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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:	12180		
Facility Name:	West C	ovina Medical Center	
Address:	725 S.	Orange Ave.	
City:	West C	ovina	
Hospital Owner/Licensee:		West Covina Medical Center Inc.	
Year of Reporting:		2017	
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]	
Contact 2 e-mail Ac	dress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Ad	dress::	[Confidential data left blank intentionally.]	
Name of Submitter:		Gerald Wallman	
Submission	n Date:	8/24/2017 3:36:12 PM]

Report `	Year: 2017 12180	West Covina Medical Center		West Covina		Page:2 of 16			
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- 02176	Hospital Building / Additions	725 S. Orange Ave.	Retrofit	SPC2	01/01/2020	10/30/2019			

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or each building w rojected construct tatus and approva	ion start	date or da	tes and projected	replacement, Completion da	provide the p te or dates p	roject numbers er Section 1300	, per Section 061(c)(1)(D) a	130061(c)(1)(C). and the most rece	The ent project	
uilding No: BLD	Ing No: BLD-02176 Hospital Building / Additions				Retrofit/Replacement Project:		Hazus-Su	Hazus-Submitted		
acility Project Iumber Number	Sub Num	Scope			Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
2180 S131854-1 -00	9 0				8/22/2013	11/26/2013 12:00:00 AM	02/17/2013	03/31/2013	CLOS	No
SHPD FDD SB499	Report		Data Last Update:	08/24/2017	Submis	sion Date: 08/2	24/2017	Printed: 8/26/201	7 6:30 AM	

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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-02176 Building Name: Hospital Building / Additions										
Type of Service Provid	ded									
	Inpatient Beds	13 Inpatient 2235 Days	X Surgical	Obstetrical Recovery						
	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby						
	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency						
	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine						
	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical	Rehabilitation Therapy						
	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis X Outpatient						
	Inpatient Beds	33 Inpatient Days 9922	Services	X Outpatient Surgery						
		Total Beds this 46 Building	Obstetrical Cesarean/Deliv	X Central Plant						
OSHPD FDD SB499 Report		Data Last Update: 08/24/2017	Submission Date: 08/24/2017	Printed: 8/26/2017 6:30 AM						

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)										
Building Number:	BLD-02176 Build	ing Name: Hosp	pital Building / Additions							
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric						
Inpatient 13 Bed	Inpatient 2235 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 33 Bed	Inpatient 9922 Days					
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	46	46					
OSHPD FDD SB499 R	eport Data Last Up	odate: 08/24/2017	Submission Date:	08/24/2017 Printe	d: 8/26/2017 6:30 AM					

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or all buildings a	t the facility, indicate which ones are	scheduled for general acute servi	ce removal.	
Building Number	Building Name		Building to be Removed / Replaced / Rebuilt	
BLD-02176	Hospital Building / Additions		Retrofit	
HPD FDD SB499	Report Data Last Update:	08/24/2017 Submission D	ate: 08/24/2017 Printed	: 8/26/2017 6:30 AM

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No proposed new buildings to be constructed at this or another site.									

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No data reported	I for Section	n 130061 (c)(2)(A) , (B), or (C))		

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lo data reporte	d for Sectio	n 130061(c)(2)(D).		

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No data reported	d for Sectio	n 130061(c	e)(2)(D).				

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No data reported for whether the gen	eral acute care services and beds will be re t numbers for buildings with a Building Res	elocated to a new, existing or retrofitted	d building and any Section 130061(c)(2)(E)
	st numbers for buildings with a building rec		

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

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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-02176 Building Name: Hospital Building / Additions						
Type of Service	e Provided					
		X Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap		
X	Nursing	X Anesthesia		Repair	Dialysis	
	IntensiveCare	X Clinical Lab	Obstetrical Recovery		Jiaiysis	
	Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	X Outpati Surger		
	Psychiatric Nursing	Imaging X Pharmaceutical	Emergency	X Central	Plant	
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	Suppor Service	t es	
	Intermediate Care	X Administration				
X	Skilled Nursing					
OSHPD FDD SB499 Report Data Last Update: 08/24/2017 Submission Date: 08/24/2017 Printed: 8/26/2017 6:30 AM						

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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-02176 Configuration: N/A	Building Name: Hospital Building	g / Additions			
Type of Service Provided					
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehat Thera	pilitation Py	
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal	Dialysis	
Pediatric/Adol escent	Clinical Lab	Recovery			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centra	al Plant	
Intermediate Care	Dietetic	Nuclear Medicine	Supp	ort	
Skilled Nursing	Administration		Servio		
OSHPD FDD SB499 Report	Data Last Update: 08/24/2017	Submission Date: 08/24/2017	Printed: 8/26/20	017 6:30 AM	

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No data reported	No data reported for Section 130061(e)				

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No data reported for Section 130061(e).					