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Regional Medical of San Jose

10856

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

Address: 22	egional Medical of San Jose
City:	25 North Jackson Avenue
	an Jose
Hospital Owner/License Year of Reportin Contact 1 e-mail Addres Contact 2 e-mail Addres Contact 3 e-mail Address Name of Submitte Submission Dat	ng:     2011       ss:

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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	Main Tower and North Wing	225 North Jackson Avenue	Replace	SPC5	01/01/2013	01/01/2015
02	South Wing	225 North Jackson Avenue	Replace	SPC5	01/01/2013	01/01/2015
03	Obstetrics Wing	225 North Jackson Avenue	Replace	SPC5	01/01/2013	01/01/2015

Submission Date: 01/29/2012

Print Date: 2/1/2012 2:40 PM

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

Building No: 01	Main Tower and North Wing	Retrofit/Replacement Yes-Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEC in Date Date Revi
10856 HS032305	0 HOSPITAL EXPANSION AND RENOVATION PROJECTS	10/07/2003 09/19/2005 10/17/2005 05/01/2010 OPEN No
10856 HS081309	0 SEISMIC UPGRADE RENOVATION AND NEW ADDITION (TRANSFERRED TO IS102399-43)	07/30/2008 12/15/2010 01/01/2015 TRNS No
10856 SS100429	0 2ND FLOOR BUILD-OUT	03/16/2010 10/26/2010 12/01/2010 02/01/2012 OPEN No
Building No: 02	South Wing	Retrofit/Replacement Yes-Submitted
۰ ــــــ	ÿ	Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEC in Date Date Revi
10856 HS081309	0 SEISMIC UPGRADE RENOVATION AND NEW ADDITION (TRANSFERRED TO IS102399-43)	07/30/2008 11/01/2008 TRNS No
Building No: 03	Obstetrics Wing	Retrofit/Replacement Yes-Submitted
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQ in Date Date Revie
10856 HS081309	0 SEISMIC UPGRADE RENOVATION AND NEW ADDITION (TRANSFERRED TO	07/30/2008 11/01/2008 TRNS No

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: Main Tower and North Win	ng	
Type of Service Prov	vided			
X Nursing	Inpatient Beds	129 Inpatient 29728 Days	Surgical	X Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	8 Inpatient Days 702	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	37 Inpatient Days 202	<ul><li>X Pharmaceutical</li><li>X Dietetic</li></ul>	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	2000	Total Beds this <b>174</b> Building	Obstetrical 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: South Wing		
Type of Service Prov	rided			
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	X 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	X Support Services	Outpatient Surgery
		Total Beds this <b>0</b> 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: 03	Buildi	ng Name: Obstetrics Wing		
Type of Service Prov	<u>vided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	6 Inpatient Days 139	X Anesthesia	X 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 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 <b>6</b>	X Support Services X Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building L		

## 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:	ain Tower and North Wing		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 129 Bed	Inpatient 2972 Days 8	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 37 Bed	Inpatient 202 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 8 Bed	Inpatient 702 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 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	174	174

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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	Building Name: Sou	th Wing		
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 Net 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 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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## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name: Obs	stetrics Wing		
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 6 Bed	Inpatient 139 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	6	6

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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 Tower and North Wing	
02	South Wing	
03	Obstetrics Wing	
04	Emergency Department Building	
05	Lab Building	
06	Surgery Building	
07	ICU/CCU Building	
08	7A Outpatient Surgery Center	

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Lis	at ALL proposed new	buildings to be constructd a	t this or another sit	е.		
Building Number	Building Name		New Site			
N_1	Med-Tele Wing					
ī						
Report Status:	Data Last Update: 0	1/02/2012 Submission	<b>n Date:</b> 01/29/2012	Print Date:	2/1/2012 2:40 PM	

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 Buil	ding Name: M	ain Tower and North	n Wing						
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	Nursing		Anesthesia							
	IntensiveCare			X Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol		Clinical Lab			Outpatient				
	escent		Radiological/	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Imaging		_					
_		X	Pharmaceutical	Emergency		Central Plant				
X	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services				
	Intermediate Care	X	Administration							
	Skilled Nursing									

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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:	So	outh Wing				
Type of Servic	e Provided	[		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing			Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent			Clinical Lab		Recovery		Outpatient Surgery
	Psychiatric Nursing		×	Radiological/ Imaging Pharmaceutical		WellBaby Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	,		Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care			Administration				
	Skilled Nursing							

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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:	03 Build	ding Name:	Obstetri	cs Wing				
Type of Service	e Provided	[	Surg	ical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	Nursing	Þ	Anes	sthesia	X	Obstetrical		Renal Dialysis
	IntensiveCare Pediatric/Adol escent		Clini	cal Lab		Recovery		Outpatient Surgery
	Psychiatric Nursing		Imaę			Newborn/ WellBaby	_	
	Obstetrical Ante/Postprtum		_ Pha	rmaceutical		Emergency Nuclear Medicine	X	Central Plant Support Services
	Intermediate Care	L   م	_	inistration				
	Skilled Nursing							

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Building Number:	01	ng					
Configuration	Replace with new	SPC 5 and 1	NPC 4 or NPC 5 building	g			
Type of Servio	ce Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
12.5	Obstetrical Ante/Postprtum	X	Pharmaceutical		<b>F</b>		
_	ntermediate	X	Dietetic		Emergency		Central Plant
_	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Numbe	er: 02	Building Na	me: South Wing				
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	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergeney		Central Plant
	Intermediate		Dietetic		Emergency	X	Central Plant
	Care		Administration	X	Nuclear Medicine	Х	Support Services
	Skilled Nursing		AUTITIISTATION				

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Building Number	: 03	Building Na	me: Obstetrics Wing				
Configuration	Replace with new	SPC 5 and 1	NPC 4 or NPC 5 buildir	ng			
Type of Servi	ice Provided						
	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				0
_	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Numb	er: 04	Building Na	me: Emergency De	partment Bu	uilding	
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Ser	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	X	Emergency	Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Numb	er: 05	Building Na	me: Lab Building				
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		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical		Pharmaceutical	_		_	
	Ante/Postprtum				Emergency		Central Plant
	Intermediate		Dietetic	_		_	
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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Building Numb	er: 06	Building Na	me: Surgery Buildi	ng			
Configuration	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		
<b>—</b>			Dietetic		Emergency		Central Plant
	Intermediate Care				Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				

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Building Number: 07		Building Name: ICU/CCU Building						
Configuration Retrofit Conformin		g building to NPC 4 or NPC 5						
Type of Serv	ice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	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	X	Support Services	

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Building Number:     08     Building Name:     7A Outpatient Surgery Center							
Configuration	Retrofit Conformin	g building to NPC 4 or NPC 5					
Type of Ser	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		<b>F</b>		
_			Dietetic		Emergency		Central Plant
	Intermediate Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				Services

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Buildi									
Туре	Type of Service Provided								
X	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	X Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Buildi	ng Number: 05	Building	Name: La	b Building					
Туре	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	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	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Building Number: 06 Building Name: Surgery Building									
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X 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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Buildi									
<u>Type</u>	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Х	IntensiveCare	Inpatient Beds	34		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		34						

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Building									
<u>Type o</u>	Type of Service Provided								
X N	lursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
🗌 In	ntensiveCare	Inpatient Beds	0	X	Anesthesia				
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	sychiatric lursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
	0bstetrical .nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	ntermediate Sare	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
S S	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this wilding		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:	04 Build	ling Name: Emergency Department Build	ding
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse N	lewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 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 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	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:	5 Build	ing Name: Lab E	Building		
Medical / Surgical (Inc	lude 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 Net	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	/born	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 / developi 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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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:	06	Building Nam	e: Surg	ery Building		
Medical / Surgical (In	clude GYN)	Acute	Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt O	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensi Nurser	ve Care Nev y	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabi Center	litation		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt O	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemic Depend			Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient 0 Days	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:	07	Building Name:		ICU/CCU Building		
Medical / Surgical (Ir	Acute R	espiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Nursery	e Care New	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabili Center	tation		Int. Care / develop Disabled	ment
Inpatient 34 Bed	Inpatient 68 Days	304 Inpatient Bed	0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemica Depende			Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0	Inpatient 0 Days	34	24

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Building Number:	08 Bu	Iding Name: 7A	Outpatient Surgery Cente	er	
Medical / Surgical (	Include GYN)	Acute Respirator	Acute Respiratory Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / 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 N 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 / 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	0	0