Report rear. $ 201$	Report Year:	2012
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2 10797

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

Facility Name: Kaiser Foundation Hospital - Redwood City Address: 1150 Veterans Boulevard City: Redwood City Hospital Owner/Licensee: Kaiser Foundation Hospital/ #220000021 Year of Reporting: 2012 Contact 1 e-mail Address:	Facility Number:	10797		
City: Redwood City Hospital Owner/Licensee: Kaiser Foundation Hospital/ #220000021 Year of Reporting: 2012 Contact 1 e-mail Address:	Facility Name:	Kaiser	Foundation Hospital - Redwood City	
Hospital Owner/Licensee: Kaiser Foundation Hospital/ #22000021 Year of Reporting: 2012 Contact 1 e-mail Address:	Address:	1150 V	eterans Boulevard	
Year of Reporting: 2012 Contact 1 e-mail Address:	City:	Redwo	Redwood City	
Contact 1 e-mail Address: Contact 2 e-mail Address: Contact 3 e-mail Address:: Name of Submitter: Robert Serafin	Hospital Owner/Lice	ensee:	Kaiser Foundation Hospital/ #220	0000021
Contact 2 e-mail Address: Contact 3 e-mail Address:: Name of Submitter: Robert Serafin	Year of Repo	orting:	2012	
Contact 3 e-mail Address:: Name of Submitter: Robert Serafin	Contact 1 e-mail Ad	dress:		
Name of Submitter: Robert Serafin	Contact 2 e-mail Ad	dress:		
	Contact 3 e-mail Add	dress::		
Submission Date: 1/3/2013 12:10:58 PM	Name of Sub	mitter:	Robert Serafin	
	Submission	Date:	1/3/2	013 12:10:58 PM

Report Year: 2012 10797 Kaiser Foundation Hospital - Redwood City		Redwood City	Page:2 of 19
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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, 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
BLD- 00844	Hospital	1150 Veterans Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD- 00845	Service Building 3	1150 Veterans Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015

	ement, provide the project numbers, per Section $130061(c)(1)(C)$. The letion date or dates per Section $130061(c)(1)(D)$ and the most recent
Building No: BLD-00844 Hospital	Retrofit/Replacement Yes-Submitted
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEC in Date Date Revi
10797 IS081979-0 0 PPR- REPLACEMENT HOSPITAL	11/5/2008 01/01/2010 12/31/2013 ACTI No 12:00:00 AM
Building No: BLD-00845 Service Building 3	Retrofit/Replacement Yes-Submitted
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEC in Date Date Revi
10797 IS081979-0 0 PPR- REPLACEMENT HOSPITAL	11/5/2008 01/01/2010 ACTI No 12:00:00 AM

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)				
Building Number: BL	.D-00844	Building Name:	Hospital	
Type of Service Prov	<u>vided</u>			
X Nursing	Inpatient Beds	203 Inpatient 23945 Days	X Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	10 Inpatient Days 3050	X Anesthesia	X 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	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical	X 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	X Outpatient Surgery
		Total Beds this 213 Building		Central Plant

Report	Year:	
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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: **BLD-00845 Building Name:** Service Building 3 **Type of Service Provided Obstetrical** Surgical 0 Nursing Inpatient 0 Inpatient Recovery Beds Days Newborn/ IntensiveCare Inpatient 0 **Inpatient Days** 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Inpatient Days 0 Psychiatric Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation Inpatient Days 0 Inpatient **Obstetrical** 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Intermediate Inpatient Days Inpatient 0 0 Care Beds Outpatient X Support Services Surgery Skilled Nursing Inpatient 0 Inpatient Days 0 Beds Obstetrical Total Beds this 0 Cesarean/Deliv Central Plant Building

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

Building Number:	BLD-00844	Building Name: Hos	pital		
Medical / Surgical ((Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 175 Bed	Inpatient 2394 Days 5	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 24 Bed	Inpatient 2975 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 4 Bed	Inpatient 815 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 10 Bed	Inpatient 3050 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	213	213

Report Year:	20
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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:	BLD-00845	Building Name:	vice Building 3		
Medical / Surgical	(Include GYN)	Acute Respiratory	v 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	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

Report Year:	2012
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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 / Replaced / Rebuilt
BLD-00844	Hospital	Rebuild
BLD-00845	Service Building 3	Rebuild

Report Status: Data Last Update: 12/26/2012 Submission Date: 01/03/2013 Print Date: 1/4/2013 6:25 AM

Report Year:	2012 10797	Kaiser Foundation Hospital - Redwood City	Redwood City	Page:9 of 19

Report Year:	2012 10797	Kaiser Foundation Hospital - Redwood City]	Redwood City	Page:10 of 19
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

Building Number: Building Name: Hospital Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Nursing N/A
Building BLD-00844 Building Name: Hospital Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Intensive Care N/A
Building BLD-00844 Building Name: Hospital Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Surgical N/A
Building BLD-00844 Building Name: Hospital Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Anesthesia N/A

Report Year: 2012 10797 Kaiser Foundat	ion Hospital - Redwood City	Redwood City	P	Page:11 of 19
Building BLD-00844 Building Name: Hosp Number: Will general acutr care services and beds will be relocate ClinicalLab N/A		building?		
Building BLD-00844 Building Name: Hosp Number: Will general acutr care services and beds will be relocate Radiological/Imaging N/A		building?]		
Building BLD-00844 Building Name: Hosp Number: Will general acutr care services and beds will be relocate Pharmaceutical N/A		building?]		
Building BLD-00844 Building Name: Hosp Number: Will general acutr care services and beds will be relocate Administration N/A		building?]		

Report Year: 2012 10797 Kaiser Foundation Hospital - Redwood City	Redwood City	Page:12 of 19
Building Number: BLD-00844 Building Name: Hospital Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd be Support Services N/A	puilding?	
Building BLD-00844 Building Name: Hospital Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd be Obstetrical Recovery N/A	building?	
Building BLD-00844 Building Name: Hospital Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd be Newborn/Well Baby N/A	building?	
Building BLD-00844 Building Name: Hospital Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd be Emergency N/A	ouilding?	

Report Year: 2012 10797 Kaiser Foundation Hospital - Redwood City	Redwood City	Page:13 of 19
Building Number: Building Name: Hospital Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Nuclear Medicine N/A	building?	
Building BLD-00844 Building Name: Hospital Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Rehabilitation N/A Therapy N/A	building?	
Building Number: BLD-00844 Building Name: Hospital Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd OutpatientSurgery N/A	building?	
Building BLD-00844 Building Name: Hospital Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Medical/Surgical N/A (Include GYN) N/A	building?	

Report Year: 2012 10797 Kaiser Foundation	Hospital - Redwood City	Redwood City	Page:14 of 19
Building Number: BLD-00844 Building Name: Hospita Will general acutr care services and beds will be relocated Perinatal (exclude Newborn / GYN)) N/A		building?	
Building BLD-00844 Building Name: Hospita Number: Will general acutr care services and beds will be relocated Intensive Care N/A		building?	
Building BLD-00844 Building Name: Hospita Number: Will general acutr care services and beds will be relocated Intensive Care N/A Newborn Nursery N/A		building?	
Building BLD-00845 Building Name: Service Number: Will general acutr care services and beds will be relocated Support Services N/A	e Building 3 to a new, Existing or retrofittrd	building?	

Report Year:	2012
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Redwood City

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:	BLD-00844 Buildin	g Name: Hospital					
Type of Service Provided							
		X Surgical	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy		
X	Nursing	X Anesthesia	_				
X	IntensiveCare		X Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent	X Clinical Lab		X	Outpatient Surgery		
		X Radiological/ Imaging	X Newborn/ WellBaby		Surgery		
	Psychiatric Nursing	X Pharmaceutical	X Emergency		Central Plant		
	Obstetrical Ante/Postprtum	Dietetic	X Nuclear Medicine	X	Support Services		
	Intermediate Care	X Administration					
	Skilled Nursing						

Report Status: Data Last Update: 12/26/2012

Report Year:	2012
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Redwood City

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:	BLD-00845 Buildin	g Name: Service Building 3			
Type of Servic	e Provided	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesthesia	_		Renal Dialysis
	IntensiveCare		Obstetrical Recovery		Kenai Diarysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing	Radiological/ Imaging	Weildaby		
	Nursing	Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	Administration			
	Skilled Nursing				

Report Year:	2012 107	797	Kaiser Foundation Hospital - Redwood City		Redwood City	Page:17 of 19
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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	r: BLD-00844	Building Na	me: Hospital				
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.							
Type of Service Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	x	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical	X	Pharmaceutical				
	Ante/Postprtum			X	Emergency		Central Plant
	Intermediate		Dietetic				
	Care			X	Nuclear Medicine	Х	Support Services
	Skilled Nursing	X	Administration				3 EI VICES

Report Status: Data Last Update: 12/26/2012

Submission Date: 01/03/2013

Report Year:	2012 10797	Kaiser Foundation Hospital - Redwood City] [Redwood City	Page:18 of 19
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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:	BLD-00845	Building Nar	me: Service Building 3				
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.							
Type of Service Provided							
	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical		Pharmaceutical				
	Ante/Postprtum				Emergency		Central Plant
In	termediate		Dietetic				
Ca	Care				Nuclear Medicine	Х	Support Services
Sł	killed Nursing		Administration				

Report Status: Data Last Update: 12/26/2012

Report Year:	2012 107	797	Kaiser Foundation Hospital - Redwood City		Redwood City	Page:19 of 19
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