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	l Owner and	d Year of Report per Section 130061(e)	
Facility Number:	10685		
Facility Name:	Kindred	Hospital Ontario	
Address:	550 N M	Ionterey Ave	
City:	Ontario		
Hospital Owner/Licensee:		THC - Orange County, Inc.	
Year of Reporting:		2017	
Contact 1 e-mail A	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail A	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Ad	ddress::	[Confidential data left blank intentionally.]	
Name of Su	bmitter:	William Alexander	
Submissio	n Date:	10/9/2017 2:05:47 PM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01466	Building I	550 N Monterey Ave	Retrofit	SPC2	01/01/2020	02/15/2019

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BLD-01466 Building Name: Building I									
Type of Service Prov	<u>vided</u>								
X Nursing	Inpatient Beds	84 Inpatient 27717 Days	X Surgical	Obstetrical Recovery					
X IntensiveCare	Inpatient Beds	7 Inpatient Days 240	X Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 91 Building	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery X Central Plant					

Report Year: 2017 10685 Kindred Hospital Ontario Ontario Page:5 of 17 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01466 **Building I Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 84 Inpatient 2771 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** 240 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 91 Inpatient Inpatient Inpatient 91 Bed Days Days Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt		
BLD-01466	Building I	Retrofit		
BLD-01467	Ambulance Canopy	Remain		

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No proposed n	ew building	s to be const	ructed at this or another site.		

Report Year: Kindred Hospital Ontario 2017 10685 Ontario Page:8 of 17 No data reported for Section 130061 (c)(2)(A), (B), or (C)

Report Year:	2017	10685	Kindred Hospital Ontario	Ontario	Page:9 of 17
No data reporte	d for Section	n 130061(c))(2)(D).		

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No data reporte	ed for Section	n 130061(c)(2)(D).		

Report Year:	2017	10685	Kindred Hospital Ontario		Ontario	Page:11 of 17
No data reporte	ed for whether	er the gener	al acute care services and beds will be re numbers for buildings with a Building Res	elocated to a	new, existing or retrofi	itted building and any
corresponding	bullaring sites	s or project i	idifficers for buildings with a building fees	olution of it	ebulid of Replace pr	er dection 130001(c)(2)(L).

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No data reporte	ed for Section	n 130061(c)	(3).		

eport any general er Section 130061	acute care hospital inpa	tient service th		general	Ontario acute care hospital	building t	Page:13 of 17 hat is rated SPC-1			
uilding Number:	BLD-01466 Buildin	g Name: Bu	uilding I							
Type of Service Provided X Surgical Obstetrical X Rehabilitation										
X	Nursing		Anesthesia		Cesarean/Deliv		Therapy			
X	IntensiveCare		Anestnesia		Obstetrical Recovery	X	Renal Dialysis			
	Pediatric/Adol escent	X _	Clinical Lab		Newborn/		Outpatient Surgery			
	Psychiatric	X	Radiological/ Imaging		WellBaby		•			
	Nursing	X	Pharmaceutical		Emergency	X	Central Plant			
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services			
	Intermediate Care	X	Administration							
	Skilled Nursing									

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-01466 Building Name: Building I											
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030											
Type of Service Provided											
X Nursing	X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy								
X IntensiveCare	X Anesthesia	Obstetrical Recovery	X Renal Dialysis								
Pediatric/Adol escent	X Clinical Lab	Recovery									
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery								
Obstetrical	X Pharmaceutical										
Ante/Postprtum		Emergency	X Central Plant								
Intermediate Care	X Dietetic	Nuclear Medicine	X Support								
Skilled Nursing	X Administration	INUCIONI MEDICINE	Services								

Report Year: 2017	10685 Kin	dred Hosp	ital Ontario		Ontario		Page:15 of 17		
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: BI	_D-01467 Bi	uilding Nan	me: Ambulance Canop	У					
Configuration: N	′A								
Type of Service Pr	ovided								
Nursir	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Intens	iveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis		
Pedia escen	tric/Adol t		Clinical Lab		Necovery				
Psych Nursir			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery		
Obste	trical Postprtum		Pharmaceutical		_				
Alton	Ostpitum		Distatio	Ш	Emergency		Central Plant		
Interm Care	nediate		Dietetic		Nuclear Medicine		Support Services		
Skilled	d Nursing		Administration				Services		

Report Year: 2017 Include information		Kindred Hospital of inpatient beds to		Ontario buildings that are classified a	Page:16 of 17 as SPC-2, SPC-3, SPC-4, SPC-
4D and SPC-5 per	Section 130061(e)			
Building Number:	BLD-01467	Building Na	Ambulance Canopy		
Type of Service F	<u>Provided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCar	e Inpatient Beds	0	Anesthesia		
				Obstetrical	Renal Dialysis
Pediatric/Add	ol Inpatient Beds	0	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient um Beds	0	Pharmaceutical	Emergency	Central Plant
			Π		
Intermediate Care	Inpatient Beds	0	☐ Dietetic	Nuclear Medicine	X Support Services
Skilled Nursi	na		Administration		
Skilled Nulsi	Inpatient Beds	0			
Total Beds the Building	nis	0			

Report Year: 2017 10685 Kindred Hospital Ontario Ontario Page:17 of 17 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) Ambulance Canopy **Building Number:** BLD-01467 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 0 Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Davs Bed Days Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 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 Days Bed Bed Days 0