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:	11672		
Facility Name:	Glendora	a Community Hospital	
Address:	150 W. F	Route 66	
City:	Glendora	3	
Hospital Owner/Lice	ensee:	East Valley Glendora Hospital LP	
Year of Reporting:		2017	
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Ad	dress::	[Confidential data left blank intentionally.]	
Name of Submitter:		Brad Hawn	
Submission	n Date:	10/18/2017 1:45:29 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- 00151	Original Building	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD- 00152	Emergency Building	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD- 00153	1966 Addition - West	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019
BLD- 03521	1966 Addition - East	150 W. Route 66	Retrofit	SPC2	01/01/2020	07/01/2019

Report Year: 2017 11672 Glendora Community Hospital Glendora Page:3 of 29 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: Original Building Retrofit/Replacement BLD-00151 No Project: Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 11672 H142627-19 11/12/201 10/8/2015 07/01/2015 FIEL No -00 12:00:00 4 AM 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-00152 No **Emergency Building** Retrofit/Replacement Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Number Number Num Scope Date Start Date Review Date In H142627-19 0 FIEL No 11672 11/12/201 10/8/2015 07/01/2015 -00 12:00:00 AM

Report Year: 2017 11672 Glendora Community Hospital Glendora Page:4 of 29 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). BLD-00153 1966 Addition - West No **Building No:** Retrofit/Replacement Project: Facility Project Plan Approved Projected Projected CEQA Sub Date Start Date Completion Date Status Review Number Number Num Scope Date In 11672 H142627-19 0 11/12/201 10/8/2015 07/01/2015 FIEL No -00 12:00:00 AM 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). No **Building No:** BLD-03521 1966 Addition - East Retrofit/Replacement Project: Facility Project Projected CEQA Sub Plan Approved Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 0 FIEL No. 11672 H142627-19 11/12/201 10/8/2015 07/01/2015 -00 12:00:00 AM

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: BLD-00151 Building Name: Original Building Type of Service Provided X Nursing Inpatient Beds Days Anesthesia Newborn/WellBaby	
Type of Service Provided X Nursing Inpatient Beds Days X Surgical X Obstetrical Recovery X IntensiveCare Inpatient 10 Inpatient Days 992 X Anesthesia Newborn/	
X Nursing Inpatient 40 Inpatient 2550 X Surgical X Obstetrical Recovery	_
X IntensiveCare Inpatient 10 Inpatient Days 992 X Anesthesia Newborn/	
Pediatric/Adol Inpatient 0 Inpatient Days 0 X Clinical Lab Emergency escent	
X Psychiatric Inpatient Days 7099 Nursing Beds X Radiological/ Imaging X Nuclear Medicine	
X Obstetrical Inpatient 30 Inpatient Days 0 X Dietetic X Rehabilitation Therapy	
Intermediate Inpatient 0 Inpatient Days 0 Administration Renal Dialysis Care Beds	
Skilled Nursing Inpatient Beds Total Beds this Total Beds this Publishers X Support Services X Support Services X Outpatient Surgery X Obstetrical Cesarean/Deliv X Central Plant	
Building Central Plant	

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Provide the number	of inpatient be	ds and patient days per type of service p	per building per Section 13006	61(c)(1)(F)	
Building Number:		Building Name:	mergency Building		
X Nursing	Inpatient Beds	21 Inpatient 1339 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtui	Inpatient m Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis	
Skilled Nursin	g Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

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Provide the number of i	inpatient bed	s and patient days per type of service p	per building per Section 130061((c)(1)(F)	
Building Number: BLC Type of Service Provi		Building Name: 1	966 Addition - West		
	Inpatient	6 Inpatient 383	Surgical	Obstetrical	
	Beds	Days		☐ Recovery	
	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby	
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	/
Psychiatric	Inpatient	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
☐ Nursing	Beds		Pharmaceutical	□ 5	
	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitati Therapy	on
	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	/sis
	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Deus	Total Beds this Building 6	Obstetrical Cesarean/Deliv	Central Pla	nt

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Provide the number of	of inpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)
Building Number: B	LD-03521	Building Name: 19	66 Addition - East	
Type of Service Pro	<u>vided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X 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 Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Provide the number	of Inpatient beds and	patient days per type of uni	t per building per Section 1	30061(c)(1)(F)	
Building Number:	BLD-00151	Building Name: Orig	inal Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 40 Bed	Inpatient 2550 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 7099 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 30 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 5 Bed	Inpatient 992 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 5 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	101	101

Report Year: 2017 11672 Glendora Community Hospital Glendora Page:10 of 29 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00152 **Emergency Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 1339 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 21 Inpatient Inpatient 21 Inpatient Inpatient Days Days Bed Bed

Report Year: 2017 11672 Glendora Community Hospital Glendora Page:11 of 29 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00153 **Building Number: Building Name:** 1966 Addition - West Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 383 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 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 6 Inpatient Inpatient 6 Days Days Bed Bed

Report Year: 2017 11672 Glendora Community Hospital Glendora Page:12 of 29 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 1966 Addition - East **Building Number:** BLD-03521 **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

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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-00151	Original Building	Retrofit
BLD-00152	Emergency Building	Retrofit
BLD-00153	1966 Addition - West	Retrofit
BLD-03521	1966 Addition - East	Retrofit

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No proposed ne	ew buildings	s to be const	ructed at this or another site.		

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No data reporte	ed for whether	er the general	al acute care services	and beds will be relo	cated to a	new, existing or retrotebuild" or "Replace" p	itted building a	nd any 061(c)(2)(F)
corresponding	bulluling sites	s or project i	idifibers for buildings	with a building itesor	duon or 10	ebulla of Neplace p	ei Section 130	001(c)(z)(L).

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No data reporte	d for Sectior	n 130061(c)	(3).		

eport any general er Section 130061	acute care hospital inp	dora Communit		general	Glendora acute care hospital	building t	Page:20 of 29 hat is rated SPC-1
uilding Number:	BLD-00151 Buildi	ng Name: O	riginal Building				
Type of Service	e Provided	l v	0 : 1	[J]	0		Dahahilitetian
		[X]	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare			X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab			Х	Outpatient
	escent	X	Radiological/		Newborn/ WellBaby		Surgery
X	Psychiatric Nursing		Imaging		Emergency		Octobel Plant
		X	Pharmaceutical		Emergency	Х	Central Plant
X	Obstetrical Ante/Postprtum	X	Dietetic	Х	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration				
	Skilled Nursing						

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Report any gene per Section 1300	eral acute care hospital 061(c)(4)	inpatient service th	nat is provided in any	general a	acute care hospital	building t	hat is rated SPC-1	
Building Number	r: BLD-00152 Bu	ilding Name: Eı	mergency Building					
Type of Serv	vice Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Σ	Nursing		Anesthesia				D 10:1:	
	IntensiveCare		O		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric Nursing	X	Radiological/ Imaging		WellBaby			
	_		Pharmaceutical	X	Emergency		Central Plant	
L	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration					
	Skilled Nursing							

ilding Number:	BLD-00153 Buildi	ng Name: 19	966 Addition - West			
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia			Renal Dialysis
	IntensiveCare		Clinical Lab		Obstetrical Recovery	Neliai Diaiysis
	Pediatric/Adol escent		Radiological/	X	Newborn/ WellBaby	Outpatient Surgery
	Psychiatric Nursing		Imaging Pharmaceutical		Emergency	Central Plant
	Obstetrical		rnamaceulical		Nuclear	Support
	Ante/Postprtum		Dietetic		Medicine	Services
	Intermediate Care		Administration			
	Skilled Nursing					

ilding Number:	BLD-03521 Buildi	ng Name: 19	966 Addition - East				
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing		Anesthesia			.,	
	IntensiveCare		Official Lab		Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	X	Newborn/ WellBaby	Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging	_	·		
	Obstetrical		Pharmaceutical		Emergency	Central Plant	
Ш	Ante/Postprtum		Dietetic		Nuclear Medicine	Support Services	
	Intermediate Care		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-00151	Building Name: Original Building							
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recovery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant					
Intermediate	Dietetic	Lineigency	Central Flant					
Care	Administration	Nuclear Medicine	Support Services					
Skilled Nursing								

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Report the final equirements wo per Section 130	hether by retrofit or by	ldings on the replacement	hospital campus show and the type of service	wing how e e that will l	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building	
Building Numbe	er: BLD-00152	Building Na	me: Emergency Bui	lding				
Configuration: N/A								
Type of Serv	vice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic				Contract fairt	
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the final cor requirements wheth per Section 130061	her by retrofit or by i	dings on the replacement	hospital campus showii 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 care	5/NPC-4 or 5 e hospital building
Building Number:	BLD-00153	Building Nar	me: 1966 Addition - W	'est			
Configuration:	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic		Nuclear Medicine		Support
Sk	killed Nursing		Administration			,	Services

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Report the fir requirements per Section 1	whether by retrofit or b	ouildings on the hospital campus sho by replacement and the type of serv	owing how each buice that will be prov	iilding will comply w vided in each gener	rith the SPC-5/N al acute care h	NPC-4 or 5 ospital building
Building Num	ber: BLD-03521	Building Name: 1966 Addition	- East			
Configuration	on: N/A					
Type of So	ervice Provided					
	Nursing	Surgical		etrical arean/Deliv		nabilitation rapy
	IntensiveCare	Anesthesia	Obst	etrical overv	Rer	nal Dialysis
	Pediatric/Adol escent	Clinical Lab	Nooc	very		
	Psychiatric Nursing	Radiological/ Imaging	New Welli			patient gery
	Obstetrical Ante/Postprtum	Pharmaceutical				
		Dietetic	Eme	rgency	Cer	itral Plant
	Intermediate Care		Nucl	ear Medicine		oport rvices
	Skilled Nursing	Administration				

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No data reporte	d for Section	n 130061(e)			