Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:1 of 41

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

Facility Number:	11295	
Facility Name:	Kaiser	Foundation Hospital - Hayward
Address:	27400	Hesperian Boulevard
City:	Haywai	rd .
Hospital Owner/Lic	censee:	Kaiser Foundation Hospital/#14000053
Year of Re	porting:	2011
Contact 1 e-mail A	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ad	ddress::	
Name of Su	bmitter:	RG Test
Submissio	n Date:	1/29/2012 3:00:00 PM

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:2 of 41

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	Clinic	27400 Hesperian Boulevard	Replace	SPC5	01/01/2015	01/01/2015
02	Hospital	27400 Hesperian Boulevard	Replace	SPC5	01/01/2015	01/01/2015
03	Clinic Addition	27400 Hesperian Boulevard	Replace	SPC5	01/01/2015	01/01/2015

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:3 of 41

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	Clinic	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
18186 IL080370	0 PPR HAYWARD REPLACEMENT 114-917- 03	02/27/2008 09/07/2010 07/14/2010 01/01/2015 OPEN No
Building No: 02	Hospital	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
18186 IL080370	0 PPR HAYWARD REPLACEMENT 114-917- 03	02/27/2008 09/07/2010 07/14/2010 01/01/2015 OPEN No
Building No: 03	Clinic Addition	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
18186 IL080370	0 PPR HAYWARD REPLACEMENT 114-917- 03	02/27/2008 09/07/2010 07/14/2010 01/01/2015 OPEN No

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:4 of 41

# Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Clinic				
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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:5 of 41

# Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02 Building Name: Hospital				
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	124 Inpatient 21128 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	16 Inpatient Days 2352	X 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	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  X Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:6 of 41

# 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: Clinic Addition		
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	X Clinical Lab	X 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	Central Plant

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:7 of 41

#### 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: Clinic	С			
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	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 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	

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:8 of 41

# 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: Hos	pital			
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric		
Inpatient 94 Bed	Inpatient 1611 Days 4	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing		
Inpatient 30 Bed	Inpatient 5515 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Ne Nursery	intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16 Bed	Inpatient 2352 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 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	140	140	

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:9 of 41

# 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: Clir	nic Addition			
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 / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:10 of 41

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	Clinic	
02	Hospital	
03	Clinic Addition	
04	Storeroom	П
05	West Wing Addition	П
06	Central Plant	П
07	East Wing, Low Rise	П
08	East Wing, Tower	П
09	Lobby	П
10	Hospital Addition	Ī
11	Pharmacy Addition	

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:11 of 41

# List ALL proposed new buildings to be constructd at this or another site.

Building Building Name Number		New Site	
N_1	Hospital 2500 Merced Street	X	

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:12 of 41

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 Building	y Name: Cl	linic				
Type of Service	Type of Service Provided						
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab				Outpatient
	escent	X	Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant
	Obstetrical		T Hamilaoodiloai			Ш	Contrar Flam
	Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services
	Intermediate Care						
	Cale	X	Administration				
	Skilled Nursing						

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:13 of 41

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:	Hospital					
Type of Service	e Provided							
			Surgica	ı 🗵		stetrical sarean/Deliv		Rehabilitation Therapy
X	Nursing	D	Anesthe	esia				
X	IntensiveCare	,	_			stetrical covery		Renal Dialysis
	Pediatric/Ado	,   L	Clinical	Lab	□ Now	vborn/	X	Outpatient Surgery
_	Dovahiatria		Radiolo			llBaby		Cargory
	Psychiatric Nursing	[	Pharma	aceutical	Eme	ergency		Central Plant
	Obstetrical Ante/Postprtu	m _	_		Nuc		X	Support
			Dietetic	-	Med	dicine		Services
	Intermediate Care		Adminis	stration				
	OLINA IN C			ou auon				
	Skilled Nursin	g I						

Report Year:	2011	11295	Kaiser Foundation Hospital - Hayward	Hayward	Page:14 of 41
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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	Building Name:	Clinic Addition		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
П	Pediatric/Adol		X Clinical Lab		Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	X Emergency	Central Plant
	Obstetrical Ante/Postprtu	m   _		Nuclear	Support
			Dietetic	Medicine	 Services
	Intermediate Care		Administration		
П	Skilled Nursin	g			

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:15 of 41

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: Clinic				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ding			
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		<b>-</b>		Ocatasi Diset
	ntermediate		Dietetic		Emergency	Ш	Central Plant
	Care				Nuclear Medicine		Support Services
	Skilled Nursing	X	Administration				

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:16 of 41

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 Numb	er: 02	Building Na	me: Hospital				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g			
Type of Ser	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency		Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year:	2011	11295	Kaiser Foundation Hospital - Hayward	Hayward	Page:17 of 41
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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:	: 03	Building Na	me: Clinic Addition			
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ing		
Type of Servi	ce Provided					
1	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
1 1	Pediatric/Adol escent	X	Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
I I	Obstetrical Ante/Postprtum		Pharmaceutical	□	F	Control Blant
	ntermediate		Dietetic	X	Emergency	Central Plant
	Care		Administration		Nuclear Medicine	Support Services
	Skilled Nursing		Auministration			

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:18 of 41

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:	04	Building Na	me: Storeroom				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ding			
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical		E		Octobel Blood
	ntermediate		Dietetic		Emergency		Central Plant
	care				Nuclear Medicine	X	Support Services
S	killed Nursing		Administration				

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:19 of 41

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:	05	Building Nar	me: West Wing Addition	on			
Configuration :	Replace with new S	SPC 5 and N	IPC 4 or NPC 5 building	g			
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic	_	Line.geney	_	Contract faint
	are tilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:20 of 41

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:	06	Building Na	me: Central Plant				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g			
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic		Linergeney		
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:21 of 41

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	Building Na	me: East Wing, Low	Rise			
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng			
Type of Servic	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic		Lineigency		Central Flant
	Care		Administration		Nuclear Medicine		Support Services
∐ S	skilled Nursing						

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:22 of 41

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	: 08	Building Na	me: East Wing, To	wer			
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ding			
Type of Servi	ce Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
l I	Obstetrical Ante/Postprtum		Pharmaceutical				Central Plant
	Intermediate		Dietetic	X	Emergency		Central Plant
	Care				Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:23 of 41

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:	09	Building Na	me: Lobby			
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ng		
Type of Service	e Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:24 of 41

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	er: 10	Building Na	me: Hospital Addition				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	9			
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:25 of 41

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: 11	Building Na	me: Pharmacy Additio	n		
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	9		
Type of Serv	ice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic		Lineigency	Central Flain
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:26 of 41

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: 0.									
Type of Service Provided									
Nursing	Inpatient Beds	0	Surgica	al Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesth	esia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiolo Imagin		Outpatient Surgery				
Obstetrical Ante/Postprtur	Inpatient n Beds	0	Pharma	aceutical Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetio	Nuclear Medicine	X Support Services				
Skilled Nursing	Inpatient Beds	0	Admini	stration					
Total Beds this Building	3	0							

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:27 of 41

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)

Build	ng Number: 05					
Тур	e of Service Prov	<u>rided</u>				
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	16	Anesthesia		
X	Pediatric/Adol escent	Inpatient Beds	20	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		36			

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:28 of 41

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 N	Number: 06									
Type of	Type of Service Provided									
Nu	ırsing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Inte	ensiveCare	Inpatient Beds	0		Anesthesia					
1 1	diatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	ychiatric ırsing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	ostetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant			
Inte	ermediate ire	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Ski	illed Nursing	Inpatient Beds	0		Administration					
_	tal Beds this ilding		0							

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:29 of 41

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

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:30 of 41

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: 08								
Type of Service Provided									
X	Nursing	Inpatient Beds	34		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
П	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	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		34						

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:31 of 41

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: 09									
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	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							

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:32 of 41

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: 10										
Type of Service Pro	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	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	Inpatient Beds	0	Administration							
Total Beds this Building		0								

Report Year: 2011 11295 Kaiser Foundation Hospital - Hayward Hayward Page:33 of 41

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: 11									
Тур	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		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	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							

Report Status: **Data Last Update**: 12/12/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:34 of 41

Building Number:	04	Building Name:	Storeroom				
Medical / Surgical (I	nclude GYN)	Acute Res	oiratory Care	Acute Ps	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled N	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		
Pediatric		intensive C Nursery	Care Newborn	Intermed	iate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		
Intensive Care		Rehabilitat Center	ion	Int. Care Disabled	/ development		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		
Coronary Care		Chemical Dependend	<b>с</b> у	Total Bed Building Unit			
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	0	0 0		

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:35 of 41

Building Number:	5 Build	ing Name:	st Wing Addition		
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 Ne Nursery	ewborn	Intermediate Card	
Inpatient 20 Bed	Inpatient 2638 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 16 Bed	Inpatient 4047 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	36	36

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:36 of 41

Building Number:	06 Bu	ilding Name: Cent	ral Plant		
Medical / Surgical (Include GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient O Inpatient Days	0
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds Building Pe Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:37 of 41

Building Number:	07 Build	ing Name: East	Wing, Low Rise		
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 Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0
Pediatric		intensive Care New Nursery	vborn	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 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

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:38 of 41

Building Number:	08 Build	ing Name: East	Wing, Tower		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 34 Bed	Inpatient 6931 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	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 0 Days	Inpatient 0 Bed	Inpatient 0 Days	34	34

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:39 of 41

Building Number:	09 <b>Bui</b>	ding Name: Lobby		
Medical / Surgical (Include GYN)		Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency	Total Beds this Building Per Unit Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	0 0	

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:40 of 41

Building Number:	10 Buil	ding Name: Hospital Addi	tion		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0 Inpat Bed	tient 0 Inpatient Days	0
Perinatal (excluse Newborn / GYN)		Burn	Skill	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0 Inpar Bed	tient 0 Inpatient Days	0
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0 Inpai Bed	tient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0 Inpai	tient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		al Beds this Total Bed ding Per Building Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0	0	0

2011

11295

Kaiser Foundation Hospital - Hayward

Hayward

Page:41 of 41

Building Number: 1	1 Build	ing Name: Phar	macy Addition		
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