Report Year: 2012	•
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San Leandro	)
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## Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11268	
Facility Name:	Alameda County Medical Center - Fairmont Campus	
Address:	15400 Foothill Boulevard	
City:	San Leandro	
Hospital Owner/Lic Year of Rep Contact 1 e-mail Ac Contact 2 e-mail Ac Contact 3 e-mail Ad Name of Sub	borting: 2012 ddress: ddress: dress::	
Submissior	n Date: 1/10/2013 12:59:00 PM	

	Report Year:	2012 11268	Alameda County Medical Center - Fairmont Campus	San Leandro	Page:2 of 12
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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- 01312	Building H	15400 Foothill Boulevard	Replace	SPC5	01/01/2020	01/01/2020

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		Campus		-

Report Year:	2012	
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11268

## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: BLD-01312 **Building H Building Name: Type of Service Provided** X **Obstetrical** 8112 Surgical Inpatient 50 Inpatient Nursing Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 0 Anesthesia WellBaby Beds Emergency **Clinical Lab** Inpatient Days 0 Pediatric/Adol Inpatient 0 escent Beds Nuclear Radiological/ Medicine Imaging Psychiatric Inpatient Days 0 Inpatient 0 Nursing Beds Pharmaceutical Rehabilitation X Obstetrical Inpatient **Inpatient Days** 0 0 Dietetic Therapy Ante/Postprtum Beds **Renal Dialysis** Administration X Inpatient **Inpatient Days** 0 Intermediate 0 Care Beds X Support Outpatient Services Surgery Inpatient Days Skilled Nursing Inpatient 0 0 Beds Obstetrical Total Beds this 50 Cesarean/Deliv **Central Plant** Building

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Provide the numb	er of Inpatient beds	s and patient days per type o	of unit per building	per Section 130061(c)(1)(F	)
Building Number:	BLD-01312	Building Name: Build	ding H		
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 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 / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 50 Bed	Inpatient 8112 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	50	50
-					

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Submission Date: 01/10/2013

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F	or all building	s at the facility, indic	cate which ones are scheduled for general ac	ute service removal.	
	Building Number	Building Name		Building to be Removed / Replaced / Rebuilt	
_	BLD-01312	Building H		Replace	_

port Year	r: 2012 112		meda County Medi npus	cal Center - Fair	mont San L	eandro		Page:7 of 12
The proje dates for The plane said uses	uilding or buildings ected date or dates replaced or rebuild ned uses of the bui s for replaced or reb tient service curren	the building v buildings as lding or buildi build buildings	vill be removed fror well. ngs to be removed as well.	n service per <mark>Se</mark> from acute care	ction 130061 (c)( service per Secti	2)(A) and provid on 130061(c)(2)		
Building I	Number: BLD-01	312	Building H			Removal Date:	01/01/2020	
Planned	Uses for the buildir	g to be remov	ved from acute care	e service:				
Planned	use for building:	Medical Office	Building	Jurisdiction:	Local Authority			
Innationt	services currently	dolivered in th	o building:					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilita Therapy	tion
	IntensiveCare		Anesthesia	_				
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dia	lysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Ľ	Outpatien Surgery	t
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergeney	Г	Central P	lant
	Intermediate Care		Dietetic		Emergency		_	
	Skilled Nursing	X	Administration		Nuclear Medicine	Þ	Support Services	
_	s: Data Last Upd	- 4 -		ission Date: 0		Print Date:	1/11/2013 6:2	

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		ervices and beds will be relocated to a new, existing the pulliding paralleling of the pulliding paralleling paralleling of the pulliding paralleling par		00004(a)

## corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E) Building BLD-01312 Building Name: Building H Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?

Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?					
Nursing Relocated to other building					
Building BLD-01312 Building Name: Building H					
Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?					
Administration Relocated to other building					
Building BLD-01312 Building Name: Building H					
Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?					
Support Services Relocated to other building					
Support Services					
Building BLD-01312 Building Name: Building H					
Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?					
Rehabilitation Relocated to other building					
Therapy					

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Building Number:       Building Name:       Building H         Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building?							
Rehabilitation Center	Relocated to other building						

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Report any gener SPC-1 per Section		npatient service that is provided i	n any genaral acute care h	ospital building that is rated
Building Number:	BLD-01312 Buildir	g Name: Building H		
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	L Surgery
	Psychiatric Nursing	Imaging	<u> </u>	_
_	-	Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services
	Intermediate Care	X Administration		
	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-01312 Building Name: Building H							
Configuration: Replace with existing SPC3, SPC4 or SPC			PC4 or SPC5 and N	NPC4 or NPC	5 building.		
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		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	X	Administration		Nuclear Medicine	X	Support Services

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