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

Facility Number:	10631	
Facility Name:	Kindred H	Hospital - Sacramento
Address:	223 Fargo	o Way
City:	Folsom	
Hospital Owner/Lice	ensee:	THC-Orange County, Inc
Year of Rep	orting:	2011
Contact 1 e-mail Ac	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Bill Alexander
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	Original Building - Building I	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2011
02	West Patient Wing - Building II	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2011
03	North Emergency Addn - Building III	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2011
04	Boiler - Building IV	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2011
05	Med Air/Housekeeping - Building V	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2011
06	Clean/Dirty Linen - Building VI	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2011
07	Storage #1 - Building VII	223 Fargo Way	Replace	SPC5	01/01/2013	11/20/2011

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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	Original Building - Building I	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507	0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 11/20/2010 OPEN No
Building No: 02	West Patient Wing - Building II	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507	0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 11/20/2010 OPEN No
Building No: 03	North Emergency Addn - Building III	Retrofit/Replacement Yes-Submitted Project:
Building No: 03 Facility Project Sub Number Number Num	North Emergency Addn - Building III Scope	
Facility Project Sub		Date Plan Approved Proj. Start Proj. Completed Status CEQA
Facility Project Sub Number Number Num	Scope	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub Number Number Num 10631 HS972507	Scope 0 ACUTE CARE HOSPITAL	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA Review 10/08/1997 10/03/2003 09/09/2004 11/20/2010 OPEN No Retrofit/Replacement Yes-Submitted

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Building No: 05 Med Air/Housekeeping - Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507 0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 10/20/2010 OPEN No
Building No: 06 Clean/Dirty Linen - Building VI	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507 0 ACUTE CARE HOSPITAL	10/08/1997 10/03/2003 09/09/2004 10/20/2010 OPEN No
Building No: 07 Storage #1 - Building VII	Retrofit/Replacement No Project:
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10631 HS972507 0	10/08/1997 10/03/2003 09/09/2004 10/20/2010 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 Nun	nber: 01 Build	ling Name: Original Building - Building	ng I	
Type of Serv	vice Provided			
X Nursing	npatient Beds	17 Inpatient 7938 Days	X Surgical	Obstetrical Recovery
X Intensi	eCare Inpatient Beds	6 Inpatient Days 2029	X Anesthesia	Newborn/ WellBaby
Pediatr escent	ic/Adol Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychia Nursing		0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstete	rical Inpatient ostprtum Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Interme Care	ediate Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis
Skilled	Nursing Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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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: 02	Buildiı	ng Name: West Patient Wing - Buildin	ng II	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	16 Inpatient 6686 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 Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 16	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Ocsarcan, Denv	Central Plant

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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: 03	Buildi	ng Name: North Emergency Addn - B	Building III	
Type of Service Prov	<u>rided</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	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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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: 04	Buildir	ng Name: Boiler - Building IV		
Type of Service Prov	<u>rided</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	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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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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: 05	Buildi	ng Name: Med Air/Housekeeping - Bu	uilding V	
Type of Service Prov	<u>rided</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	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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building		Central Plant

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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: 06	Buildir	ng Name: Clean/Dirty Linen - Building	g VI	
Type of Service Prov	<u>rided</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	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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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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: 07	Buildi	ng Name: Storage #1 - Building VII		
Type of Service Prov	<u>rided</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	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	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	303010011/2011	Central Plant

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Building Number:	01	Building Name: Orig	inal Building - Building I		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 7938 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 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 / develop Disabled	ment
Inpatient 6 Bed	Inpatient 2029 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	23	23

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Building Number:	02	Building Name:	West Patient Wing - Building	II	
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 16 Bed	Inpatient 6685 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developr Disabled	nent
Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	16	16

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Building Number:	03	Building Name: Nort	h Emergency Addn - B	uilding III	
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 New 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

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Building Number:	04	Building Name: Boi	ler - Building IV		
Medical / Surgical	(Include GYN)	Acute Respirator	y 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 Ne Nursery	ewborn	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	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	0	0

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Building Number: 05	Building	Name: Med	Air/Housekeeping - Building	g V	
Medical / Surgical (Includ	de GYN) A	cute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Inpat Bed Days		npatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newbo	orn / GYN) B	Burn		Skilled Nursing	
Inpatient 0 Inpat Bed Days		npatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		ntensive Care New ursery	vborn	Intermediate Card	
Inpatient 0 Inpati Bed Days		npatient 0 ed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		ehabilitation enter		Int. Care / developm Disabled	ent
Inpatient 0 Inpati Bed Days		patient 0 ed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care	_	hemical ependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpati Bed Days		patient 0	Inpatient 0 Days	0	0

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Building Number:	06	Building Name:	Clean/Dirty Linen - Building V	1	
Medical / Surgical	(Include GYN)	Acute Respi	ratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	re Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	1	Int. Care / developr Disabled	ment
Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number:	07	Building Name:	Storage #1 - Building VII		
Medical / Surgical	(Include GYN)	Acute Respirat	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developi 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	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
01	Original Building - Building I	
02	West Patient Wing - Building II	
03	North Emergency Addn - Building III	
04	Boiler - Building IV	$\overline{\sqcap}$
05	Med Air/Housekeeping - Building V	$\overline{\sqcap}$
06	Clean/Dirty Linen - Building VI	\Box
07	Storage #1 - Building VII	

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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 Buildin	g Name: Original	l Building - Building l			
Type of Servic	e Provided					
	Nursing	X Surç	gical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	_	X Ane	sthesia	Obstetrical		Renal Dialysis
X	IntensiveCare Pediatric/Adol	X Clin	nical Lab	Recovery		Outpatient
	escent		diological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		aging armaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	X Diet	tetic	Nuclear Medicine	X	Support Services
	Intermediate Care	X Adn	ninistration			
	Skilled Nursing					

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Building Number:	02	Building Name:	West Patient Wing -	Building II		
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare	÷		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	, [Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Imaging			
	_		Pharmaceutical	Emergency		Central Plant
Ш	Obstetrical Ante/Postprtu	ım _	Dietetic	Nuclear Medicine		Support Services
	Intermediate					
Ш	Care		Administration			
	Skilled Nursin	ng				

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Building Number:	03	Building Name:	North Em	ergency Addn -	Buildi	ng III		
Type of Service	e Provided		Surgio	cal		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	Nursing IntensiveCare		Anestl	hesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		<u>.</u> 1	al Lab logical/		Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imagii			Emergency		Central Plant
	Obstetrical Ante/Postprtu	m	Dietet	ic		Nuclear Medicine		Support Services
	Intermediate Care		Admir	nistration				
	Skilled Nursin	g						

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Building Number:	04	Building Name:	Во	iler - Building IV					
Type of Service	e Provided		_						
				Surgical		Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy	
	Nursing			Anesthesia	_				
	IntensiveCare	,	_			Obstetrical Recovery	Ш	Renal Dialysis	
П	Pediatric/Adol escent			Clinical Lab			П	Outpatient	
				Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery	
Ш	Psychiatric Nursing			Pharmaceutical		Emergency	X	Central Plant	
	Obstetrical Ante/Postprtu	m _	_			Nuclear Medicine		Support Services	
				Dietetic		Medicine		Services	
	Intermediate Care			Administration					
	Skilled Nursin	g							

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Building Number:	05	Building Name:	Med	d Air/Housekeeping -	Buildir	g V]
Type of Service	e Provided	[] :	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing IntensiveCare] ,	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		-	Clinical Lab		Recovery Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing			Radiological/ Imaging Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m]	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care]	Administration					
	Skilled Nursin	g							

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Building Number:	06	Building Name:	Clean/Dirty Linen -	Building VI			
Type of Service I	Provided	. –	_				
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare	_	_	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab			Outpatient	
_			Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtui	m		Nuclear	X	Support	
	/ into/i ostpitui	"" <u> </u>	Dietetic	Medicine		Services	
	Intermediate Care		Administration				
	Skilled Nursin	a L					

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Building Number:	07 Buildir	ng Name: Storage #1 - Building	VII		
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv		ehabilitation herapy
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	R	enal Dialysis
	Pediatric/Adol	Clinical Lab			Outpatient
	escent	Radiological/ Imaging	Newborn/ WellBaby	∟ S	urgery
	Psychiatric Nursing	Pharmaceutical	Emergency	Пс	entral Plant
	Obstetrical		□ Nuclear		
	Ante/Postprtum	Dietetic	Nuclear Medicine	X S S	upport ervices
	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	r: 01	Building Na	me: Original Buildir	ng - Building	j l		
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ing			
Type of Serv	rice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number	er: 02	Building Na	me: West Patient Wing	g - Buildi	ng II	
Configuration	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	l		
Type of Serv	vice Provided					
X	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	Building Number: 03 Building Name: North Emergency Addn - Building III								
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ıg					
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	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		Dietetic	<u></u>	Line.geney	<u></u>	Common Figure		
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

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Building Number:	Building Number: 04 Building Name: Boiler - Building IV							
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildir	ng				
Type of Service	e Provided							
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
1 1 -	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	termediate		Dietetic		- ,			
	are killed Nursing		Administration		Nuclear Medicine		Support Services	

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Building Number:	Building Number: 05 Building Name: Med Air/Housekeeping - Building V							
Configuration .	Replace with new	SPC 5 and N	IPC 4 or NPC 5 building					
Type of Service	e Provided							
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
I I	ediatric/Adol cent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical nte/Postprtum		Pharmaceutical		_			
	·		Dietetic	Ш	Emergency		Central Plant	
	termediate are				Nuclear Medicine	X	Support Services	
Sk	killed Nursing		Administration				23. 11000	

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Building Number	er: 06	Building Na	me: Clean/Dirty Line	en - Buildin	g VI				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ling					
Type of Ser	Type of Service 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		Emorgonov		Central Plant		
	Intermediate		Dietetic		Emergency		Central Plant		
	Care				Nuclear Medicine	X	Support Services		
	Skilled Nursing		Administration						

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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	07 Building Name: Storage #1 - Building VII							
Configuration :	Replace with new	SPC 5 and N	IPC 4 or NPC 5 building	J					
Type of Service	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		Central Plant		
	ntermediate Care		Dietetic						
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

Report Status: **Data Last Update**: 01/09/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:46 PM

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