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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 Year of Report per Section 130061(e)

Facility Number:	11322	
Facility Name:	Alta Bates Summit Medical Center	
Address:	350 Hawthorne Ave	
City:	Oakland	
Hospital Owner/Lice	ensee: Sutter East Bay Hospitals	
Year of Repo	orting: 2018	
Contact 1 e-mail Add	dress: [Confidential data left blank intentionally.]	
Contact 2 e-mail Add	dress: [Confidential data left blank intentionally.]	
Contact 3 e-mail Add	Iress:: [Confidential data left blank intentionally.]	
Name of Subr	mitter: Dan Conwell	
Submission	Date: 10/28/2018 12:56:13 PM	

Report	Year: 2018 11322	Alta Bates Summit Medical Ce	enter	Oakland		Page:2 of 59		
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		
SLD- 0699	Original West Wing	350 Hawthorne Ave	Retrofit	SPC2	01/01/2020	12/13/2019		
SLD- 0700	West Service Wing - Building 1	350 Hawthorne Ave	Retrofit	SPC2	01/01/2020	12/13/2019		
3LD-)3433	West Service Wing - Building 2	350 Hawthorne Ave	Retrofit	SPC2	01/01/2020	12/13/2019		

Building	No: BLD-0	0699	Original West Wing		Retrofit/Re Project:	eplacement	Yes-Subr	mitted	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
	140015-01- 00	0	West Wing Voluntary Seismic Improvement	nts 12/18/201 4		09/01/2017	12/13/2019	ACTI	No
-	l160014-01- 00	0	Alta Bates South Wing Renovation	8/18/2016		09/01/2017	03/31/2019	ACTI	No
For each projectec status ar	d construction nd approvals	n start o per <mark>Se</mark>	lanned for rebuild, retrofit or replacemendate or dates and projected Completion 130061(c)(1)(E).		Der Section 1300			ent project	
For each projectec status ar Building Facility	d construction nd approvals	n start o per <mark>Se</mark>	date or dates and projected Completion		Retrofit/Re	D61(c)(1)(D) a	and the most rece	ent project	CEQA Review
For each projected status an Building Facility Number 11322	d construction nd approvals No: BLD-0 Project	o start o per Se 0700 Sub Num	date or dates and projected Completion action 130061(c)(1)(E). West Service Wing - Building 1	date or dates p	Retrofit/Re Project: Plan Approved	D61(c)(1)(D) a eplacement Projected	And the most rece Yes-Subr Projected	ent project	CEQA Review
For each projected status an Building Facility Number 11322	d construction nd approvals No: BLD-0 Project Number I140015-01-	n start o per Se 0700 Sub Num 0	date or dates and projected Completion action 130061(c)(1)(E). West Service Wing - Building 1 Scope	Date In	Retrofit/Re Project: Plan Approved	D61(c)(1)(D) a eplacement Projected Start Date	Yes-Subr Projected Completion Date	ent project mitted Status	CEQA Review No

Report Y	ear: 20	18 1	1322 Alta Bates Summit Medical Cent	ter		Oakla	nd		Page:4 of	59
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-()3433	West Service Wing - Building 2			Retrofit/Re Project:	eplacement	Yes-Subr	nitted]
	Project Number	Sub Num	Scope	Date In	Plai	n Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
	I140015-01- 00	0	West Wing Voluntary Seismic Improvements	12/18/201 4			09/01/2017	12/13/2019	ACTI	No
	l160014-01- 00	0	Alta Bates South Wing Renovation	8/18/2016			09/01/2017	03/31/2019	ACTI	No

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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-00699 Building Name: Original West Wing								
Type of Service Prov	vided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	X Central Plant				
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/28/2018 Su	bmission Date: 10/28/2018	Printed: 10/30/2018 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-00700 Building Name: West Service Wing - Building 1								
Type of Service Prov	ided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
		Total Beds this 0 Building	Cesarean/Deliv	X Central Plant				
OSHPD FDD SB499 Repor	t	Data Last Update: 10/28/2018 St	ubmission Date: 10/28/2018	Printed: 10/30/2018 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	0-03433	Building Name: We	est Service Wing - Building 2				
Type of Service Provid	ded						
	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
	Inpatient Beds	0 Inpatient Days 0	Services				
		Total Beds this 0 Building	Cesarean/Deliv	Central Plant			
OSHPD FDD SB499 Report		Data Last Update: 10/28/2018 Su	ubmission Date: 10/28/2018	Printed: 10/30/2018 6:30 AM			

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Provide the number	r of Inpatient beds and patier	nt days per type of unit p	per building per Section	130061(c)(1)(F)	
Puilding Number	BLD-00699 Build		al West Wing		7
Building Number:	BED-00699 Build	ling Name: Origin			
Medical / Surgical	(Include GYN)	Acute Respiratory C	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newl Nursery	born	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days		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 Days	0	0
OSHPD FDD SB499 I	Report Data Last U	pdate: 10/28/2018	Submission Date:	10/28/2018 Printed	I: 10/30/2018 6:30 AM

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Provide the numbe	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)								
Building Number:	BLD-00700 Buil	ding Name: Wes	st Service Wing - Building	1					
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Perinatal (excluse	e Newborn / GYN)	Burn		Skilled Nursing					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Pediatric		intensive Care Ne Nursery	wborn	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 / developn 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	0	0				

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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	D-03433 Buildir	ng Name: West	Service Wing - Building 2	2				
Medical / Surgical (Inclu	ide GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Inpa Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse Newb	oorn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Inpa Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care New Nursery	born	Intermediate Card				
Inpatient 0 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent			
Inpatient 0 Inpat Bed 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 Inpat Bed Days		Inpatient 0 Bed	Inpatient 0 Days	0	0			

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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 / Replaced / Rebuilt
BLD-00695	Ehman Building	Remain
BLD-00696	North Wing	Remain
BLD-00698	East Wing	Remain
BLD-00699	Original West Wing	Retrofit
BLD-00700	West Service Wing - Building 1	Retrofit
BLD-00701	Physio-Therapy Building	Remain
BLD-00702	Original Emergency Wing	Remain
BLD-00703	Special Procedures Addition	Remain
BLD-00704	Emergency Department Expansion	Remain
BLD-00705	Cogeneration Building	Remain
BLD-00706	Emergency Generator Building	Remain
BLD-00707	Transformer Building	Remain
BLD-03431	South Wing - Phase 2	Remain
BLD-03433	West Service Wing - Building 2	Retrofit
BLD-05300	Patient Care Pavilion	Remain
	P	I

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List ALL proposed new buildings to be constructed at this or another site.								
Building Number	Building Name	New Site						
N_1	Patient Care Pavilion							
	port Data Last Lindato: 10/29/2019	Submission Dat	te: 10/28/2019	Printed: 10/30/2018 6-20 AM				
OSHPD FDD SB499 Re	port Data Last Update: 10/28/2018	Submission Dat	te: 10/28/2018	Printed: 10/30/2018 6:30 AM				

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

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

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

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No data reported	l for whethe	er the gener	al acute care service numbers for building	es and beds will be is with a Building R	relocated to a esolution of "R	new, existing or re	etrofitted building a	and any 0061(c)(2)(E).
				,				

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No data reported	I for Sectio	n 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-00699 Building Name: Original West Wing									
Type of Service Provided									
		Surgical		ostetrical esarean/Deliv		ehabilitation herapy			
N N	lursing	Anesthesia				anal Dialvaia			
	ntensiveCare	Clinical Lab		ostetrical ecovery		enal Dialysis			
	ediatric/Adol scent	Radiological/		ewborn/ ellBaby		utpatient urgery			
	rsychiatric lursing	Imaging		·					
		Pharmaceutical		nergency	X Ce	entral Plant			
	Obstetrical .nte/Postprtum	X Dietetic		iclear edicine	X Su Se	upport ervices			
	ntermediate care	Administration							
S	killed Nursing								
OSHPD FDD SB499 Repor	rt Data Last Upd	ate: 10/28/2018 Subn	ission Date:	10/28/2018	Printed:	10/30/2018 6:30 AM			

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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-00700 Building Name: West Service Wing - Building 1									
Type of Service	e Provided								
		Surgical	Obstetrical Cesarean/D	eliv Rehabi					
	Nursing								
	IntensiveCare	Anesthesia	Obstetrical Recovery	Renal I	Dialysis				
	Pediatric/Adol escent	Clinical Lab		Outpati					
		Radiological/ Imaging	Newborn/ WellBaby		y				
	Psychiatric Nursing	Pharmaceutical	Emergency	X Central	l Plant				
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Suppor Service					
	Intermediate Care	Administration							
	Skilled Nursing								
OSHPD FDD SB499 R	eport Data Las	t Update: 10/28/2018 Sub	mission Date: 10/28/20	018 Printed: 10/30	/2018 6:30 AM				

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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-03433 Building Name: West Service Wing - Building 2									
Type of Service Provide	ed								
			Obstetrical Reha	abilitation apy					
Nursing	g 🗌	Anesthesia							
Intensiv	veCare		Obstetrical Rena	al Dialysis					
Pediatri escent			lewborn/ L Surg	patient Jery					
Psychia Nursing		Radiological/ V Imaging	VellBaby						
Nulong		Pharmaceutical E	mergency Cent	ral Plant					
Obstetri Ante/Po	rical ostprtum		luclear X Supp ledicine Serv						
Interme Care	ediate	Administration							
Skilled I	Nursing								
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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-00695 Building Name: Ehman Building								
Configuration:	Rebuild (Per SB	90 Definition for Re	ebuild) with new SPC	5 and NF	PC4 or NPC5 building.			
Type of Service	Provided							
Nu	ırsing	Sur	rgical		Obstetrical Cesarean/Deliv		Rehabilitation Fherapy	
	ensiveCare	Ane Ane	esthesia		Obstetrical Recovery	- F	Renal Dialysis	
	diatric/Adol cent	X Clin	nical Lab					
	ychiatric Irsing		diological/ aging		Newborn/ WellBaby		Dutpatient Surgery	
	ostetrical te/Postprtum	Ph:	armaceutical		Emergency		Central Plant	
	ermediate are	Die Die	etetic	X	Nuclear Medicine		Support	
Ski	illed Nursing	Ad	ministration				Services	
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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-00696 Building Name: North Wing									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service Provided									
X Nursing	Surgical		tetrical arean/Deliv		Rehabilitation Therapy				
IntensiveCare	Anesthesia		tetrical overy	F	Renal Dialysis				
Pediatric/Adol escent	Clinical Lab		overy						
Psychiatric Nursing	Radiological/ Imaging		/born/ Baby		Dutpatient Surgery				
Obstetrical Ante/Postprtu	Pharmaceutical	X Eme	ergency		Central Plant				
Intermediate Care	Dietetic								
Skilled Nursin	Administration	Nuc	lear Medicine		Support Services				
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	er by retrofit or by r				ach building will comply with be provided in each general			
Building Number:	BLD-00698	Building Nar	me: East Wing					
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.			
Type of Service	Provided							
X Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
Pecesc	diatric/Adol ent	Х	Clinical Lab		Receivery			
	vchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery	
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Car	ermediate		Dietetic				Quanant	
	lled Nursing		Administration		Nuclear Medicine		Support Services	
OSHPD FDD SB499 Re	eport Da	ta Last Update	e: 10/28/2018	Submiss	ion Date: 10/28/2018	Printed:	10/30/2018 6:30 AM	

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	ner by retrofit or by r				ach building will comply wi be provided in each genera			
Building Number:	BLD-00699	Building Nar	me: Original West Wing	g				
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
Inte Ca	ermediate	X	Dietetic					
	illed Nursing		Administration		Nuclear Medicine	X	Support Services	
OSHPD FDD SB499 R	Report Da	ta Last Update	e: 10/28/2018	Submiss	on Date: 10/28/2018	Printed:	10/30/2018 6:30 AM	

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	her by retrofit or by r				ach building will comply with be provided in each general			
Building Number:	BLD-00700	Building Na	me: West Service Wing	g - Buildi	ng 1			
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
Inte Ca	ermediate	X	Dietetic		.			
	illed Nursing		Administration		Nuclear Medicine	X	Support Services	
OSHPD FDD SB499 R	Poport Do	ta Last Updat	e: 10/28/2018	Submiss	ion Date: 10/28/2018	Printod	10/30/2018 6:30 AM	
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	er by retrofit or by r				ach building will comply with be provided in each general			
Building Number:	BLD-00701	Building Na	me: Physio-Therapy Bu	uilding				
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service	Provided							
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
Pedesce	liatric/Adol ent		Clinical Lab		Recovery			
	rchiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ermediate		Dietetic					
Car Skil	e led Nursing		Administration		Nuclear Medicine	X	Support Services	
OSHPD FDD SB499 Re	eport Da	ta Last Updat	e: 10/28/2018	Submiss	on Date: 10/28/2018	Printed:	10/30/2018 6:30 AM	

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	ner by retrofit or by r				ach building will comply wit be provided in each general		
Building Number:	BLD-00702	Building Na	me: Original Emergenc	y Wing			
Configuration:	Rebuild (Per SB90) Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	ermediate re		Dietetic				Quarter
	illed Nursing		Administration		Nuclear Medicine		Support Services
OSHPD FDD SB499 R	eport Da	ta Last Updat	e: 10/28/2018	Submiss	ion Date: 10/28/2018	Printed:	10/30/2018 6:30 AM

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	her by retrofit or by				ach building will comply wit be provided in each general			
Building Number:	BLD-00703	Building Na	me: Special Procedure	s Additio	ิวท			
Configuration:	Rebuild (Per SB90) Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service	Provided							
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab		Recovery			
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	stetrical te/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
	ermediate		Dietetic					
	lled Nursing		Administration		Nuclear Medicine		Support Services	
OSHPD FDD SB499 R	eport Da	ta Last Updat	e: 10/28/2018	Submiss	ion Date: 10/28/2018	Printed:	10/30/2018 6:30 AM	

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	her by retrofit or by				ach building will comply wit be provided in each genera			
Building Number:	BLD-00704	Building Na	me: Emergency Depart	tment E	kpansion			
Configuration:	Rebuild (Per SB90) Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
Inte Ca	ermediate		Dietetic					
	illed Nursing		Administration		Nuclear Medicine		Support Services	
OSHPD FDD SB499 F	Report Da	ta Last Updat	e: 10/28/2018	Submiss	ion Date: 10/28/2018	Printed:	10/30/2018 6:30 AM	

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	ner by retrofit or by I				ach building will comply wit be provided in each genera			
Building Number:	BLD-00705	Building Na	me: Cogeneration Build	ding				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Service	Provided							
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab		Receivery			
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	stetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	ermediate re		Dietetic		Nuclear Medicine		Quanat	
	illed Nursing		Administration				Support Services	
OSHPD FDD SB499 R	eport Da	ta Last Updat	e: 10/28/2018	Submiss	ion Date: 10/28/2018	Printed:	10/30/2018 6:30 AM	

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	her by retrofit or by r				ach building will comply w be provided in each genera		
Building Number:	BLD-00706	Building Na	me: Emergency Gener	ator Buil	ding		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration				Services
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	by retrofit or by r				ach building will comply with be provided in each general			
Building Number: B	LD-00707	Building Nar	me: Transformer Buildi	ng				
Configuration:	ebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.			
Type of Service Pr	ovided							
Nursi	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Intens	siveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
Pedia escen	tric/Adol t		Clinical Lab		Recovery			
Psych Nursii			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obste Ante/I	etrical Postprtum		Pharmaceutical		Emergency	X	Central Plant	
Intern Care	nediate		Dietetic					
	d Nursing		Administration		Nuclear Medicine		Support Services	
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	buildings on the hospital campus showing by replacement and the type of service			
Building Number: BLD-03431	Building Name: South Wing - Pha	se 2		
Configuration: Retrofit Confo	rming building to NPC 4 or NPC 5			
Type of Service Provided				
X Nursing	X Surgical	Obstetrical Cesarean/Del		bilitation apy
X IntensiveCare	X Anesthesia	Obstetrical Recovery	Rena	l Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery		
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Centr	al Plant
Intermediate	Dietetic			
Care Skilled Nursing	X Administration	Nuclear Media	cine Supp Serv	
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	by retrofit or by re				ach building will comply wit be provided in each genera			
Building Number: BL	_D-03433	Building Nar	me: West Service Wing	g - Buildi	ng 2			
Configuration:	ebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service Pro	ovided							
Nursin	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Intens	iveCare		Anesthesia		Obstetrical		Renal Dialysis	
Pediat escen	tric/Adol t		Clinical Lab		Recovery			
Psych Nursin			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obste Ante/F	trical Postprtum		Pharmaceutical		Emergency		Central Plant	
Interm Care	nediate		Dietetic					
	d Nursing		Administration		Nuclear Medicine	X	Support Services	
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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-05300 Building Name: Patient Care Pavilion												
Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Service Provided												
X Nur	rsing		Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
Pec esc	diatric/Adol ent		Clinical Lab									
	/chiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte Car	ermediate		Dietetic									
	lled Nursing		Administration		Nuclear Medicine		Support Services					
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)													
Building Number: BLD-00695 Building Name: Ehman Building													
Type of Service Provided													
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy						
IntensiveCare	Inpatient Beds	0		Anesthesia									
Pediatric/Adol	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis						
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery						
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant						
Intermediate	Inpatient Beds	0		Dietetic	X Nuclear Medicine	Sup Sup Ser	oport vices						
Skilled Nursing	Inpatient Beds	0		Administration									
Total Beds this Building		0											
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Report Year: 2018	11322	Alta Bates Sumr	mit Medical Cer	nter	Oakland		Page:37 of 59						
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Include information on 4D and SPC-5 per Sec	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4 4D and SPC-5 per Section 130061(e)												
Building Number: BL	D-00696	Building N	lame: North	Wing]						
Type of Service Prov	vided												
X Nursing	Inpatient Beds	54	S	urgical	Obstetrical Cesarean/Deliv		habilitation erapy						
IntensiveCare	Inpatient Beds	0	AI	nesthesia									
Pediatric/Adol escent	Inpatient Beds	0		linical Lab	Obstetrical Recovery	X Re	nal Dialysis						
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby		tpatient rgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0	PI	harmaceutical	X Emergency	Ce	ntral Plant						
Intermediate	Inpatient Beds	0		ietetic	Nuclear Medicine		oport rvices						
Skilled Nursing	Inpatient Beds	0		dministration									
Total Beds this Building		54											
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)										
Building Number: BLI	Building Number: BLD-00698 Building Name: East Wing									
Type of Service Prov	<u>/ided</u>									
X Nursing	Inpatient Beds	40	S S	urgical	Obstetrical Cesarean/Deliv		ehabilitation herapy			
IntensiveCare	Inpatient Beds	0		nesthesia						
Pediatric/Adol escent	Inpatient Beds	0	x c	linical Lab	Obstetrical Recovery	Re	enal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby		utpatient urgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		harmaceutical	Emergency	Ce	entral Plant			
Intermediate	Inpatient Beds	0		ietetic	Nuclear Medicine		upport prvices			
Skilled Nursing	Inpatient Beds	0		dministration						
Total Beds this Building		40								
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4 4D and SPC-5 per Section 130061(e)								
Buildin	ng Number: BLE	0-00701	Building N	lame: Ph	ysio-Therapy Building]	
Туре	of Service Prov	ided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	ntral Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Se	oport rvices	
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						
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Include information on 4D and SPC-5 per Sec	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)								
Building Number: BLI	D-00702	Building Na	ame: Original Emergency W	/ing]			
Type of Service Prov	<u>/ided</u>								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy			
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby		patient gery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	Cer	ntral Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Sup Ser	oport vices			
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		0							
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)									
Building Number: BLI	D-00703	Building N	lame: Spe	ecial Procedures Addit	iion]			
Type of Service Prov	vided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient ·gery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Cer	ntral Plant			
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		oport vices			
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		0								
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)									
Building Number: BLI	Building Number: BLD-00704 Building Name: Emergency Department Expansion									
Type of Service Prov	<u>/ided</u>									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Inpatient Beds	0	Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	Central Plant					
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Inpatient Beds	0	Administration							
Total Beds this Building		0								
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Include information on 4D and SPC-5 per Sec	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4 4D and SPC-5 per Section 130061(e)								
Building Number: BLI	D-00705	Building Na	ame: Coger	neration Building]		
Type of Service Prov	<u>vided</u>								
Nursing	Inpatient Beds	0	s 🗌	urgical	Obstetrical Cesarean/Deliv		habilitation erapy		
IntensiveCare	Inpatient Beds	0	AI	nesthesia					
Pediatric/Adol escent	Inpatient Beds	0		linical Lab	Obstetrical Recovery	Re	nal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby		tpatient rgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	PI	harmaceutical	Emergency	X Ce	ntral Plant		
Intermediate	Inpatient Beds	0		ietetic	Nuclear Medicine		pport rvices		
Skilled Nursing	Inpatient Beds	0		dministration					
Total Beds this Building		0							
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)										
Building Number: BLI	Building Number: BLD-00706 Building Name: Emergency Generator Building									
Type of Service Prov	vided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/De		habilitation erapy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	ntral Plant			
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		pport rvices			
Skilled Nursing	Inpatient Beds	0		Administration						
Total Beds this Building		0								
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Include information on 4D and SPC-5 per Sec	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4 4D and SPC-5 per Section 130061(e)								
Building Number: BLI	D-00707	Building N	ame: Tra	ansformer Building]		
Type of Service Prov	<u>vided</u>								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy		
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	ntral Plant		
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		pport rvices		
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)									
Building Number: BLI	D-03431	Building N	lame: So	uth Wing - Phase 2]			
Type of Service Prov	<u>/ided</u>									
X Nursing	Inpatient Beds	35	X	Surgical	Obstetrical Cesarean/De		habilitation erapy			
X IntensiveCare	Inpatient Beds	36	X	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	enal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby		utpatient Irgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	entral Plant			
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		pport rvices			
Skilled Nursing	Inpatient Beds	0	X	Administration						
Total Beds this Building		71								
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4 4D and SPC-5 per Section 130061(e)									
Building Number: BL	D-05300	Building N	lame: Patient Care Pa	avilion					
Type of Service Pro	vided								
X Nursing	Inpatient Beds	238	Surgical	Obstetrical Cesarean/Deliv		abilitation rapy			
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	D Obstetrical Recovery	Rer	al Dialysis			
Psychiatric	Inpatient Beds	0	Radiologica	al/ Newborn/ WellBaby		patient gery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceu	utical Emergency	Cer	tral Plant			
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine		port vices			
Skilled Nursing	Inpatient Beds	0	Administrat	tion					
Total Beds this Building		238							
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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)								
Building Number: BLD-00695 Building	ding Name: Ehman Building							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0					
Coronary Care	Chemical Dependency		Beds this ing Per					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi						
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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)			
Building Number: BLD-00696 Bu	ilding Name: North Wing		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 54 Inpatient 9 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 54 54	
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Bed Days Bed Days Perinatal (Exclude Newborn / GYN) Burn Inpatient 0 Inpatient 0 Bed 0 Inpatient 0 Inpatient 0 Inpatient 0 Pediatric Intensive Care Newborn	as that are classified as SPC-2, SPC-3, SPC-4, SPC- Acute Psychiatric 0 Inpatient 0 Inpatient 0 Skilled Nursing 0 Inpatient 0 Inpatient
Medical / Surgical (Include GYN) Acute Respiratory Care Inpatient 40 Inpatient 0 Inpatient 0 Inpatient 0 Bed 40 Inpatient 0 Inpatient 0 Inpatient 0 Perinatal (Exclude Newborn / GYN) Burn Inpatient 0 Inpatient 0 Inpatient 0 Bed 0 Inpatient 0 Inpatient 0 Inpatient Perinatal (Exclude Newborn / GYN) Burn Inpatient 0 Inpatient 0 Inpatient Pediatric Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient	0 Inpatient 0 Inpatient 0 Bed Days 0 Skilled Nursing 0 Inpatient 0
Inpatient 40 Inpatient 0 Inpatient 0 Inpatient Bed 0 Jays 0 Inpatient 0 Jays Perinatal (Exclude Newborn / GYN) Burn Inpatient 0 Inpatient 0 Inpatient Bed 0 Inpatient 0 Inpatient 0 Bed 0 Inpatient 0 Inpatient 0 Pediatric Intensive Care Newborn Nursery Inpatient 0 Inpatient 0 Inpatient	0 Inpatient 0 Inpatient 0 Bed Days 0 Skilled Nursing 0 Inpatient 0
Bed Days Bed Days Perinatal (Exclude Newborn / GYN) Burn Inpatient 0 Inpatient 0 Bed 0 Inpatient 0 Inpatient Bed 0 Inpatient 0 Inpatient Pediatric Intensive Care Newborn Nursery Inpatient 0 Inpatient 0	Bed Days Skilled Nursing
npatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Days Pediatric Intensive Care Newborn Nursery npatient 0 Inpatient 0 Inpatient 0 Inpatient	0 Inpatient 0
Bed Days Bed Days Pediatric Intensive Care Newborn Nursery npatient 0 Inpatient 0	
Nursery Inpatient 0 Inpatient 0	
	Intermediate Care
	0 Inpatient 0 Inpatient 0 Bed Days
ntensive Care Rehabilitation Center	Int. Care / Developmentally Disabled
npatient 0 Inpatient 0 Inpatient 0 Inpatient 3ed Days	0 Inpatient 0 Inpatient 0 Bed Days
Coronary Care Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
npatient 0 Inpatient 0 Inpatient 0 Inpatient 3ed Days	Unit Service 0 40 40

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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)			
Building Number: BLD-00701 Bu	ilding Name: Physio-Therapy Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Total Beds this Total Be Building Per Building	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	0
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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)			
Building Number: BLD-00702 Bu	uilding Name: Original Emergency Wing		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0	
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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)			
Building Number: BLD-00703 Bui	Iding Name: Special Procedures Addition	on	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0	
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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)			
Building Number: BLD-00704 Building Number:	Lilding Name: Emergency Department Ex	pansion	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0	
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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)			
Building Number: BLD-00705 Bu	ilding Name: Cogeneration Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Total Beds this Total Bed Building Per Building	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	0
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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-4, AD and SPC-5 per Section 130061(e)			
Building Number: BLD-00706 Building Name: Emergency Generator Building			
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit Service 0 0	
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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)			
Building Number: BLD-00707 Bu	ilding Name: Transformer Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Building Per Buildin	eds this Ig Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit Service	0
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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)			
Building Number: BLD-03431 Build	ding Name: South Wing - Phase 2		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 35 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 30 Inpatient 5543 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per	
Inpatient 6 Inpatient 1971 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 71 71	
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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)			
Building Number: BLD-05300 Build	ding Name: Patient Care Pavilion		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 180 Inpatient 47107 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 58 Inpatient 18037 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 238	
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