

## Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613  
 For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

<b>SCH #</b>
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**Project Title:** Encompass Health

Lead Agency: <u>City of Chula Vista</u>	Contact Person: <u>Jeff Steichen</u>
Mailing Address: <u>276 Fourth Avenue</u>	Phone: <u>619-585-5778</u>
City: <u>Chula Vista</u> Zip: <u>91910</u>	County: <u>San Diego</u>

**Project Location:** County: San Diego City/Nearest Community: Chula Vista

Cross Streets: Shinohara Lane and Brandywine Avenue Zip Code: 91910

Longitude/Latitude (degrees, minutes and seconds): 32 ° 35 ' 50.01" N / 117 ° 1 ' 53.13" W Total Acres: 9.79

Assessor's Parcel No.: 644-040-01-00 Section: 19 Twp.: 18 South Range: 2 West Base: Imperial Beach

Within 2 Miles: State Hwy #: Interstate 805 Waterways: Otay Valley River

Airports: NA Railways: NA Schools: Valle Lindo Elementary

**Document Type:**

CEQA: <input type="checkbox"/> NOP	<input type="checkbox"/> Draft EIR	NEPA: <input type="checkbox"/> NOI	Other: <input type="checkbox"/> Joint Document
<input type="checkbox"/> Early Cons	<input type="checkbox"/> Supplement/Subsequent EIR	<input type="checkbox"/> EA	<input type="checkbox"/> Final Document
<input type="checkbox"/> Neg Dec	(Prior SCH No.) _____	<input type="checkbox"/> Draft EIS	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Mit Neg Dec	Other: _____	<input type="checkbox"/> FONSI	_____

**Local Action Type:**

<input type="checkbox"/> General Plan Update	<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Annexation
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Prezone	<input type="checkbox"/> Redevelopment
<input type="checkbox"/> General Plan Element	<input type="checkbox"/> Planned Unit Development	<input checked="" type="checkbox"/> Use Permit	<input type="checkbox"/> Coastal Permit
<input type="checkbox"/> Community Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Land Division (Subdivision, etc.)	<input checked="" type="checkbox"/> Other: <u>Design Review</u>

**Development Type:**

<input type="checkbox"/> Residential: Units _____ Acres _____ <input type="checkbox"/> Office: Sq.ft. _____ Acres _____ Employees _____ <input type="checkbox"/> Commercial: Sq.ft. _____ Acres _____ Employees _____ <input type="checkbox"/> Industrial: Sq.ft. _____ Acres _____ Employees _____ <input type="checkbox"/> Educational: _____ <input type="checkbox"/> Recreational: _____ <input type="checkbox"/> Water Facilities: Type _____ MGD _____	<input type="checkbox"/> Transportation: Type _____ <input type="checkbox"/> Mining: Mineral _____ <input type="checkbox"/> Power: Type _____ MW _____ <input type="checkbox"/> Waste Treatment: Type _____ MGD _____ <input type="checkbox"/> Hazardous Waste: Type _____ <input checked="" type="checkbox"/> Other: <u>Medical / 80- bed in-patient rehabilitation facility</u>
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**Project Issues Discussed in Document:**

<input checked="" type="checkbox"/> Aesthetic/Visual	<input type="checkbox"/> Fiscal	<input checked="" type="checkbox"/> Recreation/Parks	<input checked="" type="checkbox"/> Vegetation
<input checked="" type="checkbox"/> Agricultural Land	<input checked="" type="checkbox"/> Flood Plain/Flooding	<input checked="" type="checkbox"/> Schools/Universities	<input checked="" type="checkbox"/> Water Quality
<input checked="" type="checkbox"/> Air Quality	<input checked="" type="checkbox"/> Forest Land/Fire Hazard	<input checked="" type="checkbox"/> Septic Systems	<input checked="" type="checkbox"/> Water Supply/Groundwater
<input checked="" type="checkbox"/> Archeological/Historical	<input checked="" type="checkbox"/> Geologic/Seismic	<input checked="" type="checkbox"/> Sewer Capacity	<input checked="" type="checkbox"/> Wetland/Riparian
<input checked="" type="checkbox"/> Biological Resources	<input checked="" type="checkbox"/> Minerals	<input checked="" type="checkbox"/> Soil Erosion/Compaction/Grading	<input checked="" type="checkbox"/> Growth Inducement
<input type="checkbox"/> Coastal Zone	<input checked="" type="checkbox"/> Noise	<input checked="" type="checkbox"/> Solid Waste	<input checked="" type="checkbox"/> Land Use
<input checked="" type="checkbox"/> Drainage/Absorption	<input checked="" type="checkbox"/> Population/Housing Balance	<input checked="" type="checkbox"/> Toxic/Hazardous	<input checked="" type="checkbox"/> Cumulative Effects
<input type="checkbox"/> Economic/Jobs	<input checked="" type="checkbox"/> Public Services/Facilities	<input checked="" type="checkbox"/> Traffic/Circulation	<input type="checkbox"/> Other: _____

**Present Land Use/Zoning/General Plan Designation:**

Designated as Limited Industrial (IL) / zoned Limited Industrial – Precise Plan Modifying District (ILP)

**Project Description:** *(please use a separate page if necessary)*

The project proposes up to an 80-bed inpatient rehabilitation facility with supporting amenities on the 9.79-acre site. The project would be developed in two phases with phase 1 consisting of up to 50 beds and phase 2 providing an additional 30 beds. The proposed inpatient rehabilitation center uses would be to provide recovery from medical issues. As such, the center would include specialized rehabilitation and evaluation rooms in addition to patient rooms. Patients are assumed to be transported to the facility via a non-emergency ambulance and stay at the center until their release. Considering the type of care to be provided and based on similar facilities operated by the applicant, the 80-bed facility is expected to have approximately 210 daily employees. The project includes on and off-site utility improvements, including electrical, gas, cable, stormwater, water, and sewer. The project also include landscaping around the building and within the center courtyard.

*Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.*

## Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X".  
If you have already sent your document to the agency please denote that with an "S".

<input type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input type="checkbox"/> Caltrans District # _____	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Regional WQCB # _____
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input type="checkbox"/> Fish & Game Region # _____	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Native American Heritage Commission	

### Local Public Review Period (to be filled in by lead agency)

Starting Date March 12, 2021 Ending Date April 12, 2021

### Lead Agency (Complete if applicable):

Consulting Firm: <u>Dudek</u>	Applicant: <u>Encompass Health California Real Estate LLC</u>
Address: <u>605 3rd St</u>	Address: <u>9001 Liberty Parkway</u>
City/State/Zip: <u>Encinitas, CA 92024</u>	City/State/Zip: <u>Birmingham, Alabama 35242</u>
Contact: <u>Dawna Marshall</u>	Phone: <u>205-970-5677</u>
Phone: <u>619-760-4290</u>	

Signature of Lead Agency Representative:  Date: 3-8-2021

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.