## 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 Ye | ear of Report per Section 130061(e)          |  |  |  |  |  |  |
|------------------------|--------------|--|--|--|--|--|--|--|
| Facility Number:       | 11210        |  |  |  |  |  |  |  |
| Facility Name:         | Alameda H    | Alameda Hospital                             |  |  |  |  |  |  |
| Address:               | 2070 Clinto  | n Ave  |  |  |  |  |  |  |
| City:                  | Alameda      |  |  |  |  |  |  |  |
|                        |              |  |  |  |  |  |  |  |
| Hospital Owner/Lice    | ensee:       | Alameda Health System                        |  |  |  |  |  |  |
| Year of Rep            | oorting:     | 2018   |  |  |  |  |  |  |
| Contact 1 e-mail Ad    | ldress:      | Confidential data left blank intentionally.] |  |  |  |  |  |  |
| Contact 2 e-mail Ad    | ldress:      | Confidential data left blank intentionally.] |  |  |  |  |  |  |
| Contact 3 e-mail Add   | dress::      | Confidential data left blank intentionally.] |  |  |  |  |  |  |
| Name of Sub            | mitter:      | Kristen Thorson                              |  |  |  |  |  |  |
| Submission             | Date:        | 10/31/2018 11:44:42 AM                       |  |  |  |  |  |  |
|                        |              |  |  |  |  |  |  |  |
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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.<br>No.           | Building Name     | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|------------------------|-------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD-                   | Original Hospital | 2070 Clinton Ave           | Replace                | SPC2                            | 01/01/2020        | 01/01/2020                     |
| 01278<br>BLD-<br>01279 | Stephens Wing     | 2070 Clinton Ave           | Retrofit               | SPC2                            | 01/01/2020        | 01/01/2020                     |

Report Year: 11210 Alameda Hospital Page:3 of 36 2018 Alameda 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 Hospital Retrofit/Replacement No BLD-01278 Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 11210 IS101131-0 6/30/2010 01/01/2015 ACTI No 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-01279 Stephens Wing Retrofit/Replacement Yes-Submitted Project: Facility Project Sub Plan Approved Projected Projected CEQA Date Start Date Completion Date Status Review Number Number Num Scope Date In 0 SPC-2 UPGRADE & KITCHEN ACTI No 11210 IS101131-0 6/30/2010 01/01/2015 01/01/2018 RELOCATION

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|----------------------------|-------------------|--|-------------------------------|------------------------|
| Provide the number of      | f inpatient bed   | ds and patient days per type of service pe | er building per Section 13006 | 1(c)(1)(F)             |
| Building Number: BL        | .D-01278          | Building Name: Or                          | iginal Hospital               |                        |
| Type of Service Prov       | <u>/ided</u>      |  |                               |                        |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days                         | Surgical                      | Obstetrical Recovery   |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0                         | Anesthesia                    | Newborn/ WellBaby      |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0                         | Clinical Lab                  | Emergency              |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                         | Radiological/<br>Imaging      | Nuclear<br>Medicine    |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                         | Pharmaceutical   X Dietetic   | Rehabilitation Therapy |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Administration              | Renal Dialysis         |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Support<br>Services         | Outpatient Surgery     |
|                            | Deus              | Total Beds this Building                   | Obstetrical Cesarean/Deliv    | Central Plant          |
|                            |                   |  |                               |                        |
|                            |                   |  |                               |                        |
|                            |                   |  |                               |                        |

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|-----------|------------------------------|-------------------|----------------------|-------------------|---------------|--------------------|------------------------|------------------------|--------------|
| Provide   | the number of                | inpatient bed     | s and pat            | ient days per typ | oe of service | e per building per | r Section 130061(      | c)(1)(F)               |              |
|           | g Number: BLI                |                   |                      | Building Na       | me:           | Stephens Wing      |                        |                        |              |
| Type of   | f Service Provi              | <u>ided</u>       |                      |                   |               | •                  |                        |                        |              |
| X N       | ursing                       | Inpatient<br>Beds | 31                   | Inpatient<br>Days | 5021          | Surg               | jical                  | Obstetrica<br>Recovery | al .         |
| In        | ntensiveCare                 | Inpatient<br>Beds | 0                    | Inpatient Days    | 0             | Anes               | sthesia                | Newborn/<br>WellBaby   |              |
|           | ediatric/Adol<br>scent       | Inpatient<br>Beds | 0                    | Inpatient Days    | 0             | Clinic             | cal Lab                | Emergend               | cy           |
|           | sychiatric<br>ursing         | Inpatient<br>Beds | 0                    | Inpatient Days    | 0             | Radio Imag         | ological/<br>jing      | Nuclear<br>Medicine    |              |
|           | obstetrical<br>nte/Postprtum | Inpatient<br>Beds | 0                    | Inpatient Days    | 0             | Phari              | maceutical             | Rehabilita Therapy     | tion         |
|           | ntermediate<br>are           | Inpatient<br>Beds | 0                    | Inpatient Days    | 0             |                    | inistration            | Renal Dia              |              |
| X SI      | killed Nursing               | Inpatient<br>Beds | 23                   | Inpatient Days    | 8215          | X Supp<br>Servi    | ices                   | Surgery                | ı            |
|           |                              | Dodo              | Total Be<br>Building |                   | 54            |                    | etrical<br>arean/Deliv | Central Pl             | ant          |
|           |                              |                   |                      |                   |               |                    |                        |                        |              |
|           |                              |                   |                      |                   |               |                    |                        |                        |              |

Report Year: 2018 11210 Alameda Hospital Alameda Page:6 of 36 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01278 **Building Number: Building Name:** Original Hospital 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 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2018 11210 Alameda Hospital Alameda Page:7 of 36 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number:** BLD-01279 **Building Name:** Stephens Wing Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 31 Inpatient 5021 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 23 Inpatient 8215 Bed Days Days Bed Days 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 54 Inpatient Inpatient 54 Inpatient Inpatient 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<br>Number | Building Name             | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|---------------------------|--|
| BLD-01278          | Original Hospital         | Replace  |
| BLD-01279          | Stephens Wing             | Retrofit                                       |
| BLD-01280          | West Wing                 | Remain   |
| BLD-01281          | South Wing                | Remain   |
| BLD-01282          | Radiology Addition        | Remain   |
| BLD-01283          | Medical Gas Storage       | Remain   |
| BLD-02630          | Compactor Shed            | Remain   |
| BLD-03120          | Emergency Room Relocation | Remain   |

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|----------------|--------------|---------------|---------------------------------|---------|--------------|
| No proposed no | ew buildings | s to be const | ructed at this or another site. |         |              |
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|--|--|--|---|----------------------------------|--|---|---------------|
| The project<br>replaced of<br>The planner<br>replaced of | cted date or dates<br>or rebuild building<br>ed uses of the bu<br>or rebuild building  | s the building vas well.<br>Juilding or buildi<br>Juilding or buildi<br>Juilding or buildi | ed, rebuilt, removed from acut<br>will be removed from service p<br>ings to be removed from acut<br>n the building or buildings per | oer <mark>Sec</mark><br>e care s | tion 130061 (c)(2)(A) and proservice per Section 130061(c)                                       | ovide said date or dat  |               |
| Building N   | umber: BLD-0   | 1278   | Original Hospital   |                                  | Removal<br>Date:   | 01/01/2020  | ]             |
| Planned U  | lses for the buildi  | ng to be remo  | ved from acute care service:  |                                  |  |   |               |
| Planned u  | use for building:  |  |   |                                  |  |   |               |
|  | Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing | delivered in the   | Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration                                       |                                  | Obstetrical Cesarean/Deliv  Obstetrical Recovery  Newborn/ WellBaby  Emergency  Nuclear Medicine | Rehabilitation Therapy  Renal Dialysis  Outpatient Surgery  Central Plant  X Support Services |               |
|  |  |  |   |                                  |  |   |               |

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|-----------------|----------------|-------------|------------------|---------|---------------|
| No data reporte | ed for Section | n 130061(c) | )(2)(D).         |         |               |
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|-----------------|----------------|-------------|------------------|---------|---------------|
| No data reporte | ed for Section | n 130061(c) | )(2)(D).         |         |               |
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| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) | ng |
|---|----|
| Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Dietetic  N/A  |    |
| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) | ng |
| Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Administration  N/A  Original Hospital  Original Hospital  N/A   |    |
| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) | ng |
| Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Support Services  N/A  Support Services  |    |

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|-----------------|---------------|-------------|------------------|---------|---------------|
| No data reporte | d for Section | n 130061(c) | )(3).            |         |               |
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| ding Number:    | BLD-01278 Buildin             | ng Name: O | riginal Hospital         |                               |   |                           |
|-----------------|-------------------------------|------------|--------------------------|-------------------------------|---|---------------------------|
| Type of Service | e Provided                    |            | Surgical                 | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                 | Nursing                       |            | Anesthesia               | Obstetrical                   |   | Renal Dialysis            |
|                 | IntensiveCare Pediatric/Adol  |            | Clinical Lab             | Recovery                      |   | Outpatient                |
|                 | escent Psychiatric            |            | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Ц | Surgery                   |
|                 | Nursing                       |            | Pharmaceutical           | Emergency                     |   | Central Plant             |
|                 | Obstetrical<br>Ante/Postprtum | X          | Dietetic                 | Nuclear<br>Medicine           | X | Support<br>Services       |
|                 | Intermediate<br>Care          | X          | Administration           |                               |   |                           |
|                 | Skilled Nursing               |            |                          |                               |   |                           |

| ilding Number:  | BLD-01279 Buildi              | ng Name: Si | tephens Wing             |                               |   |                           |  |
|-----------------|-------------------------------|-------------|--------------------------|-------------------------------|---|---------------------------|--|
| Type of Service | e Provided                    |             | Surgical                 | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |
| X               | Nursing                       |             | Anesthesia               | Obstetrical                   |   | Renal Dialysis            |  |
|                 | IntensiveCare Pediatric/Adol  |             | Clinical Lab             | Recovery                      |   | Outpatient                |  |
|                 | escent                        |             | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Ш | Surgery                   |  |
|                 | Psychiatric<br>Nursing        |             | Pharmaceutical           | Emergency                     |   | Central Plant             |  |
|                 | Obstetrical<br>Ante/Postprtum |             | Dietetic                 | Nuclear<br>Medicine           | X | Support<br>Services       |  |
|                 | Intermediate<br>Care          |             | Administration           |                               |   |                           |  |
| X               | Skilled Nursing               |             |                          |                               |   |                           |  |

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|---|-----------------------------------|-------------------------------|------------------------|
| Report the final configuration of all built requirements whether by retrofit or by per Section 130061(c)(5) |                                   |                               |                        |
| Building Number: BLD-01278  | Building Name: Original Hospita   | I                             |                        |
| Configuration: Replace with exist   | ting SPC2 and NPC3 building and i | remove from service in 2030.  |                        |
| Type of Service Provided  |                                   |                               |                        |
| Nursing   | Surgical                          | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare   | Anesthesia                        | Obstetrical Recovery          | Renal Dialysis         |
| Pediatric/Adol escent   | Clinical Lab                      | Recovery                      |                        |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging          | Newborn/<br>WellBaby          | Outpatient<br>Surgery  |
| Obstetrical Ante/Postprtum  | Pharmaceutical                    | Emergency                     | Central Plant          |
| Intermediate  | Dietetic                          | Emergency                     | Central Flant          |
| Care  | Administration                    | Nuclear Medicine              | Support<br>Services    |
| Skilled Nursing   | l                                 |                               |                        |
|   |                                   |                               |                        |
|   |                                   |                               |                        |
|   |                                   |                               |                        |

| eport Year: 20  | 018 11210                   | Alameda Hos   | spital<br>               |           | Alameda  |    | Page:18 of 36             |
|-----------------|-----------------------------|---------------|--------------------------|-----------|--|----|---------------------------|
|                 | ther by retrofit or by      |               |                          |           | each building will comply<br>be provided in each gen |    |                           |
| uilding Number: | BLD-01279                   | Building Na   | me: Stephens Wing        |           |  |    |                           |
| Configuration:  | Retrofit Non-Conf           | orming buildi | ng to SPC 2 and NPC      | 3 and rem | nove from service by 203                             | 30 |                           |
| Type of Service | e Provided                  |               |                          |           |  |    |                           |
| Nu              | ursing                      |               | Surgical                 |           | Obstetrical<br>Cesarean/Deliv                        |    | Rehabilitation<br>Therapy |
| In              | tensiveCare                 |               | Anesthesia               |           | Obstetrical<br>Recovery                              |    | Renal Dialysis            |
|                 | ediatric/Adol<br>scent      |               | Clinical Lab             |           | Recovery   |    |                           |
|                 | sychiatric<br>ursing        |               | Radiological/<br>Imaging |           | Newborn/<br>WellBaby                                 |    | Outpatient<br>Surgery     |
|                 | bstetrical<br>nte/Postprtum |               | Pharmaceutical           |           | Emergency  |    | Central Plant             |
|                 | termediate                  |               | Dietetic                 |           | Emergency  |    | Central Flain             |
|                 | are<br>killed Nursing       |               | Administration           |           | Nuclear Medicine                                     |    | Support<br>Services       |

| Report Year: 2   | 018 11210   | Alameda Hos | pital                    |  | Alameda  |    | Page:19 of 36            |  |  |
|------------------|---|-------------|--------------------------|--|--|----|--------------------------|--|--|
|                  | ther by retrofit or by  |             |                          |  | ach building will comply voe provided in each gene |    |                          |  |  |
| Building Number: | BLD-01280   | Building Na | me: West Wing            |  |  |    |                          |  |  |
| Configuration:   | Configuration: Replace with existing SPC3, SPC4, SPC4D or SPC5 and NPC4 or NPC5 building. |             |                          |  |  |    |                          |  |  |
| Type of Service  | e Provided  |             |                          |  |  |    |                          |  |  |
| N                | ursing  |             | Surgical                 |  | Obstetrical<br>Cesarean/Deliv                      |    | Rehabilitation<br>herapy |  |  |
| In               | itensiveCare  |             | Anesthesia               |  | Obstetrical<br>Recovery                            | R  | tenal Dialysis           |  |  |
|                  | ediatric/Adol<br>scent  |             | Clinical Lab             |  | Recovery   |    |                          |  |  |
|                  | sychiatric<br>ursing  |             | Radiological/<br>Imaging |  | Newborn/<br>WellBaby                               |    | Outpatient<br>Jurgery    |  |  |
|                  | bstetrical<br>nte/Postprtum   |             | Pharmaceutical           |  | Emergency  | Пс | entral Plant             |  |  |
|                  | ntermediate   |             | Dietetic                 |  |  |    |                          |  |  |
|                  | are<br>killed Nursing   |             | Administration           |  | Nuclear Medicine                                   |    | Support<br>Services      |  |  |
|                  |   | •           |                          |  |  |    |                          |  |  |
|                  |   |             |                          |  |  |    |                          |  |  |
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|            | nt and the type of servic | ving how each building will comply e that will be provided in each ger | neral acute care hospital building                                      |
|------------|---------------------------|--|---|
| Building N |                           |  |   |
|            | Surgical                  |  |   |
|            | Surgical                  |  |   |
|            | Surgical                  |  |   |
|            |                           | Cesarean/Deliv   | Rehabilitation Therapy  |
|            | Anesthesia                | Obstetrical Recovery   | Renal Dialysis  |
|            | Clinical Lab              | Recovery   |   |
|            | Radiological/<br>Imaging  | Newborn/<br>WellBaby   | Outpatient<br>Surgery   |
|            | Pharmaceutical            | ☐ Emorgonov  | Central Plant   |
|            | Dietetic                  |  |   |
|            | Administration            | Nuclear Medicine   | Support<br>Services   |
|            |                           | Imaging  Pharmaceutical  Dietetic                                      | Imaging WellBaby  Pharmaceutical  Emergency  Dietetic  Nuclear Medicine |

| eport Year:   | 2018                      | 1210   | Alameda Hos | pital                    |       | Alameda  |   | Page:21 of 36           |
|---------------|---------------------------|--------|-------------|--------------------------|-------|--|---|-------------------------|
|               | whether by re             |        |             |                          |       | ach building will comply<br>e provided in each ger |   |                         |
| Building Num  | ber: BLD-0                | 1282   | Building Na | me: Radiology Addi       | ition |  |   |                         |
| Configuration | on: N/A                   |        |             |                          |       |  |   |                         |
| Type of Se    | ervice Provide            | ed     |             |                          |       |  |   |                         |
|               | Nursing                   |        |             | Surgical                 |       | Obstetrical<br>Cesarean/Deliv                      |   | ehabilitation<br>herapy |
|               | IntensiveC                | are    |             | Anesthesia               |       | Obstetrical  | R | enal Dialysis           |
|               | Pediatric/A escent        | dol    |             | Clinical Lab             |       | Recovery   |   |                         |
|               | Psychiatric<br>Nursing    |        |             | Radiological/<br>Imaging |       | Newborn/<br>WellBaby                               |   | Outpatient<br>urgery    |
|               | Obstetrical<br>Ante/Postp |        |             | Pharmaceutical           |       | _  |   |                         |
|               | 7 till 671 66tp           | rtairi |             | Dietetic                 |       | Emergency  |   | entral Plant            |
|               | Intermedia<br>Care        | te     |             | Dietetic                 |       | Nuclear Medicine                                   |   | Support                 |
|               | Skilled Nur               | sing   |             | Administration           |       |  | ` | Services                |
|               |                           |        |             |                          |       |  |   |                         |
|               |                           |        |             |                          |       |  |   |                         |
|               |                           |        |             |                          |       |  |   |                         |

| eport Year: 2018 11210     | Alameda Hospital  | Alameda                       | Page:22 of 36          |
|----------------------------|---|-------------------------------|------------------------|
|                            | uildings on the hospital campus show<br>y replacement and the type of service |                               |                        |
| uilding Number: BLD-01283  | Building Name: Medical Gas Sto  | orage                         |                        |
| Configuration: N/A         |   |                               |                        |
| Type of Service Provided   |   |                               |                        |
| Nursing                    | Surgical  | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare              | Anesthesia  | Obstetrical                   | Renal Dialysis         |
| Pediatric/Adol escent      | Clinical Lab  | Recovery                      |                        |
| Psychiatric Nursing        | Radiological/<br>Imaging  | Newborn/<br>WellBaby          | Outpatient Surgery     |
| Obstetrical Ante/Postprtum | Pharmaceutical  |                               |                        |
| Intermediate               | Dietetic  | Emergency                     | Central Plant          |
| Care                       |   | Nuclear Medicine              | Support Services       |
| Skilled Nursing            | Administration  |                               | 33171000               |
|                            |   |                               |                        |
|                            |   |                               |                        |
|                            |   |                               |                        |

| by retrofit or by replace 5) |                                |  | oly with the SPC-5/NPC-4 or 5 eneral acute care hospital building  |
|------------------------------|--------------------------------|--|--|
| A                            | ng Name: Compactor Shed        |  |  |
| ovided                       |                                |  |  |
|                              |                                |  |  |
| g                            |                                |  |  |
| 9                            | Surgical                       | Obstetrical<br>Cesarean/Deliv                    | Rehabilitation Therapy   |
| veCare                       | Anesthesia                     | Obstetrical Recovery                             | Renal Dialysis   |
| ric/Adol<br>:                | Clinical Lab                   | Recovery   |  |
| atric [                      | Radiological/<br>Imaging       | Newborn/<br>WellBaby                             | Outpatient Surgery   |
| rical<br>Postprtum           | Pharmaceutical                 | Emergency  | Central Plant  |
| ediate                       | Dietetic                       |  |  |
| Nursing                      | Administration                 | Nuclear Medicine                                 | Support<br>Services  |
|                              | atric g rical ostprtum  ediate | atric g rical ostprtum  Dietetic  Administration | ric/Adol  Clinical Lab  Radiological/ Imaging  Pharmaceutical ostprtum  Dietetic  Administration  Recovery  Recovery  Recovery  Recovery  Newborn/ WellBaby  Pharmaceutical  Emergency  Nuclear Medicine |

|                             |  |  |   | Alameda   |  | Page:24 of 36   |
|-----------------------------|--|--|---|---|--|---|
|                             |  |  |   | ach building will comply<br>be provided in each gen   |  |   |
| BLD-03120                   | Building Na  | me: Emergency Rooi   | m Relocat   | ion   |  |   |
| N/A                         |  |  |   |   |  |   |
| e Provided                  |  |  |   |   |  |   |
| ursing                      |  | Surgical   |   | Obstetrical<br>Cesarean/Deliv   |  | Rehabilitation<br>Therapy   |
| tensiveCare                 |  | Anesthesia   |   | Obstetrical   |  | Renal Dialysis  |
| ediatric/Adol<br>scent      |  | Clinical Lab   |   | Recovery  |  |   |
| sychiatric<br>ursing        |  | Radiological/<br>Imaging   |   | Newborn/<br>WellBaby  |  | Outpatient<br>Surgery   |
| bstetrical<br>nte/Postprtum |  | Pharmaceutical   |   | Emergency   |  | Central Plant   |
| termediate                  |  | Dietetic   | _   | Emergency   |  | Central Flant   |
| are<br>killed Nursing       |  | Administration   |   | Nuclear Medicine  |  | Support<br>Services   |
| e u                         | BLD-03120  N/A Provided  ursing tensiveCare ediatric/Adol scent sychiatric ursing bstetrical nte/Postprtum  termediate are | BLD-03120 Building Nation N/A  Provided  ursing  tensiveCare  ediatric/Adol scent  sychiatric ursing  bstetrical nte/Postprtum  termediate are | BLD-03120  Building Name: Emergency Room  N/A  Provided  Ursing  Surgical  Anesthesia  Clinical Lab  Sychiatric  Ursing  Pharmaceutical  Inte/Postprtum  Administration | BLD-03120  Building Name: Emergency Room Relocated N/A  Provided  Ursing  Surgical  Anesthesia  Clinical Lab  Sychiatric ursing  Pharmaceutical  Inte/Postprtum  Administration | BLD-03120 Building Name: Emergency Room Relocation  N/A  Provided  Ursing Surgical Obstetrical Cesarean/Deliv  tensiveCare Anesthesia Obstetrical Recovery  Ediatric/Adol Clinical Lab  Sychiatric Ursing Radiological/ Imaging Newborn/ WellBaby  Distetrical Inte/Postprtum Emergency  Dietetic Administration  Administration | BLD-03120 Building Name: Emergency Room Relocation  N/A  Provided  Jursing Surgical Obstetrical Cesarean/Deliv  IdensiveCare Anesthesia Obstetrical Recovery  Jursing Clinical Lab  Clinical Lab  Radiological/ Imaging Newborn/ WellBaby  Distetrical tab  Pharmaceutical  Dietetic  Termediate are Administration |

| eport Year: 2018                            | 11210 Al                        | ameda Hospital    |              |                         | Alameda                         | Page:25 of 36               |
|---|---------------------------------|-------------------|--------------|-------------------------|---------------------------------|-----------------------------|
| Include information on 4D and SPC-5 per Sec | the number of<br>tion 130061(e) | inpatient beds by | y type of Se | rvice provided by b     | ouildings that are classified a | s SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BLE                        | D-01280                         | Building Na       | me: West     | Wing                    |                                 |                             |
| Type of Service Prov                        | rided                           |                   |              |                         |                                 |                             |
| Nursing                                     | Inpatient<br>Beds               | 0                 | X            | Surgical                | Obstetrical Cesarean/Deliv      | Rehabilitation Therapy      |
| X IntensiveCare                             | Inpatient<br>Beds               | 8                 | X A          | Anesthesia              |                                 |                             |
| Pediatric/Adol escent                       | Inpatient<br>Beds               | 0                 |              | Clinical Lab            | Obstetrical Recovery            | Renal Dialysis              |
| Psychiatric Nursing                         | Inpatient<br>Beds               | 0                 |              | Radiological/<br>maging | Newborn/<br>WellBaby            | X Outpatient<br>Surgery     |
| Obstetrical Ante/Postprtum                  | Inpatient<br>Beds               | 0                 | F            | Pharmaceutical          | Emergency                       | X Central Plant             |
| Intermediate Care                           | Inpatient<br>Beds               | 0                 |              | Dietetic                | Nuclear<br>Medicine             | X Support<br>Services       |
| Skilled Nursing                             | Inpatient<br>Beds               | 0                 |              | Administration          |                                 |                             |
| Total Beds this<br>Building                 |                                 | 8                 |              |                         |                                 |                             |
|   |                                 |                   |              |                         |                                 |                             |
|   |                                 |                   |              |                         |                                 |                             |

| oort Year:                  | 2018                 | 11210             | Alameda Hospita | l           |                          |         | Alameda                       |         | Page:26 of 36             |
|-----------------------------|----------------------|-------------------|-----------------|-------------|--------------------------|---------|-------------------------------|---------|---------------------------|
| Include infor<br>4D and SPC |                      |                   |                 | y type of S | Service provided by      | buildir | ngs that are classified a     | ıs SPC- | 2, SPC-3, SPC-4, SPC-     |
| Building Nur                | mber: BLD            | 0-01281           | Building Na     | ame: So     | uth Wing                 |         |                               |         |                           |
| Type of Se                  | ervice Prov          | <u>ided</u>       |                 |             |                          |         |                               |         |                           |
| X Nursi                     | ng                   | Inpatient<br>Beds | 53              |             | Surgical                 | [       | Obstetrical<br>Cesarean/Deliv | X       | Rehabilitation<br>Therapy |
| X Intens                    | siveCare             | Inpatient<br>Beds | 8               |             | Anesthesia               |         |                               |         |                           |
| Pedia escer                 | atric/Adol<br>nt     | Inpatient<br>Beds | 0               | X           | Clinical Lab             | [       | Obstetrical<br>Recovery       | X       | Renal Dialysis            |
| Psych<br>Nursi              | niatric<br>ng        | Inpatient<br>Beds | 0               |             | Radiological/<br>Imaging | [       | Newborn/<br>WellBaby          |         | Outpatient<br>Surgery     |
| Obste                       | etrical<br>Postprtum | Inpatient<br>Beds | 0               | X           | Pharmaceutical           | [       | Emergency                     |         | Central Plant             |
| Intern<br>Care              | nediate              | Inpatient<br>Beds | 0               |             | Dietetic                 | [       | X Nuclear<br>Medicine         | X       | Support<br>Services       |
| Skille                      | d Nursing            | Inpatient<br>Beds | 12              | X           | Administration           |         |                               |         |                           |
| Total<br>Buildi             | Beds this<br>ng      |                   | 73              |             |                          |         |                               |         |                           |
|                             |                      |                   |                 |             |                          |         |                               |         |                           |
|                             |                      |                   |                 |             |                          |         |                               |         |                           |

| port Year: 2018                              | 11210                  | Alameda Hospital |                               | Alameda                         | Page:27 of 36                |
|--|------------------------|------------------|-------------------------------|---------------------------------|------------------------------|
| Include information o<br>4D and SPC-5 per Se |                        |                  | y type of Service provided by | buildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number:                             | LD-01282               | Building Na      | me: Radiology Addition        |                                 |                              |
| Type of Service Pr                           | <u>ovided</u>          |                  |                               |                                 |                              |
| Nursing                                      | Inpatient<br>Beds      | 0                | Surgical                      | Obstetrical Cesarean/Deliv      | Rehabilitation Therapy       |
| IntensiveCare                                | Inpatient<br>Beds      | 0                | Anesthesia                    |                                 |                              |
| Pediatric/Adol escent                        | Inpatient<br>Beds      | 0                | Clinical Lab                  | Obstetrical Recovery            | Renal Dialysis               |
| Psychiatric Nursing                          | Inpatient<br>Beds      | 0                | X Radiological/<br>Imaging    | Newborn/<br>WellBaby            | Outpatient Surgery           |
| Obstetrical Ante/Postprtur                   | Inpatient<br>n Beds    | 0                | Pharmaceutical                | Emergency                       | Central Plant                |
| Intermediate Care                            | Inpatient<br>Beds      | 0                | Dietetic                      | Nuclear<br>Medicine             | Support<br>Services          |
| Skilled Nursing                              | g<br>Inpatient<br>Beds | 0                | Administration                |                                 |                              |
| Total Beds this Building                     | 6                      | 0                |                               |                                 |                              |
|  |                        |                  |                               |                                 |                              |
|  |                        |                  |                               |                                 |                              |

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|--|-------------------|------------------|----------------------------|---------------------------------|------------------------------|
| Include information on<br>4D and SPC-5 per Sec |                   |                  | type of Service provided b | y buildings that are classified | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL                            | D-01283           | Building Nar     | me: Medical Gas Storage    | •                               |                              |
| Type of Service Pro                            | vided             |                  |                            |                                 |                              |
| Nursing  | Inpatient<br>Beds | 0                | Surgical                   | Obstetrical Cesarean/Deliv      | Rehabilitation Therapy       |
| IntensiveCare                                  | Inpatient<br>Beds | 0                | Anesthesia                 |                                 |                              |
| Pediatric/Adol escent                          | Inpatient<br>Beds | 0                | Clinical Lab               | Obstetrical Recovery            | Renal Dialysis               |
| Psychiatric Nursing                            | Inpatient<br>Beds | 0                | Radiological/<br>Imaging   | Newborn/<br>WellBaby            | Outpatient Surgery           |
| Obstetrical Ante/Postprtum                     | Inpatient<br>Beds | 0                | Pharmaceutical             | Emergency                       | Central Plant                |
| Intermediate Care                              | Inpatient<br>Beds | 0                | Dietetic                   | Nuclear<br>Medicine             | X Support<br>Services        |
| Skilled Nursing                                | Inpatient<br>Beds | 0                | Administration             |                                 |                              |
| Total Beds this<br>Building                    |                   | 0                |                            |                                 |                              |
|  |                   |                  |                            |                                 |                              |
|  |                   |                  |                            |                                 |                              |

| port Year: 2018                               | 11210             | Alameda Hospital |                               | Alameda                         | Page:29 of 36                |
|---|-------------------|------------------|-------------------------------|---------------------------------|------------------------------|
| Include information on<br>4D and SPC-5 per Se |                   |                  | type of Service provided by I | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL                           | D-02630           | Building Na      | me: Compactor Shed            |                                 |                              |
| Type of Service Pro                           | vided             |                  |                               |                                 |                              |
| Nursing                                       | Inpatient<br>Beds | 0                | Surgical                      | Obstetrical<br>Cesarean/Deliv   | Rehabilitation Therapy       |
| IntensiveCare                                 | Inpatient<br>Beds | 0                | Anesthesia                    |                                 |                              |
| Pediatric/Adol escent                         | Inpatient<br>Beds | 0                | Clinical Lab                  | Obstetrical<br>Recovery         | Renal Dialysis               |
| Psychiatric<br>Nursing                        | Inpatient<br>Beds | 0                | Radiological/<br>Imaging      | Newborn/<br>WellBaby            | Outpatient<br>Surgery        |
| Obstetrical Ante/Postprtum                    | Inpatient<br>Beds | 0                | Pharmaceutical                | Emergency                       | Central Plant                |
| Intermediate Care                             | Inpatient<br>Beds | 0                | Dietetic                      | Nuclear<br>Medicine             | X Support<br>Services        |
| Skilled Nursing                               | Inpatient<br>Beds | 0                | Administration                |                                 |                              |
| Total Beds this<br>Building                   |                   | 0                |                               |                                 |                              |
|   |                   |                  |                               |                                 |                              |
|   |                   |                  |                               |                                 |                              |

| eport Year: 2018                               | 11210             | Alameda Hospital |                             | Alameda                       | Page:30 of 36                |
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| Include information on<br>4D and SPC-5 per Sec |                   |                  | type of Service provided by | buildings that are classified | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: BL                            | D-03120           | Building Nar     | me: Emergency Room Re       | location                      |                              |
| Type of Service Pro                            | vided             |                  |                             |                               |                              |
| Nursing  | Inpatient<br>Beds | 0                | Surgical                    | Obstetrical Cesarean/Deliv    | Rehabilitation Therapy       |
| IntensiveCare                                  | Inpatient<br>Beds | 0                | Anesthesia                  |                               | _                            |
| Pediatric/Adol escent                          | Inpatient<br>Beds | 0                | Clinical Lab                | Obstetrical<br>Recovery       | Renal Dialysis               |
| Psychiatric Nursing                            | Inpatient<br>Beds | 0                | Radiological/<br>Imaging    | Newborn/<br>WellBaby          | Outpatient Surgery           |
| Obstetrical Ante/Postprtum                     | Inpatient<br>Beds | 0                | Pharmaceutical              | X Emergency                   | Central Plant                |
| Intermediate Care                              | Inpatient<br>Beds | 0                | Dietetic                    | Nuclear<br>Medicine           | Support<br>Services          |
| Skilled Nursing                                | Inpatient<br>Beds | 0                | Administration              |                               |                              |
| Total Beds this<br>Building                    |                   | 0                |                             |                               |                              |
|  |                   |                  |                             |                               |                              |
|  |                   |                  |                             |                               |                              |

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| Include information on the number of inpatient 4D and SPC-5 per Section 130061(e) | beds by type of unit provided by buildings that | are classified as SPC-2, SPC-3, SPC-4, SPC-               |
|---|---|---|
| Building Number: BLD-01280 Building Number:                                       | Ilding Name: West Wing                          |   |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                          | Acute Psychiatric   |
| Inpatient 0 Inpatient 0 Days  | Inpatient 0 Inpatient 0 Days                    | Inpatient 0 Inpatient 0 Days                              |
| Perinatal (Exclude Newborn / GYN)   | Burn  | Skilled Nursing   |
| Inpatient 0 Inpatient 0 Days  | Inpatient 0 Inpatient 0 Days                    | Inpatient 0 Inpatient 0 Days                              |
| Pediatric   | Intensive Care Newborn<br>Nursery               | Intermediate Care   |
| Inpatient 0 Inpatient 0 Days  | Inpatient 0 Inpatient 0 Days                    | Inpatient 0 Inpatient 0 Days                              |
| Intensive Care  | Rehabilitation<br>Center                        | Int. Care / Developmentally Disabled                      |
| Inpatient 8 Inpatient 0 Days  | Inpatient 0 Inpatient 0 Days                    | Inpatient 0 Inpatient 0 Days                              |
| Coronary Care   | Chemical Dependency                             | Total Beds this Total Beds this Building Per Building Per |
| Inpatient 0 Inpatient 0 Days  | Inpatient 0 Inpatient 0 Days                    | Unit Service 8  |
|   |   |   |

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

| 4D and SPC-5 per Section 130061(e) |                                  |   |  |  |  |
|------------------------------------|----------------------------------|---|--|--|--|
| Building Number: BLD-01281         | Building Name: South Wi          | ng Name: South Wing                                       |  |  |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care           | Acute Psychiatric   |  |  |  |
| Inpatient 53 Inpatient Days        | 5226 Inpatient 0 Inp             | atient 0 Inpatient 0 Inpatient 0 Days                     |  |  |  |
| Perinatal (Exclude Newborn / GYN)  | Burn                             | Skilled Nursing   |  |  |  |
| Inpatient 0 Inpatient Days         | 0 Inpatient 0 Inp                | atient 0 Inpatient 12 Inpatient 3980 ys                   |  |  |  |
| Pediatric                          | Intensive Care Newbor<br>Nursery | n Intermediate Care                                       |  |  |  |
| Inpatient 0 Inpatient Days         | 0 Inpatient 0 Inp                | atient 0 Inpatient 0 Inpatient 0 Days                     |  |  |  |
| Intensive Care                     | Rehabilitation<br>Center         | Int. Care / Developmentally Disabled                      |  |  |  |
| Inpatient 0 Inpatient Days         | 0 Inpatient 0 Inp                | atient 0 Inpatient 0 Inpatient 0 Days                     |  |  |  |
| Coronary Care                      | Chemical Dependency              | Total Beds this Total Beds this Building Per Building Per |  |  |  |
| Inpatient 8 Inpatient Days         | 1757 Inpatient 0 Inp             | atient 0 Unit Service                                     |  |  |  |
| Days —                             | beu —— Da                        | ys 73 73  |  |  |  |

Report Year: 2018 11210 Alameda Hospital Alameda Page:33 of 36 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01282 Radiology Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

Report Year: 2018 11210 Alameda Hospital Alameda Page:34 of 36 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01283 Medical Gas Storage **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

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