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

Facility Number:	10797	
Facility Name:	Kaiser Foundation Hospital - Redwood City	
Address:	1150 Veterans Boulevard	
City:	Redwood City	
Hospital Owner/Lic	nsee: Kaiser Foundation Hospital/ #220000021	
Year of Rep	rting: 2013	
Contact 1 e-mail Ac	ress:	
Contact 2 e-mail Ac	ress:	
Contact 3 e-mail Ad	ess::	
Name of Sub	Robert Serafin	
Submission	Date: 12/10/2013 11:36:12 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.	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	01/01/2016	01/01/2015
BLD- 00845	Service Building 3	1150 Veterans Boulevard	Rebuild	SPC5	01/01/2016	01/01/2015

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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-00844 Hospital	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10797 IS081979-0 0 PPR- REPLACEMENT HOSPITAL	11/5/2008 01/01/2010 01/01/2015 ACTI No 12:00:00 AM
Building No: BLD-00845 Service Building 3	Retrofit/Replacement Yes-Submitted
	Project:
Facility Project Sub Scope Number Number Num	

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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-00844	Building Name:	Hospital	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient 175 Beds	Inpatient 22901 Days	X Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient 14 Beds	1 Inpatient Days 3789	X Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient C Beds	Inpatient Days 0	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient (	O Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient 2 <sup>2</sup> Beds	Inpatient Days 3385	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient (	Inpatient Days 0	<ul><li>X Administration</li><li>X Support</li></ul>	Renal Dialysis
Skilled Nursing	Beds	D Inpatient Days 0  Beds this 213	Services  Obstetrical	Surgery
	Buildi			Central Plant

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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: BLD-00845	Building Name:	Building Name: Service Building 3	
Type of Service Provided			
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical   Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
	Total Beds this Building 0	Cesarean/Deliv	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:	BLD-00844	Building Name: Hos	spital			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	Acute Psychiatric	
Inpatient 175 Bed	Inpatient 2290 Days 1	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 24 Bed	Inpatient 3385 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 4 Bed	Inpatient 790 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center			Int. Care / development Disabled	
Inpatient 10 Bed	Inpatient 2999 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	

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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:	Service Building 3			
Medical / Surgical (Include GYN)		Acute Respira	Acute Respiratory Care			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center	Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 Bed	0 Inpatient 0 Days	0	0	

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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

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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:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Nursing  N/A  N/A
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Intensive Care  N/A  Building Name: Hospital  Hospital  N/A
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Obstetrical Ante Postprtum  N/A  Building Name: Hospital  Hospital  Nobel N
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Surgical  N/A

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Building Number: Will general acu Anesthesia	BLD-00844 Building Name: te care services and beds will be	Hospital relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu ClinicalLab	BLD-00844 Building Name: te care services and beds will be	Hospital relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Radiological/Ima		Hospital relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Pharmaceutical	BLD-00844 Building Name: te care services and beds will be	Hospital relocated to a new, Existing or retrofitted	d building?	

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Building Number: Will general acu Dietetic	BLD-00844 Building Name: te care services and beds will be re	Hospital elocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Administration	BLD-00844 Building Name: te care services and beds will be re	Hospital elocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Support Service		Hospital elocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Obstetrical Reco		Hospital elocated to a new, Existing or retrofitted	d building?	

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Building Number: Will general acu Newborn/Well B		me: Hospital  Il be relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Emergency	BLD-00844 Building Nate care services and beds will N/A	me: Hospital  Il be relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Nuclear Medicin		me: Hospital  Il be relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Rehabilitation Therapy	BLD-00844 Building Nate care services and beds will N/A	me: Hospital  Il be relocated to a new, Existing or retrofitted	d building?	

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Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  OutpatientSurgery  N/A								
Building Number: Will general acu Medical/Surgica (Include GYN)		Name: Hospital will be relocated to a new, Existing or retrofitte	ed building?					
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Perinatal (exclude Newborn / GYN))								
Building Number: Will general acu Intensive Care	BLD-00844 Building te care services and beds	Name: Hospital will be relocated to a new, Existing or retrofitte	ed building?					

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Building Number: Hospital  Will general acute care services and beds will be relocated to a new, Existing or retrofitted build	ding?
Intensive Care Newborn Nursery	
Building Number: BLD-00845 Building Name: Service Building 3	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted build	ling?
Support Services N/A	

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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-00844 Bu	ilding Name:	Н	ospital					
Type of Service Provided									
			X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing		X	Anesthesia					
X	IntensiveCare				X	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol		X	Clinical Lab	_		Х	Outpatient	
	escent		X	Radiological/	X	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		<del></del> .	Imaging  Pharmaceutical		Emergency		Central Plant	
	Obstetrical		X	Pharmaceutical	X	Linergency		Central Plant	
X	Ante/Postprtum	[	X	Dietetic	X	Nuclear Medicine	X	Support Services	
	Intermediate								
Ш	Care		X	Administration					
	Skilled Nursing								

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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-00845	Building Name:	Service Building 3						
Type of Service Provided									
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		Anesthesia						
	IntensiveCare	e	_	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Ado escent		Clinical Lab			Outpatient			
			Radiological/ Imaging	Newborn/ WellBaby		Surgery			
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant			
П	Obstetrical			Nuclear		Support			
	Ante/Postprtum	ım [	Dietetic	Medicine	X	Services			
	Intermediate	_	_						
	Care		Administration						
	Skilled Nursin	ng							

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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-00844 Building Name: Hospital									
Configuration	: Rebuild (Per SB90	Definition for	Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.						
Type of Ser	vice 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		
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant		
	Intermediate	X	Dietetic	_	Linergency	_	Contract		
	Care Skilled Nursing	X	Administration	X	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: BLD-00845 Building Name: Service Building 3								
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Servi	ce 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	
I I	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

Report Status: **Data Last Update:** 12/10/2013 **Submission Date:** 12/10/2013 **Print Date:** 12/11/2013 1:50 PM

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