	I / CT Building]			
Type of Service Prov	<u>vided</u>									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency		ntral Plant			
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		oport vices			
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		0								
OSHPD FDD SB499 Report	Data	a Last Update:	10/18/2016	Submission	Date: 10/18/2016 P	rinted: 10/20/	2016 6:30 AM			

Report Year: 2016	11971 Ci	trus Valley Mec	dical Center	- QV Campus	West Covina		Page:31 of 44
Include information on 4D and SPC-5 per Sec		npatient beds l	by type of Se	ervice provided by buil	dings that are classified a	s SPC-2, S	PC-3, SPC-4, SPC-
Building Number: BLI	D-01171	Building Na	ame: Chill	er Room Addition]
Type of Service Prov	vided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	entral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine		pport rvices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					
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Report Year: 2016	11971 Ci	trus Valley Me	dical Cente	r - QV Campus	West Covina		Page:32 of 44			
Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)										
Building Number: BLI	D-01172	Building N	lame: Ca	rdiac Cath Lab Additio	n]			
Type of Service Prov	<u>vided</u>									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby		patient gery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant			
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		oport vices			
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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)										
Building Number:	BLD-01173	Building N	ame: Maternal &	& Child Health Cente	r]			
Type of Service P	rovided									
X Nursing	Inpatient Beds	34	Surgio	cal X	Obstetrical Cesarean/Deliv		habilitation erapy			
X IntensiveCare	e Inpatient Beds	40	Anestl	hesia						
Pediatric/Ado	l Inpatient Beds	0	Clinica	al Lab	Obstetrical Recovery	Re	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiol Imagir	logical/ X	Newborn/ WellBaby		tpatient rgery			
Obstetrical X Ante/Postprtu	Inpatient m Beds	6	Pharm	naceutical	Emergency	Ce	ntral Plant			
Intermediate	Inpatient Beds	0	Dieteti	ic	Nuclear Medicine		oport rvices			
Skilled Nursin	ig Inpatient Beds	0	Admin	istration						
Total Beds th Building	is	80								
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Include information on 4D and SPC-5 per Sec	the number of ction 130061(e)	inpatient beds	by type of Se	ervice provided by I	ouildings that are classified	as SPC-2, S	PC-3, SPC-4, SPC-
Building Number: BL	D-05424	Building N	lame: Brid	ge Connector]
Type of Service Pro	vided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia		_	
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency		ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		oport rvices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					
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Include information on the number of inpatient k 4D and SPC-5 per Section 130061(e)	peds by type of unit provided by buildings that a	are classified as SPC-2, SPC-3,	SPC-4, SPC-
Building Number: BLD-01164 Build	ding Name: Service Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0
Coronary Care	Chemical Dependency		Beds this ing Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi	ce 0
OSHPD FDD SB499 Report Data Last U	pdate: 10/18/2016 Submission Date:	10/18/2016 Printed: 10/20/	/2016 6:30 AM

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Include information on the number of inpatient 4D and SPC-5 per Section 130061(e)	t beds by type of unit provided by buildings tha	at are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD-01165 Building	ilding Name: South Wing Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
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Include information on the number of inpatient 4D and SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD-01166 Bui	Iding Name: 1968 West Wing Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
OSHPD FDD SB499 Report Data Last	Jpdate: 10/18/2016 Submission Date:	10/18/2016 Printed: 10/20/2016 6:30 AM

Report Year:201611971Citrus VaInclude information on the number of inpatient b4D and SPC-5 per Section 130061(e)		/est Covina Page:38 of 4 are classified as SPC-2, SPC-3, SPC-4, SPC-	
Building Number: BLD-01167 Build	ding Name: Outpatient Addition		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 12 Inpatient 4127 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 12 12	

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Include information on the number of inpatient b 4D and SPC-5 per Section 130061(e)	eds by type of unit provided by buildings that a	are classified as SPC-2, SPC-3, SPC-4, SPC-	
Building Number: BLD-01168 Build	ing Name: Mechanical Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0	
OSHED EDD SR400 Papart Data Last Lir	adoto: 10/19/2016 Submission Doto:	10/18/2016 Driptod: 10/20/2016 6:20 AM	

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Include information on the number of inp 4D and SPC-5 per Section 130061(e)	patient beds by type of unit provided by buildings that	at are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD-01170	Building Name: MRI / CT Building	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
npatient 0 Inpatient 3ed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
ntensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
npatient 0 Inpatient 2 Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
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Include information on the number of inpat 4D and SPC-5 per Section 130061(e)	tient beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD-01171	Building Name: Chiller Room Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)				
Building Number: BLD-01172 Buil	ding Name: Cardiac Cath Lab Addition			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0		
OSHPD FDD SB499 Report Data Last L	Jpdate: 10/18/2016 Submission Date:	10/18/2016 Printed: 10/20/2016 6:30 AM		

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Include information on the number of inpatient 4D and SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD-01173 Buil	ding Name: Maternal & Child Health Cen	iter
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 40 Inpatient 10187 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 40 Inpatient 9118 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 80 80
OSHPD FDD SB499 Report Data Last L	Jpdate: 10/18/2016 Submission Date:	10/18/2016 Printed: 10/20/2016 6:30 AM

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Include information on the number of 4D and SPC-5 per Section 130061(provided by buildings the	at are classified as SPC-2, SPC-3	3, SPC-4, SPC-
Building Number: BLD-05424	Building Name: Br	idge Connector		
Medical / Surgical (Include GYN)	Acute Respirato	ry Care	Acute Psychiatric	
npatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Perinatal (Exclude Newborn / GYN	l) Burn		Skilled Nursing	
Inpatient 0 Inpatient Bed Days	0 Inpatient (Bed) Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Pediatric	Intensive Care N Nursery	lewborn	Intermediate Care	
npatient 0 Inpatient 3 Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
ntensive Care	Rehabilitation Center		Int. Care / Developmentall Disabled	У
npatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Coronary Care	Chemical Deper	ndency	Building Per Bui	al Beds this ilding Per
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Ser	0
OSHPD FDD SB499 Report	Data Last Update: 10/18/2016	Submission Date	e: 10/18/2016 Printed: 10/2	20/2016 6:30 AM