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

Facility Number:	10786
Facility Name:	Mills Peninsula Health Center
Address:	100 South San Mateo Drive
City:	San Mateo
Hospital Owner/Lice	rensee: Mills-Peninsula Health Services
Year of Rep	porting: 2011
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	dress::
Name of Sub	omitter: Carl Scheuerman
Submission	n Date: 1/29/2012 3:00:00 PM

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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	Buildir	ng Name: Power Plant						
Type of Service Prov	Type of Service Provided							
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 Pharmaceutical	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialysis Outpatient				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services Obstetrical	Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Plant				

Report Year:

2011

10786

Mills Peninsula Health Center

San Mateo

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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:	02 B i	uilding Name: Pov	ver Plant		
Medical / Surgical (Acute Respirator		Acute Psychiatric	Leave Tark
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	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	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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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 Hospital			X		
02		Power Plant					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 01 Number:	Building Name:	Main Hospi	tal		Year of Information:	20	800
				Infor Of:	mation Current As	11	/24/2009
Type of Services Provided							
X Nursing	Inpatient Beds	40	X Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab		Obstetrical Recovery	X	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging		Newborn/ VellBaby	X	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	X E	Emergency		Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic		luclear ledicine	X	Support Services
Skilled Nursing	Inpatient Beds Total Beds this Building	0 40	X Administration				

10786 Report Year: 2011 Mills Peninsula Health Center San Mateo Page:8 of 19 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Main Hospital 2009 01 Year of **Building** Building Information: Number: Name: 02/16/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation 28 Nursing Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Х Renal Dialysis Recovery |x| Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 Emergency Ante/Postprtum **Beds** |x|Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care

Administration

Report Status: Data Last Update: 01/11/2012 Submission Date: 01/29/2012 1/30/2012 12:45 PM **Print Date:**

0

28

Beds

Beds

Inpatient

Building

Total Beds this

Skilled Nursing

10786 Report Year: 2011 Mills Peninsula Health Center San Mateo Page:9 of 19 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Main Hospital 2010 01 Year of **Building** Building Information: Number: Name: 02/16/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation 28 Nursing Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Х Renal Dialysis Recovery |x| Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 Emergency Ante/Postprtum **Beds** |x|Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds

Report Status: **Data Last Update:** 01/11/2012 **Submission Date:** 01/29/2012 **Print Date:** 1/30/2012 12:45 PM

28

Total Beds this

Building

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building 01 Number:	Building Name:	Main Hospit	al	Year of Information:	2011	
				Information Current As Of:		
Type of Services Provided						
	Inpatient Beds	8	X Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	
	Inpatient Beds	0	X Anesthesia			
	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	X Renal Dialysis	
Psychiatric I	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery	
	Inpatient Beds	0	X Pharmaceutical	X Emergency	Central Plant	
	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services	
The state of the s	Inpatient Beds Total Beds this Building	0 8	X Administration			

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Nursing Removed from hospital services
Building Number: Main Hospital
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Surgical Removed from hospital services
Building 01 Building Name: Main Hospital
Number:
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Will general acutr care services and beds will be relocated to a new or retrofittrd building? Anesthesia Removed from hospital services Building 01 Building Name: Main Hospital
Will general acutr care services and beds will be relocated to a new or retrofittrd building? Anesthesia Removed from hospital services Building Number: Main Hospital

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Building Number: Will general acu Radiological/Ima		Main Hospital elocated to a new or retrofittrd building?		
Building Number: Will general acu Pharmaceutical	01 Building Name: atr care services and beds will be re	Main Hospital elocated to a new or retrofittrd building?		
Building Number: Will general acu Dietetic	01 Building Name: atr care services and beds will be read to the services. N/A	Main Hospital elocated to a new or retrofittrd building?		
Building Number: Will general acu Administration	01 Building Name: atr care services and beds will be re N/A	Main Hospital elocated to a new or retrofittrd building?		

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Building Name: Main H Number: Will general acutr care services and beds will be relocated to Support Services N/A	·		
Building Name: Main H Number: Will general acutr care services and beds will be relocated to Removed from hospital services	·		
Building Name: Main H Number: Will general acutr care services and beds will be relocated to the services. Rehabilitation Therapy			
Building Name: Main H Number: Will general acutr care services and beds will be relocated to Renal Dialysis N/A	·		

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Building Number: Will general acut OutpatientSurge		Main Hospital relocated to a new or retrofittrd building?		
Building Number: Will general acut Medical/Surgical (Include GYN)		Main Hospital relocated to a new or retrofittrd building?		

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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:	02	Building Name:	Power Plant				
Type of Service Provided							
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia	_			
	IntensiveCare		_	Obstetrical Recovery	Ш	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery	
_			Radiological/ Imaging	WellBaby		Gurgery	
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtur	m	_	Nuclear		Support	
			Dietetic	Medicine		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 Number:	01	Building Na	me: Main Hospital						
Configuration .	Remove from GAC	Remove from GAC service by 1/1/2013							
Type of Service Provided									
X	lursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
Ir	ntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis		
	ediatric/Adol scent	X	Clinical Lab		Recovery				
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
1 1	Obstetrical nte/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant		
	ntermediate care	X	Dietetic						
	killed 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 Name: Power Plant							
Configuration :	Configuration N/A						
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		Emergency		Central Plant
	Intermediate		Dietetic				
	Care 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)

Buildi	Building Number: 01 Building Name: Main Hospital							
Тур	Type of Service Provided							
X	Nursing	Inpatient Beds	8	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		8					

Report Status: **Data Last Update**: 01/11/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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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, and SPC-5 per Section 130061(e)

Building Number:	01	Building Name: Main	Hospital		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Acute Respiratory Care Acute Psychiatric		
Inpatient 8 Bed	Inpatient 28 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 1607 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	8	