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

Facility Number:	10038	
Facility Name:	Doctors	Medical Center - San Pablo Campus
Address:	2000 Va	ale Road
City:	San Pa	blo
Hospital Owner/Lic	ensee:	West Contra Costa Healthcare District
Year of Rep	porting:	2011
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	William Appling
Submission	n Date:	1/29/2012 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Building/Dining Room/Corridor	2000 Vale Road	Retrofit	SPC2	01/01/2013	12/31/2014

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01 Main Building/Dining Room/Corridor	Retrofit/Replacement Project:	ed
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status in Date Date Date	CEQA Review
10038 ES111159 0	06/16/2011 06/17/2011 01/01/2013 OPEN	No

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

Building Number: 01 Building Name: Main Building/Dining Room/Corridor										
Type of Service Provided										
X Nu	rsing	Inpatient Beds	169 Inpatient 26537 Days	Surgical	Obstetrical Recovery					
X Inte	ensiveCare	Inpatient Beds	20 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
	diatric/Adol cent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
	ychiatric rsing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine					
	estetrical te/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy					
☐ Inte	ermediate ire	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis					
Ski	illed Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery					
			Total Beds this Building	Cesarean/Deliv	Central Plant					

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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:	01	Building Name:	Main Building/Dining Room/C	Corridor	
Medical / Surgical (I	nclude GYN)	Acute Respira	atory Care	Acute Psychiatric	
	Inpatient 2653 Days 7	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	Inpatient 0 Days	Inpatient Bed	0 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 Days	Inpatient Bed	0 Inpatient 0 Days	189	167

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Building/Dining Room/Corridor	
02	Boiler Room/Additions	
03	Laboratory	
04	Southwest Addition/Cobalt Therapy	
05	East Addition	П
06	Generator Building	
07	West Wing Addition	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Mair	n Building/Dining Roo	om/Cor	rridor		
Type of Service	e Provided	[]	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing			Anesthesia			☑	Renal Dialysis
X	IntensiveCare		¬ .		Ш	Obstetrical Recovery	X	Notice Dialysis
	Pediatric/Adol escent		<u></u>	Clinical Lab		Newborn/	X	Outpatient Surgery
	Psychiatric Nursing	<u> </u>		Radiological/ Imaging		WellBaby		
	Nuising			Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtun	n X	()	Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care	×	()	Administration				
	Skilled 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 actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 01	Building Name: Main Building/Dining Room/Corridor								
Configuration Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030										
Type of Serv	vice Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant			
	Intermediate	X	Dietetic		Line. geney		Contrain land			
	Care Skilled Nursing	X	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 actue care hospital building per Section 130061(c)(5)

Building Number	. 02	Building Na	me: Boiler Room/A	dditions			
Configuration :	Remove from GAC	Service by	1/1/2030				
Type of Servi	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		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 actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 03	Building Na	me: Laboratory						
Configuration Remove from GAC service by 1/1/2030									
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	Х	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine		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 actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: Southwest Add	dition/Cobalt	Therapy				
Configuration Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
lı	ntermediate		Dietetic	_		_	osar. an		
	Care Skilled 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 actue care hospital building per Section 130061(c)(5)

Building Number:	05	Building Nar	me: East Addition						
Configuration Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant		
	termediate		Dietetic						
	are killed 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 actue care hospital building per Section 130061(c)(5)

Building Numbe	Building Number: 06 Building Name: Generator Building								
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Serv	vice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery	_			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	Intermediate		Dietetic	_	Linergency	<u>_</u>	Contrain land		
	Care Skilled Nursing		Administration		Nuclear Medicine		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 actue care hospital building per Section 130061(c)(5)

Building Number: 07 Building Name: West Wing Addition								
Configuratior	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	and rem	nove from service by 2030			
Type of Service Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency		Central Plant	
	Intermediate Care		Dietetic				Compart	
	Skilled Nursing		Administration	X	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, and SPC-5 per Section 130061(e)

Buildi	ng Number: 02							
Туре	Type of Service Provided							
	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	Emergency	X Central Plant	
	Intermediate Care	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 the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 03							
Тур	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	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 the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 04	Building	g Name: So	outhwest Addition/Cobalt The	гару				
Type of Service Provided								
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	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services			
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, and SPC-5 per Section 130061(e)

Build	ing Number: 05							
Тур	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	15		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 Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		15					

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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, and SPC-5 per Section 130061(e)

Buildi	ng Number: 06							
Тур	Type of Service Provided							
	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	Emergency	X Central Plant	
	Intermediate Care	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 the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

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Build									
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	0	X	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	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update**: 01/12/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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Building Number:	D2 Build	ing Name: Boile	er Room/Additions			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / 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 New Nursery	vborn	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 / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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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Building Number:	03 Buil	ding Name: Laboratory	
Medical / Surgical (Ir	clude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Unit Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	0 0

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Building Number:	04	Building Name:	Southwest Addition/Co	obalt Therapy			
Medical / Surgical (I	nclude GYN)	Acute Resp	iratory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0	Inpatient 0 Days		
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0	Inpatient 0 Days		
Pediatric		intensive Ca Nursery	are Newborn	Intermediate Card			
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitati Center	on	Int. Care / develop	ment		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependenc	y	Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 0	0		

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Building Number:	5 Build	ing Name: East A	Addition			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory C	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Newk 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 / develop	nent	
Inpatient 15 Bed	Inpatient 4659 Days		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 Days	15	0	

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Building Number:	6 Build	ing Name: Gene	erator Building		
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 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 Newborn Nursery		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 / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	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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Building Number:	07 Build	ling Name: Wes	st Wing Addition		
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 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 Newborn Nursery		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 / development Disabled	
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