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

Facility Number:	11321
Facility Name:	Kindred Hospital - San Francisco Bay Area
Address:	2800 Benedict Drive
City:	San Leandro
Hospital Owner/Lic	ensee: THC-Orange County, Inc
Year of Rep	porting: 2011
Contact 1 e-mail Ac	ddress:
Contact 2 e-mail Ac	ddress:
Contact 3 e-mail Ad	ldress::
Name of Sub	omitter: Kindred Hospital - SFBA
Submission	n Date: 1/29/2012 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	ne Alternate Building Address		Final SPC Rati If Required	ng Extension Date	Anticipated Completion Date
01	Original Building	2800 Benedict Drive	Retrofit	SPC2	01/01/2013	12/01/2012

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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	y No: 01	Original Building	Retrofit/Replacement Yes-Submitted Project:
Facility Number	Project Sub Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11321	GS012241	0 Annual Permit Master Record	08/29/2001 09/17/2001 06/01/2005 CLSD No
11321	HS082449	0 SPC-2 UPGRADE/ SB 1661	12/31/2008 12/21/2010 01/31/2012 12/31/2012 OPEN No

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

Building Number: 01 Building Name: Original Building										
Type of Service Provided										
X Nursing	Inpatient Beds	89 Inpatient 17519 Days	X Surgical	Obstetrical Recovery						
X IntensiveCare	Inpatient Beds	10 Inpatient Days 2070	X 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	Nuclear Medicine						
Obstetrical Ante/Postprtui	Inpatient n Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis						
Skilled Nursing	g Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery						
		Total Beds this Building	Cesarean/Deliv	X Central Plant						

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01 E	Building Name: Origi	inal Building		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 89 Bed	Inpatient 1751 Days 9	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	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	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 / developr Disabled	nent
Inpatient 10 Bed	Inpatient 2070 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	99	99

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building	
02	Outpatient Diag. & Treat. Center	
03	Boiler Enclosure	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Oı	riginal Building			
Type of Service	e Provided		<	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		<	Anesthesia	Obstetrical	X	Renal Dialysis
[X]	IntensiveCare Pediatric/Adol	l x	(Clinical Lab	Recovery		Outpatient
	escent Psychiatric			Radiological/ Imaging	Newborn/ WellBaby		Surgery
_	Nursing Obstetrical	×	<	Pharmaceutical	Emergency	X	Central Plant
	Ante/Postprtur	m x	<	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	×	<	Administration			
	Skilled Nursing	g					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	ilding Number: 01 Building Name: Original Building								
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	C 4 or NPC	5				
Type of Serv	ice Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis		
	Pediatric/Adol escent	Х	Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emorgonov	X	Central Plant		
	Intermediate	X	Dietetic		Emergency		Central Flant		
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	umber: 02 Building Name: Outpatient Diag. & Treat. Center									
Configuration Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service	e Provided									
	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
Ir	ntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis			
1 1	Pediatric/Adol scent		Clinical Lab		Recovery					
	Psychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	ntermediate		Dietetic	_		<u></u>				
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 03	Building Na	me: Boiler Enclosure				
Configuration:	Retrofit Conforming	g building to	NPC 4 or NPC 5				
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
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic	_	Linesgeney		Contract land
	Care Skilled Nursing		Administration		Nuclear Medicine	X	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)

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Building Number	er: 02 Buildir	ng Name: Ou	itpatient Dia	g. & Treat. Center						
Type of Service Provided										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy				
Intensive	eCare Inpatient Beds	0		Anesthesia						
Pediatric escent	:/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Renal Dialysis				
Psychiat Nursing	ric Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetric Ante/Pos	•	0		Pharmaceutical	Emergency	X Central Plant				
Intermed Care	liate Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services				
Skilled N	lursing Inpatient Beds	0	X	Administration						
Total Be Building	ds this	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)

Build	ing Number: 03								
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	X 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 Status: **Data Last Update**: 01/09/2012 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:46 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:	02 Buil	ding Name: Outp	atient Diag. & Treat. Cen	ter		
Medical / Surgical (In	clude 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	ewborn / 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	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	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:	03 Build	ling Name: Boile	er Enclosure			
Medical / Surgical (I	nclude 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 N	ewborn / 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 / 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	0	0	