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

Facility Number:	10273
Facility Name:	Marin General Hospital
Address:	250 Bon Air Road
City:	Greenbrae
Hospital Owner/Lice Year of Repo	
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Marin General Hospital
Submission	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 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
01	01 - Original Building & Additions	250 Bon Air Road	Replace	SPC5	01/01/2013	01/01/2015
03	03 - Cobalt Bomb Wing	250 Bon Air Road	Replace	SPC5	01/01/2013	01/01/2015
05	04 - Medical Health Center	250 Bon Air Road	Replace	SPC5	01/01/2013	01/01/2015
06	05 - Elevated Pedestrian Bridge	250 Bon Air Road	Replace	SPC5	01/01/2013	01/01/2015
06A	05A - Elevator	250 Bon Air Road	Replace	SPC5	01/01/2013	01/01/2015

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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 Facility Project Sub Number Number Num 10273 IS082451	01 - Original Building & Additions Scope	Retrofit/Replacement No Project: Date Proj. Start Proj. Completed Status CEQA Date Date Date Date Date Review 12/31/2008 01/01/2012 01/01/2015 OPEN Yes
Building No: 03 Facility Project Sub Number Number Num 10273 IS082451	03 - Cobalt Bomb Wing Scope	Retrofit/Replacement No Project: Date Plan Approved Proj. Start Proj. Completed In Date Status CEQA Review 12/31/2008 01/01/2012 01/01/2015 OPEN Yes
Building No: 05 Facility Project Sub Number Number Num 10273 IS082451	04 - Medical Health Center Scope	Retrofit/Replacement No Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review 12/31/2008 01/01/2012 01/01/2015 OPEN Yes
Building No: 06 Facility Project Sub Number Number Num	05 - Elevated Pedestrian Bridge Scope	Retrofit/Replacement No Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review

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Building No: 06A 05A - Elevator	Retrofit/Replacement No Project:	
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Sta in Date Date Date	atus CEQA Review
10273 IS082451 0	12/31/2008 01/01/2012 01/01/2015 OPE	N Yes

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: 01	Build	ing Name: 01 - Original Building & Ad	lditions		
Type of Service Prov	vided				
X Nursing	Inpatient Beds	95 Inpatient 10300 Days	Surgical	X Obstetrical Recovery	
X IntensiveCare	Inpatient Beds	8 Inpatient Days 1024	Anesthesia	X Newborn/ WellBaby	
X Pediatric/Adol escent	Inpatient Beds	14 Inpatient Days 831	X Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	22 Inpatient Days 3969	X Pharmaceutical	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	X Outpatient Surgery	
	Deus	Total Beds this 139 Building	X Obstetrical Cesarean/Deliv	X Central Plant	

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Provide the number of	f inpaient bed	ds and patient days per type of service	per building per Section	130061(c)(1)(F)
Building Number: 03	Buildi	ng Name: 03 - Cobalt Bomb Wing		
Type of Service Prov	<u>vided</u>			
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	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant

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Print Date: 2/1/2012 3:49 PM

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Provide t	he number of inpaient b	eds and patient days per t	ype of service per build	ding per Section 130061(c)(1)(F)
Building	Number: 05 Buil	ding Name: 04 - Medical	Health Contor		

Building Number: 05	Buildi	ng Name: 04 - Medical Health Center		
Type of Service Prov	<u>vided</u>			
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
X Psychiatric Nursing	Inpatient Beds	17 Inpatient Days 5467	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0		Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
		Total Beds this 17 Building	Cesarean/Deliv	Central Plant

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Provide the number of	f inpaient be	eds and patient days per type of service	e per building per Section	130061(c)(1)(F)
Building Number: 06	Build	ling Name: 05 - Elevated Pedestrian E	Bridge	
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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
		Total Beds this 0 Building	Cesarean/Deliv	Central Plant

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Provide the number o	f inpaient bed	s and patient days per type of service	e per building per Section 1	130061(c)(1)(F)
Building Number: 06	A Buildin	g Name: 05A - Elevator		
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
			Pharmaceutical	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery

Total Beds this Building

Submission Date: 01/29/2012

0

Obstetrical

Cesarean/Deliv

Central Plant

2011

Greenbrae

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: 01	- Original Building & Addi	tions		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	Acute Psychiatric	
Inpatient 95 Bed	Inpatient 1030 Days 0	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 22 Bed	Inpatient 3969 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care N Nursery	ewborn	Intermediate Card		
Inpatient 14 Bed	Inpatient 831 Days	Inpatient 8 Bed	Inpatient 1024 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 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	139	139	

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Provide the number of Inpatient beds and	patient days per type of unit per building p	per Section 130061(c)(1)(F)		
Building Number: 03 Building Number:	uilding Name: 03 - Cobalt Bomb Wing			
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 (excluse 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 Card		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days		
Intensive Care	Rehabilitation Center	Int. Care / development 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 Unit Service		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			

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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: 05	Building Name: 04 - Medical Health Center	er				
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 17 Inpatient 5467 Bed Days				
Perinatal (excluse 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 Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / development 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 Unit Service				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	17 17				

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Provide the number of Inpatient beds ar	nd patient days per type of unit per building p	er Section 130061(c)(1)(F)
Building Number: 06	Building Name: 05 - Elevated Pedestrian E	Bridge
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 (excluse 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 Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development 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 Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0

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Provide the number of Inpatient beds and p	patient days per type of unit per building per	Section 130061(c)(1)(F)
Building Number: 06A Bui	Iding Name: 05A - Elevator	
Medical / Surgical (Include GYN)	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse 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 Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development 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 Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0

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

Buildi Numb	•	Building to be Removed
01	01 - Original Building & Additions	
02	02 - Additions & Alterations	
03	03 - Cobalt Bomb Wing	
05	04 - Medical Health Center	
06	05 - Elevated Pedestrian Bridge	
06A	05A - Elevator	
07	06 - West Wing	
13	Ambulance Entry Canopy	

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Building Number:	01 Buildi	ng Name: 01	- Original Building	& Additions		
Type of Service Provided						
			Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
X	IntensiveCare			X Obstetrical Recovery	X	Renal Dialysis
X	Pediatric/Adol	X	Clinical Lab			Outpatient
	escent	X	Radiological/	X Newborn/ WellBaby	x	Surgery
	Psychiatric Nursing		Imaging	<u> </u>	_	
_	-	X	Pharmaceutical	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum	X	Dietetic	X Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursing		Autimistration			

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Building Number:	03 Bu	uilding Name:	03	- Cobalt Bomb Wing		
Type of Service	e Provided	[Surgical	Obstetrical	Rehabilitation
	Nursing			Anesthesia	Cesarean/Deliv	 Therapy
	IntensiveCare				Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		x	Clinical Lab Radiological/	Newborn/ WellBaby	Outpatient Surgery
	Psychiatric Nursing			Imaging		
	Obstetrical			Pharmaceutical	Emergency	Central Plant
	Ante/Postprtum			Dietetic	Nuclear Medicine	Support Services
	Intermediate Care			Administration		
	Skilled Nursing					

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Building Number:	05 Buildir	g Name: 04 - Medical Health Center		
Type of Service	e Provided	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation herapy
	Nursing	Anesthesia	Obstetrical	Renal Dialysis
	IntensiveCare Pediatric/Adol escent	Clinical Lab	Recovery	Outpatient Surgery
X	Psychiatric Nursing	Radiological/ Imaging	WellBaby	
	Obstetrical Ante/Postprtum	Pharmaceutical	Emergency Nuclear Medicine	Central Plant Support Services
	Intermediate Care	Dietetic Administration		
	Skilled Nursing			

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Building Number:	06	Building Name:	05	- Elevated Pedestr	ian Bridge)		
Type of Servic	e Provided	[Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing			Anesthesia	_		—	
	IntensiveCare	,				Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado escent			Clinical Lab Radiological/		Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing			Imaging Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtu	m [Dietetic		Nuclear Medicine		Support Services
	Intermediate Care			Administration				
	Skilled Nursin	g						

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Building Number:	06A Buildin	ng Name: 05A - Elevator		
Type of Service	e Provided		_	_
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	Anesthesia		
	IntensiveCare		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpatient Surgery
	Psychiatric	Radiological/ Imaging	WellBaby	
	Nursing	Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services
_				
	Intermediate Care	Administration		
	Skilled Nursing			

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Building Numbe	er: 01	Building Name: 01 - Original Building & Additions							
Configuration	Replace with new	SPC 5 and NPC 4 or NPC 5 building							
Type of Serv	vice Provided								
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare		Anesthesia	X	Obstetrical	Х	Renal Dialysis		
X	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	Х	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant		
	Intermediate Care	X	Dietetic						
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services		

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Building Numbe	er: 02	Building Na	me: 02 - Additions &	Alterations	5 5					
Configuration	Replace with new	SPC 5 and NPC 4 or NPC 5 building								
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		Central Plant			
	Intermediate		Dietetic							
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services			

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Building Number	r: 03	Building Na	me: 03 - Cobalt Bom	b Wing		
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildir	ng		
Type of Servi	ice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate Care		Dietetic			
_	Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Numbe	er: 05	Building Na	me: 04 - Medical He	ealth Center	·	
Configuration	Replace with new	SPC 5 and 1	NPC 4 or NPC 5 build	ling		
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
X	Psychiatric Nursing		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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Building Numbe	er: 06	Building Na	me: 05 - Elevated Pe	edestrian B	Bridge	
Configuration	Replace with new	SPC 5 and I	NPC 4 or NPC 5 buildir	ng		
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	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number	r: 06A	Building Na	me: 05A - Elevator				
Configuration	Replace with new	SPC 5 and 1	NPC 4 or NPC 5 building	g			
Type of Servi	ice 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	Central Plant	
	Intermediate Care		Dietetic				
_	Skilled Nursing		Administration		Nuclear Medicine	Support Services	

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Building Numbe	er: 07	Building Na	me: 06 - West Wing	g			
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	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	X	Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	er: 13	Building Na	me: Ambulance Er	ntry Canopy		
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Ser	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical		Pharmaceutical			
	Ante/Postprtum				Emergency	Central Plant
	Intermediate Care		Dietetic		Nuclear Madiaina	Support
	Skilled 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, and SPC-5 per Section 130061(e)

Building Number: 02 Building Name: 02 - Additions & Alterations							
Туре	e of Service Prov	ided					
	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)

Building Number: 07 Building Name: 06 - West Wing							
Туре	e of Service Prov	ided					
X	Nursing	Inpatient Beds	69	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
Х	IntensiveCare	Inpatient Beds	10	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	X Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		79				

Report Status: Data Last Update: 01/17/2012

Report Year:	2011	10273	Marin General Hospital		Greenbrae	Page:32 of 35
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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					
Type of Servic	e Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Care Inpatient Beds	0	Anesthesia		
Pediatric/A escent	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatri Nursing	c Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrica Ante/Post	•	0	Pharmaceutical	Emergency	Central Plant
Intermedia	ate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nu	rsing Inpatient Beds	0	Administration		
Total Bed Building	s this	0			

Report Status: Data Last Update: 01/17/2012

Report Year: 2011	10273 Marin Ger	neral Hospital	Green	nbrae	Page:33 of 35				
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, and SPC-5 per Section 130061(e)									
Building Number: 02 Building Name: 02 - Additions & Alterations									
Medical / Surgical (In	clude 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 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 Nev 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 / developr 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				

Report Year: 2011 10273 Marin Gene	eral Hospital	Greenbrae	Page:34 of 35						
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, and SPC-5 per Section 130061(e)									
Building Number: 07 Building Name: 06 - West Wing									
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric							
Inpatient 69 Inpatient 18574 Bed Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Day	atient 0 's						
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Day	atient 0 's						
Pediatric	intensive Care Newborn Nursery	Intermediate Card							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpa Bed Day	atient 0 's						
Intensive Care	Rehabilitation Center	Int. Care / development Disabled							
Inpatient 10 Inpatient 2984 Bed Days	Inpatient 0 Inpatient Days	0 Inpatient 0 Inpa Bed Day	atient 0 's						
Coronary Care	Chemical	Total Beds this T	otal Beds this						

-

Inpatient Inpatient 0 Bed . Days

0

Inpatient Bed

Dependency

Total Beds this Total Beds this **Building Per Building Per** Unit

Service 79

Submission Date: 01/29/2012

0

Inpatient

Days

0

79

Report Year: 2011 10273 Ma	arin General Hospital	Greenbrae	Page:35 of 35						
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, and SPC-5 per Section 130061(e)									
Building Number: 13 Building Name: Ambulance Entry Canopy									
Medical / Surgical (Include GYN)	Acute Respiratory C	Care Acute	Psychiatric						
Inpatient 0 Inpatient Days		Inpatient 0 Inpatie Days Bed	ent 0 Inpatient 0 Days						
Perinatal (excluse Newborn / GYN)	Burn	Skilled	d Nursing						
Inpatient 0 Inpatient Days		Inpatient 0 Inpatie Days Bed	ent 0 Inpatient 0 Days						
Pediatric	intensive Care Newl Nursery	born Interm	ediate Card						
Inpatient 0 Inpatient Bed Days		Inpatient 0 Inpatie Days Bed	ent 0 Inpatient 0 Days						
Intensive Care	Rehabilitation Center	Int. Ca Disab	ire / development led						
Inpatient 0 Inpatient Bed Days		Inpatient 0 Inpatie Days Bed	ent 0 Inpatient 0 Days						
Coronary Care	Chemical	Total	Beds this Total Beds this						

0

Report Status: Data Last Update: 01/17/2012

Inpatient

. Days

Inpatient

Bed

-

0

Dependency

Inpatient

Bed

Submission Date: 01/29/2012

0

Inpatient

Days

0

Building Per

Unit

0

Building Per

0

Service