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

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Facility Number:

11386

Facility Name:

Alhambra Hospital

Address:

100 S. Raymond Ave.

City:

Alhambra

Hospital Owner/Licensee:

Alhambra Hospital Medical Center LP

Year of Reporting:

2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Iris Lai

Submission Date:

1/29/2012 3:00:00 PM

Report Year:

2011

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the bulding 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
01	Hospital	100 S. Raymond Ave.	Retrofit	SPC2	01/01/2013	12/01/2012

For each building which is planned for retrofitting 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:

01

Hospital

Retrofit/Replacement  
Project:

No

Facility Number	Project Number	Sub Num	Scope	Date Plan in Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11386	IL101494	0		06/30/2010	07/08/2011	07/01/2012	OPEN	No

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

Building Number: 01

Building Name: Hospital

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="105"/>	Inpatient Days	<input type="text" value="18842"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="13"/>	Inpatient Days	<input type="text" value="3305"/>	<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 checked="" 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 checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="26"/>	Inpatient Days	<input type="text" value="9490"/>	<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="144"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input checked="" type="checkbox"/> Central Plant

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

Building Number:

01

Building Name:

Hospital

**Medical / Surgical (Include GYN)**

Inpatient Bed 88

Inpatient Days 1532  
1**Acute Respiratory Care**

Inpatient Bed 0

Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0

Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 0

Inpatient Days 0

**Burn**

Inpatient Bed 0

Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 26

Inpatient Days 9490

**Pediatric**

Inpatient Bed 0

Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 0

Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0

Inpatient Days 0

**Intensive Care**

Inpatient Bed 6

Inpatient Days 1571

**Rehabilitation Center**

Inpatient Bed 17

Inpatient Days 3521

**Int. Care / development Disabled**

Inpatient Bed 0

Inpatient Days 0

**Coronary Care**

Inpatient Bed 7

Inpatient Days 1734

**Chemical Dependency**

Inpatient Bed 0

Inpatient Days 0

**Total Beds this Building Per Unit**

144

**Total Beds this Building Per Service**

144

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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**

01

Hospital



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2011

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Report Status: **Data Last Update:** 01/09/2012

**Submission Date:** 01/29/2012

**Print Date:** 1/30/2012 12:46 PM

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:

01

Building Name:

Hospital

### 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 checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" 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 checked="" type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> 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 acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Hospital

Configuration

:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Pharmaceutical

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Dietetic

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Administration

Skilled Nursing