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

Facility Number:	10811	
Facility Name:	Sequoia Hospital	
Address:	170 Alameda De Las Pulgas	
City:	Redwood City	
Hospital Owner/Lic	ensee: Sequoia Hospital	
Year of Re	orting: 2011	
Contact 1 e-mail A	dress:	
Contact 2 e-mail A	dress:	
Contact 3 e-mail Ac	lress::	
Name of Sul	mitter: Robert Omens	
Submissio	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	Building 1	170 Alameda De Las Pulgas	Retrofit	SPC2	01/01/2013	06/01/2013
01A	Building 1A	170 Alameda De Las Pulgas	Retrofit	SPC2	01/01/2013	09/01/2013
02	Building 2	170 Alameda De Las Pulgas	Retrofit	SPC2	01/01/2013	09/01/2013
03	Building 3	170 Alameda De Las Pulgas	Retrofit	SPC2	01/01/2013	09/01/2013
05	Building 5	170 Alameda De Las Pulgas	Retrofit	SPC2	01/01/2013	06/01/2013
06	Building 6, 8, 9 and 10	170 Alameda De Las Pulgas	Retrofit	SPC2	01/01/2013	06/01/2013

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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	Building 1	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
10811 IS071411	0 SPC 2 & NPC 3R UPGRADE AND STRUCTURAL ALTERATION	08/01/2007 04/15/2011 06/01/2011 06/01/2013 OPEN No
Building No: 01A	Building 1A	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
10811 IS071411	0 SPC 2 & NPC 3R UPGRADE AND STRUCTURAL ALTERATION	08/01/2007 04/15/2011 04/15/2011 09/01/2013 OPEN No
Building No: 02	Building 2	Retrofit/Replacement Yes-Submitted Project:
Building No: 02  Facility Project Sub Number Number Num	Building 2 Scope	
Facility Project Sub		Date Plan Approved Proj. Start Proj. Completed Status CEQA
Facility Project Sub Number Number Num	Scope  0 SPC 2 & NPC 3R UPGRADE AND	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub Number Number Num  10811 IS071411	Scope  0 SPC 2 & NPC 3R UPGRADE AND STRUCTURAL ALTERATION	Project:  Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Date Review  08/01/2007 04/15/2011 04/15/2011 09/01/2013 OPEN No  Retrofit/Replacement Yes-Submitted

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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	Buildi	ng Name: Building 1					
Type of Service Prov	Type of Service Provided						
X Nursing	Inpatient Beds	20 Inpatient 2562 Days	X Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical  X Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	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: 01	A Buildi	ng Name: Building 1A		
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  X 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 Cesarean/Deliv	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: 02	Buildi	ng Name: Building 2					
Type of Service Prov	Type of Service Provided						
X Nursing	Inpatient Beds	48 Inpatient 6153 Days	X Surgical	X 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			
X Obstetrical Ante/Postprtum	Inpatient Beds	23 Inpatient Days 4875	Pharmaceutical  X Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 71	X Support Services  X 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: 03	Buildi	ng Name: Building 3		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	7 Inpatient 898 Days	X 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 7	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: 05	Buildi	ng Name: Building 5		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	71 Inpatient 9089 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	X 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  Total Beds this 71	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	200a10a11, 2011	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	Buildi	ing Name: Building 6, 8, 9 and 10				
Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	X Obstetrical Recovery		
X IntensiveCare	Inpatient Beds	20 Inpatient Days 2390	X Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X 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	X Outpatient Surgery		
		Total Beds this Building	Cesarean/Deliv	X Central Plant		

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Building Number:	01	Building Name: Build	ding 1		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 20 Bed	Inpatient 2562 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 / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	20	20

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Building Number:	01A	Building Name: Build	ding 1A		
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 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 / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	02	Building Name:	uilding 2		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 48 Bed	Inpatient 6153 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 23 Bed	Inpatient 4875 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	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	71	71

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Building Number:	03	Building Name:	Building 3		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 7 Bed	Inpatient 898 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 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	7	7

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Building Number:	05	Building Name:	uilding 5		
Medical / Surgical	(Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 71 Bed	Inpatient 9089 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 I Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	71	71

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Building Number: 06	Building Name: Build	ding 6, 8, 9 and 10		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 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 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 20 Inpatient 2390 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 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	20	20

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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	Building 1	
01A	Building 1A	
02	Building 2	
03	Building 3	
04	Building 4	
05	Building 5	
06	Building 6, 8, 9 and 10	
07	Building 7	
		<del></del>

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Building Number:	01 Buildin	g Name: B	Building 1				
Type of Service	e Provided						
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		No. beaut	П	Outpatient
			Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
Ш	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum				Nuclear	П	Support
		X	Dietetic		Medicine		Services
	Intermediate Care		Administration				
	Skilled Nursing						

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Building Number:	01A	Building Name:	Building 1A		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	_		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	L	Clinical Lab		Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Support
	, and, i odipitu	X	X Dietetic	Medicine	Services
	Intermediate Care		T A Luciations		
			Administration		
	Skilled Nursin	g <b> </b>			

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Building Number:	02	Building Name:	Building 2			
Type of Servic	e Provided					
			X Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare			X Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
Ш	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging  Pharmaceutica	Emergency		Central Plant
X	Obstetrical		Filaimaceulica	Emergency		Central Plant
	Ante/Postprtun		X Dietetic	Nuclear Medicine	X	Support Services
	Intermediate					
	Care		X Administration			
	Skilled Nursing	,				

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Building Number:	03 E	Building Name:	Building 3			
Type of Servic	e Provided					
		×	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical	-	Thamadodida			
	Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate					
	Care		Administration			
	Skilled Nursing					

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Building Number:	05	Building Name:	Building 5			
Type of Service	e Provided					
		×	Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare	•		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado		Clinical Lab	_		Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging	Emergency		Central Plant
	Obstetrical		Pharmaceutical	Lineigency		Central Plant
	Ante/Postprtu	m [	Dietetic	X Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursin	g				

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Building Number:	06	Building Name:	Building 6, 8, 9 and 10	)		
Type of Servic	e Provided					
			X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	n
	Nursing		X Anesthesia	_		
X	IntensiveCare	_ l _	_	X Obstetrical Recovery	Renal Dialys	sis
	Pediatric/Ado escent	ı <u>l</u>	X Clinical Lab	Newborn/	X Outpatient Surgery	
			X Radiological/ Imaging	WellBaby	Surgery	
	Psychiatric Nursing		X Pharmaceutical	X Emergency	X Central Plar	nt
	Obstetrical Ante/Postprtu	ım	Dietetic	Nuclear Medicine	X Support Services	
П	Intermediate					
	Care		Administration			
	Skilled Nursin	ng				

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Building Numb	er: 01	Building Nar	me: Building 1		
Configuration:	Remove from GAC	Service by	1/1/2030		
Type of Ser	vice Provided				
X	Nursing	X	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	X	Dietetic		Connect
	Skilled Nursing		Administration	Nuclear Medicine	Support Services

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Configuration Remove from GAC service by 1/1/2030  Type of Service Provided  Nursing Surgical Obstetrical Cesarean/Deliv Therapy  IntensiveCare Anesthesia Obstetrical Recovery  Pediatric/Adol Clinical Lab  Pediatric/Adol Recovery Renal Dialysis  Readiological/ Newborn/ WellBaby Outpatient Surgery  Pharmaceutical Emergency Central Plant  Intermediate	Building Number:	01A	Building Nar	me: Building 1A		
Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy  Anesthesia Obstetrical Recovery Renal Dialysis Clinical Lab  Psychiatric Nursing Renal Dialysis Recovery Outpatient Surgery  Pharmaceutical Ante/Postprtum  Emergency Central Plant  X Dietetic	Configuration :	Remove from GAC	C service by 1	1/1/2030		
IntensiveCare	Type of Service	Provided				
Pediatric/Adol escent	Nu	ursing		Surgical		
Pediatric/Adol escent	Int	ensiveCare		Anesthesia		Renal Dialysis
Psychiatric Nursing    Dietetic   Imaging   WellBaby   Surgery				Clinical Lab	Recovery	
Obstetrical Ante/Postprtum  Emergency  Central Plant  X Dietetic						Outpatient Surgery
X Dietetic				Pharmaceutical	Emergency	Central Plant
	☐ Int	ermediate	X	Dietetic	Emergency	Contrain lant
Care Nuclear Medicine Support Services  Services  Skilled Nursing				Administration	Nuclear Medicine	

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Building Number	r: 02	Building Na	me: Building 2				
Configuration:	Remove from GAC	service by	1/1/2030				
Type of Serv	ice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	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	X	Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number:	03	Building Na	me: Building 3			
Configuration .	Remove from GAC	Service by	1/1/2030			
Type of Service	e Provided					
X N	ursing	X	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
	bstetrical nte/Postprtum		Pharmaceutical	Emergency		Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration	Nuclear Medicine	X	Support Services

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Building Number	r: 04	Building Na	me: Building 4		
Configuration:	Remove from GAC	Service by	1/1/2030		
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
I I	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	Central Plant
	Intermediate Care		Dietetic	Nuclear Medicine	Support
	Skilled Nursing		Administration	Nucleal Medicille	Services

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Building Number	er: 05	Building Nar	me: Building 5					
Configuration Remove from GA		service by	1/1/2030					
Type of Service Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab	_	Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration	[X]	Nuclear Medicine	X	Support Services	

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Building Number	ber: 06 Building Name: Building 6, 8, 9 and 10								
Configuration :	Remove from GAC	service by	1/1/2030						
Type of Servi	ice Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	Intermediate Care		Dietetic						
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		

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Building Number:	07	Building Nar	me: Building 7				
Configuration Remove from		Service by	1/1/2030				
Type of Servic	e Provided						
N	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	ntermediate Care		Dietetic				
	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: 04												
Type of Service Pro	Type of Service Provided											
Nursing	Inpatient Beds	0	Sur	gical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0	Ane	sthesia								
Pediatric/Adol escent	Inpatient Beds	0	Clin	ical Lab	Obstetrical Recovery	Renal Dialysis						
Psychiatric Nursing	Inpatient Beds	0	Rad Ima	liological/ ging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pha	rmaceutical	Emergency	Central Plant						
Intermediate Care	Inpatient Beds	0	Diet	etic	Nuclear Medicine	Support Services						
Skilled Nursing	Inpatient Beds	0	Adm	ninistration								
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: 07						
Тур	e of Service Prov	<u>rided</u>					
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Status: **Data Last Update**: 12/11/2011 **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:	4 Build	ing Name: Building	g 4		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0	Inpatient 0
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		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 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	0	0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	D7 Build	ing Name: Build	ling 7		
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	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