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

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Facility Number:

11776

Facility Name:

Kindred Hospital - San Gabriel Valley

Address:

845 N. Lark Ellen Ave.

City:

West Covina

Hospital Owner/Licensee:

Southern California Specialty Care, Inc

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

William Alexander, Facility Representative

Submission Date:

10/8/2012 7:09:41 PM

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 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-01722	Building I (Acute Care Facility)	845 N. Lark Ellen Ave.	Retrofit	SPC2	01/01/2015	01/01/2015

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-01722

Building I (Acute Care Facility)

Retrofit/Replacement  
Project:

Hazus-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11776	P-2012-00001	0		1/3/2012 12:00:00 AM	9/18/2012 12:00:00 AM			PEND	No

## Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01722**

Building Name:

**Building I (Acute Care Facility)****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="70"/>	Inpatient Days	<input type="text" value="18584"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="6"/>	Inpatient Days	<input type="text" value="2162"/>	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
					<input checked="" type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Central Plant
	Total Beds this Building	<input type="text" value="76"/>				

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

BLD-01722

Building Name:

Building I (Acute Care Facility)

**Medical / Surgical (Include GYN)**Inpatient  
Bed Inpatient  
Days   
**Acute Respiratory Care**Inpatient  
Bed Inpatient  
Days **Acute Psychiatric**Inpatient  
Bed Inpatient  
Days **Perinatal (exclude Newborn / GYN)**Inpatient  
Bed Inpatient  
Days **Burn**Inpatient  
Bed Inpatient  
Days **Skilled Nursing**Inpatient  
Bed Inpatient  
Days **Pediatric**Inpatient  
Bed Inpatient  
Days **intensive Care Newborn  
Nursery**Inpatient  
Bed Inpatient  
Days **Intermediate Card**Inpatient  
Bed Inpatient  
Days **Intensive Care**Inpatient  
Bed Inpatient  
Days **Rehabilitation  
Center**Inpatient  
Bed Inpatient  
Days **Int. Care / development  
Disabled**Inpatient  
Bed Inpatient  
Days **Coronary Care**Inpatient  
Bed Inpatient  
Days **Chemical  
Dependency**Inpatient  
Bed Inpatient  
Days **Total Beds this  
Building Per  
Unit****Total Beds this  
Building Per  
Service**

Report Year:

2012

11776

Kindred Hospital - San Gabriel Valley

West Covina

Page:6 of 10

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-01722

Building I (Acute Care Facility)

Retrofit

Report Year:

2012

11776

Kindred Hospital - San Gabriel Valley

West Covina

Page:7 of 10



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-01722

Building Name:

Building I (Acute Care Facility)

## Type of Service Provided

- Nursing
- IntensiveCare
- Pediatric/Adol  
escent
- Psychiatric  
Nursing
- Obstetrical  
Ante/Postprtum
- Intermediate  
Care
- Skilled Nursing

- Surgical
- Obstetrical  
Cesarean/Deliv
- Rehabilitation  
Therapy
- Anesthesia
- Obstetrical  
Recovery
- Renal Dialysis
- Clinical Lab
- Newborn/  
WellBaby
- Outpatient  
Surgery
- Radiological/  
Imaging
- Emergency
- Central Plant
- Pharmaceutical
- Nuclear  
Medicine
- Support  
Services
- Dietetic
- Administration

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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01722

Building Name: Building I (Acute Care Facility)

Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report Year:

2012

11776

Kindred Hospital - San Gabriel Valley

West Covina

Page:10 of 10

Report Status: **Data Last Update:** 10/08/2012

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**Print Date:** 11/5/2012 1:26 PM