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

Facility Number:	10038	
Facility Name:	Doctors Medical Center - San Pablo Campus	
Address:	2000 Vale Road	
City:	San Pablo	
		_
Hospital Owner/Lic	censee: West Contra Costa Healthcare District	
Year of Rep	porting: 2013	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	ddress::	
Name of Sub	bmitter: Tony Leon	
Submission	n Date: 10/31/2013 11:49:53 AM	

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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.	<b>Building Name</b>	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00145	Main Building/Dining Room/Corridor	2000 Vale Road	Rebuild	SPC5	01/01/2020	12/31/2019

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

Building Number: Bl	_D-00145	Building Name:	Main Building/Dining Room/Core	ridor
Type of Service Prov	<u>vided</u>			
X Nursing	Inpatient Beds	154 Inpatient 22897 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	12 Inpatient Days 1589	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	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		otal Beds this uilding		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: BLI	D-00145 Buildir	ng Name: Main	Building/Dining Room/Cor	ridor	
Medical / Surgical (Inclu	ude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 154 Inpa Bed Day		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newb	oorn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpa		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Inpa		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 12 Inpar Bed 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 Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	166	166

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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-00145	Main Building/Dining Room/Corridor	Rebuild
BLD-00146	Boiler Room/Additions	Remain
BLD-00147	Laboratory	Remain
BLD-00148	Southwest Addition/Cobalt Therapy	Remain
BLD-00149	East Addition	Remain
BLD-00150	Generator Building	Remain
BLD-02725	West Wing Addition	Remain

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

Building Number	Building Name	New Site	
N_1	New Building		

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building	Number: BLD-0014	5	Main Buil	ding/Dining Room	/Corridor	Removal Date:	[	12/31/2019	
Planned Uses for the building to be removed from acute care service:  Planned use for building: Medical Office Building Jurisdiction: Local Authority									
Inpatient	services currently deli	vered in th	e building:		0			<b>5</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy	
X	IntensiveCare		Anesthesia						
	Pediatric/Adol escent		Clinical Lab	Ш	Obstetrical Recovery		X	Renal Dialysis	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical		·			Octobel Blood	
	Intermediate Care	X	Dietetic		Emergency			Central Plant	
	Skilled Nursing	X	Administration		Nuclear Medicine		X	Support Services	

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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 BL Number:	D-00145 Building Name:	Main Building/Dining Room/Corridor	
Will general acute car	re services and beds will be i	relocated to a new, Existing or retrofitte	ed building?
Nursing	Relocated to new building		
New Buildir	ng	RetroFitted Building	Other SPC2-SPC5 Building
N_1-New Building			
Building BL Number:	D-00145 Building Name:	Main Building/Dining Room/Corridor	
Will general acute car	e services and beds will be i	relocated to a new, Existing or retrofitte	ed building?
Intensive Care	Relocated to new building		
New Buildir	ng	RetroFitted Building	Other SPC2-SPC5 Building
N_1-New Building			
Building BL Number:	D-00145 Building Name:	Main Building/Dining Room/Corridor	
Will general acute car	e services and beds will be i	relocated to a new, Existing or retrofitte	ed building?
Radiological/Imaging	Relocated to new building		

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Building Number: Will general acute Pharmaceutical	BLD-00145 Building Name: Main Building/Dining Room/Corridor  care services and beds will be relocated to a new, Existing or retrofitted building?  Relocated to new building	
Building Number: Will general acute Dietetic	BLD-00145 Building Name: Main Building/Dining Room/Corridor  care services and beds will be relocated to a new, Existing or retrofitted building?  Relocated to new building	
Building Number: Will general acute Administration	BLD-00145 Building Name: Main Building/Dining Room/Corridor  care services and beds will be relocated to a new, Existing or retrofitted building?  Relocated to new building	
Building Number: Will general acute Support Services	BLD-00145 Building Name: Main Building/Dining Room/Corridor  care services and beds will be relocated to a new, Existing or retrofitted building?  Relocated to new building	

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Number:	LD-00145 Building Name are services and beds will be Relocated to new building	e relocated to a new, Existing or retrofitted	d building?	
Number:	LD-00145 Building Name are services and beds will be Relocated to new buildir	e relocated to a new, Existing or retrofitted	d building?	
Number:	LD-00145 Building Name are services and beds will be Relocated to new building	e relocated to a new, Existing or retrofitted	d building?	
Number:	LD-00145 Building Name are services and beds will be	: Main Building/Dining Room/Corridor e relocated to a new, Existing or retrofitted	d building?	

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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-00145	Building Name:	Main Buildin	g/Dining Room/Co	rridor			
Type of Service Provided  Surgical Obstetrical Rehabilitation								
X	Nursing		Surgical		Cesarean/Deliv		Therapy	
X	IntensiveCare		Anesthes	sia	Obstetrical Recovery	X	Renal Dialysis	
	Pediatric/Adol escent		Clinical L		Newborn/	X	Outpatient Surgery	
	Psychiatric Nursing	<u> </u>	Imaging	_	WellBaby			
	Obstetrical	<u> </u>	Pharmad	eutical	Emergency		Central Plant	
	Ante/Postprtum	×	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	×	Administ	ration				
	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	Building Number: BLD-00145 Building Name: Main Building/Dining Room/Corridor							
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new	SPC5 and N	IPC4 or NPC5 building.			
Type of Service Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant	
	Intermediate	X	Dietetic	<u></u>	Line/geney		Contain lan	
	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 Numbe	Building Number: BLD-00146 Building Name: Boiler Room/Additions										
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new	SPC5 and N	IPC4 or NPC5 building.						
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		Pharmaceutical		Emergency	X	Central Plant				
	Intermediate		Dietetic		Linergency		Contract land				
	Care Skilled Nursing		Administration		Nuclear Medicine		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:	BLD-00147	BLD-00147 Building Name: Laboratory										
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SF	PC5 and N	NPC4 or NPC5 building.							
Type of Service	e Provided											
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis					
	'ediatric/Adol scent	X	Clinical Lab		Recovery							
	Psychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant					
	ntermediate Care		Dietetic		Nuclear Medicine		Support					
	skilled Nursing		Administration		inuclear Medicine		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 Numbe	uilding Number: BLD-00148 Building Name: Southwest Addition/Cobalt Therapy										
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new S	PC5 and N	NPC4 or NPC5 building.						
Type of Serv	ice Provided										
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	IntensiveCare	X	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				

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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	r: BLD-00149	BLD-00149 Building Name: East Addition										
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new	SPC5 and N	NPC4 or NPC5 building.							
Type of Servi	ice Provided											
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol escent		Clinical Lab		Recovery							
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant					
	·		Dietetic		Linergency		Ociliai Flant					
	Intermediate Care				Nuclear Medicine	X	Support Services					
	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	ilding Number: BLD-00150 Building Name: Generator Building										
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new	SPC5 and N	IPC4 or NPC5 building.						
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		Pharmaceutical		Emergency	X	Central Plant				
	Intermediate		Dietetic		Lineigency		Contract				
	Care Skilled Nursing		Administration		Nuclear Medicine		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:	BLD-02725	BLD-02725 Building Name: West Wing Addition											
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new S	PC5 and N	IPC4 or NPC5 building.								
Type of Service	e Provided												
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis						
	rediatric/Adol scent		Clinical Lab		Recovery								
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery						
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant						
	ntermediate care		Dietetic										
	killed Nursing	X	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)

Building Number: BL	D-00146	Building N	lame: Bo	oiler Room/Additions		
Type of Service Prov	<u>/ided</u>					
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	Support Services
Skilled Nursing	Inpatient Beds	0		Administration		
Total Beds this Building		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)

Building Number: BL	D-00147	Building I	Name: Laboratory		
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X 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			

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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	Building Number: BLD-00148 Building Name: Southwest Addition/Cobalt Therapy									
Тур	e of Service Prov	<u>ided</u>								
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X	IntensiveCare	Inpatient Beds	7	X	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		7							

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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)

Building	g Number: BLD	)-00149	Building I	Name: Ea	st Addition						
Type o	Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X I	ntensiveCare	Inpatient Beds	16		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	X Emergency	Central Plant				
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Fotal Beds this Building		16								

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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)

Building Num	ber: BLD-	00150	Building Nam	e: Ge	enerator Building		
Type of Ser	vice Provid	<u>led</u>					
Nursin		Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensi		Inpatient Beds	0		Anesthesia		
Pediat escent		Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychi Nursin		Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstet Ante/P		Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
Interm Care		Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skilled		Inpatient Beds	0		Administration		
Total E Buildin	Beds 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)

Building Number: BL	.D-02725	Building N	lame: West W	ing Addition		
Type of Service Pro	<u>vided</u>					
Nursing	Inpatient Beds	0	Sur	gical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Ane	sthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clini	ical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Rad Imag	iological/ ging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pha	rmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Diet	etic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	X Adm	ninistration		
Total Beds this Building		0				

Report Status: **Data Last Update:** 10/31/2013 **Submission Date:** 10/31/2013 **Print Date:** 11/1/2013 1:50 PM

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Building Number:	BLD-00146	Building Name:	Boiler Room/Additions		
Medical / Surgical (Include GYN)		Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient (	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient ( Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric		Intensive Car Nursery	e Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care		Rehabilitatior Center	1	Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care		Chemical Dep	pendency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Bed	Inpatient (	Inpatient Bed	0 Inpatient 0 Days	Unit Service	

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Building Number:	BLD-00147	Building Name: Laboratory			
Medical / Surgical (Include GYN)		Acute Respiratory Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient (	Inpatient 0 Inpa Bed Days		Inpatient 0 Days	
Perinatal (Exclude N	lewborn / GYN)	Burn	Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient (	Inpatient 0 Inpa Bed Days		Inpatient 0 Days	
Pediatric		Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Inpa		Inpatient 0 Days	
Intensive Care		Rehabilitation Center	Int. Care / Develop Disabled	mentally	
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Inpa		Inpatient 0 Days	
Coronary Care		Chemical Dependency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient ( Days	Inpatient 0 Inpa Bed Days	tient 0 Unit	Service 0	

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Building Number:	BLD-00148	Building Name:	Southwest Addition/Cobalt T	herapy	
Medical / Surgical (Include GYN)		Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		Intensive Care Nursery	Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 7 Bed	Inpatient 927 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
<b>Coronary Care</b>		Chemical Depe	ndency	Total Beds this  Building Per  Building Per	
Inpatient 0 Bed	Inpatient C Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service 7	

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Building Number:	BLD-00149 <b>Bu</b>	Iding Name: East Addition			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days			Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)		Burn	;	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Bed Days			Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery	ı	Intermediate Care	
Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient Days			Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developm Disabled	nentally
Inpatient 16 Bed	Inpatient 2119 Days	Inpatient 0 Inpatient Days			Inpatient 0 Days
<b>Coronary Care</b>		Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatien Bed Days		Unit 16	Service 16

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Building Number:	BLD-00150	Building Na	ne: Gen	erator Building			
Medical / Surgical (Include GYN)		Acute	Acute Respiratory Care		Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN)		Burn	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		Inten Nurse	sive Care Nev ery	wborn	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Reha Cente	bilitation er		Int. Care / Develop Disabled	mentally	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
<b>Coronary Care</b>		Chen	ical Depende	ency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0 Inpati Bed	ent 0	Inpatient 0 Days	unit Unit	Service 0	

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Building Number:	BLD-02725	Building Name:	West Wing Addition			
Medical / Surgical (Include GYN)		Acute Resp	iratory Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		Intensive C Nursery	are Newborn	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitati Center	on	Int. Care / Developn Disabled	nentally	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
<b>Coronary Care</b>		Chemical D	ependency	Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit 0	Service 0	