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

Facility Number:	11098
Facility Name:	Kindred Hospital Modesto
Address:	730 17th Street
City:	Modesto
Hospital Owner/Lice Year of Repo Contact 1 e-mail Ado Contact 2 e-mail Ado	orting: 2012 dress:
Contact 3 e-mail Add	
Name of Sub	mitter: William Alexander, Architect
Submission	Date: 1/10/2013 2:49:06 PM

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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	ng Name Alternate Building Address Resolution		Final SPC Rating If Required	Extension Date	Anticipated Completion Date	
BLD- 01551	Orig Hospital Bldg & Add - Bldg III	730 17th Street	Retrofit	SPC2	01/01/2019	12/15/2018	
BLD- 03534	Building II	730 17th Street	Retrofit	SPC2	01/01/2016	12/15/2015	

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For each building which is planned for rebuild, retrofit 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: BLD-01557		Orig Hospital Bldg & Add - Bldg III			Retrofit/ Project:	Replacem	nent Hazı	us-Submi	tted
Facility <u>Number</u>	Project Sub Number Num		Scope	Date Pl in		pproved F Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11098	GS042835- 1	0		3/22/20 12:00:0		3/22/2005 12:00:00 AM		05	CLOS	No
11098	SS013209-0	0		12/8/20 12:00:	-	1/8/2002 12:00:00 AM			CLOS	No

Building	No: BLD-03534		Building II		Retrofi Project	t/Replacem t:	ient [Hazus-Submi	tted
Facility <u>Number</u>	Project Sub Number Num		Scope	Date Plan in	Approved Date	Proj. Start Date	Proj. Complet Date	ed Status	CEQA Review
11098	GS042835- 1	0		3/22/2005 12:00:00 AM	3/22/200 12:00:0 A		05	CLOS	No
11098	SS013209-0	0		12/8/2001 12:00:00 AM	1/8/200 12:00:0 A			CLOS	No

Provide the number of	f inpaient be	ds and patient days pe	er type of se	vice per building p	per Section 130061(c)(1)(F)
Building Number: BL	.D-01551	Building N	Name:	Orig Hospital Bld	lg & Add - Bldg III	
Type of Service Prov	<u>vided</u>					
X Nursing	Inpatient Beds	11 Inpatient Days	561	Surgica	al	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Day	s 0	Anesthe	esia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Da	ys 0	Clinical	Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Da	ys 0	Radiolo Imaging		Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Da	ys 0	Pharma	ceutical X	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Da	ys 0	X Adminis		Renal Dialysis
X Skilled Nursing	Inpatient Beds	23 Inpatient Da	ys 5957	X Support Service	s L	Outpatient Surgery
	2000	Total Beds this Building	34	Benchmark Cesare	an/Deliv	Central Plant

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2012

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: BLD-03534 **Building Name: Building II Type of Service Provided Obstetrical** X Surgical 459 Nursing Inpatient 9 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 Х Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration Intermediate Inpatient Days Inpatient 0 0 Care Beds Outpatient X Support Services Surgery Х Skilled Nursing Inpatient 20 Inpatient Days 5180 Beds Obstetrical Total Beds this 29 Cesarean/Deliv Central Plant Building

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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-01551	Building Name: Orig	Hospital Bldg & Add - Bld	g III	
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 23 Bed	Inpatient 5957 Days
Pediatric		intensive Care New 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	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 11 Bed	Inpatient 561 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	34	34

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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-03534	Building Name: Building II										
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric									
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days									
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing									
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 20 Inpatient 5180 Bed Days									
Pediatric	intensive Care Newborn Nursery	Intermediate Card									
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days									
Intensive Care	Rehabilitation Center	Int. Care / development Disabled									
Inpatient 0 Inpatient 0 Bed Days	Inpatient 9 Inpatient 459 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 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	29 29									

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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-01551	Orig Hospital Bldg & Add - Bldg III	Retrofit
BLD-01552	1978 Hospital Building - Bldg I	Remain
BLD-03534	Building II	Retrofit

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Den ent environment				
SPC-1 per Section		patient service that is provide	u ili aliy genalal acule care i	iospital building that is i
Building Number:	BLD-01551 Building	g Name: Orig Hospital Bldg &	Add - Bldg III	
Type of Servic	e Provided			_
		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	Nursing	Anesthesia		
	IntensiveCare		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	Clinical Lab	_	Outpatient
	escent	Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central Plant
	Obstetrical	Pharmaceuticar		
	Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Services
	Intermediate Care			
	ouro	X Administration		

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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:	BLD-03534 Buildin	g Name: Building II										
Type of Service Provided												
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy							
X	Nursing	Anesthesia										
	IntensiveCare		Obstetrical Recovery		Renal Dialysis							
	Pediatric/Adol	Clinical Lab	_		Outpatient							
	escent	Radiological/	Newborn/ WellBaby		Surgery							
	Psychiatric Nursing											
_		Pharmaceutical	Emergency		Central Plant							
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X	Support Services							
	Intermediate Care	Administration										
X	Skilled Nursing											

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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-01551	Building Nar	me: Orig Hospital Bldg	& Add -	Bldg III					
Configuration:	Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5									
Type of Servio	ce Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical		Pharmaceutical							
	Ante/Postprtum				Emergency		Central Plant			
	ntermediate	X	Dietetic							
(Care				Nuclear Medicine	Х	Support Services			
X s	Skilled Nursing	X	Administration							

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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	er: BLD-01552	Building Na	me: 1978 Hospital Buil	lding - Bl	dg l					
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5										
Type of Serv	vice Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis			
	Pediatric/Adol escent	X	Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical	Х	Pharmaceutical							
	Ante/Postprtum				Emergency	Х	Central Plant			
	Intermediate		Dietetic	_		_				
	Care				Nuclear Medicine	Х	Support Services			
X	Skilled Nursing		Administration							

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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	er: BLD-03534	Building Na	me: Building II						
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5									
Type of Serv	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		Pharmaceutical						
	Ante/Postprtum				Emergency		Central Plant		
	Intermediate	X	Dietetic	_					
	Care				Nuclear Medicine	Х	Support Services		
X	Skilled Nursing		Administration						

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

Buildi	ng Number: BL	D-01552	Building Name	: 19	78 Hospital Building	· Bldg I		
Type of Service Provided								
Х	Nursing	Inpatient Beds	16		Surgical	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Х	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X	Support Services
X	Skilled Nursing	Inpatient Beds	21		Administration			
	Total Beds this Building		37					

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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: BLD-01552	Building Name:	1978 Hospital Building - Bldg	j l				
Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric				
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 /s			
Perinatal (excluse Newborn / GYI	N) Burn		Skilled Nursing				
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 21 Inpa Bed Day	atient 5439 /s			
Pediatric	intensive Car Nursery	e Newborn	Intermediate Card				
Inpatient 0 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Day	atient 0 /s			

Rehabilitation

Center

Inpatient

Chemical

Inpatient

Bed

Dependency

Bed

0

0

Int. Care / development Disabled

Building Per

Unit

Total Beds t	his	Total B	eds this
Inpatient Bed	0	Inpatient Days	0
	-	• • •	

Total Beds this **Building Per** Service

0

0

Inpatient

Inpatient

Days

Days

Intensive Care

Coronary Care

Inpatient

Inpatient

Bed

Bed

Submission Date: 01/10/2013

Inpatient

Inpatient

Days

Days

816

0

16

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