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

Facility Number:	11242	
Facility Name:	Children	's Hospital and Research Center at Oakland
Address:	747 52n	d Street
City:	Oakland	
Hospital Owner/Lice	ensee:	Childrens Hosp Med Ctr of No California
Year of Rep	orting:	2013
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Doug Nelson
Submission	Date:	12/16/2013 8:56:22 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- 01298	B/C Wing	747 52nd Street	Replace	SPC2	01/01/2019	12/31/2018
BLD- 01299	A/B Wing	747 52nd Street	Remove	N/A	01/01/2019	12/31/2018

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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-01298 B/C Wing	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope <u>Number Number Num</u>	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
11242 IS110643-0 0 BC HAZUS 2010 PROJECTS	4/6/2011 10/01/2016 12/31/2018 ACTI No 12:00:00 AM

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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-01298	Building Name:	B/C Wing	
Type of Service Provided			
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical Obstetrical Recovery	
IntensiveCare Inpatient	0 Inpatient Days 0	Anesthesia Newborn/ WellBaby	
Pediatric/Adol Inpatient escent Beds	9 Inpatient Days 2517	Clinical Lab Emergency	
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Nuclear Medicine	
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	X Pharmaceutical X Rehabilitation Therapy	'n
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration Renal Dialys	sis
Skilled Nursing Inpatient	0 Inpatient Days 0	X Support Outpatient Services Surgery	
	Total Beds this Building	Cesarean/Deliv Central Plant	ıt

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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-01299	Building Name:	A/B Wing	
Type of Service	Provided			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveC	are Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/A escent	dol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging Pharmaceutical	Nuclear Medicine
Obstetrical Ante/Postp	•	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy
Intermedia Care	te Inpatient Beds	0 Inpatient Days 0	X Administration Support	Renal Dialysis Outpatient
Skilled Nur	sing Inpatient Beds	0 Inpatient Days 0	Services Obstetrical	Surgery
		Total Beds this Building	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-01298	Building Name: B/C	Wing		
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 I	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 New Nursery	vborn	Intermediate Card	
Inpatient 9 Bed	Inpatient 2517 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 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	9	9

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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-01299	Building Name: A/B	Wing		
Medical / Surgical (Include GYN)	Acute Respiratory	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	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	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

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Name	Building to be Removed / Replaced / Rebuilt
Cardiac Cath Lab	Remain
Patient Tower	Remain
West Site Plant	Remain
Cafeteria Addition	Remain
Diagnostic & Treatment Building	Remain
B/C Wing	Replace
A/B Wing	Remove
Loading Dock	Remain
Western Expansion Building	Remain
	Name Cardiac Cath Lab Patient Tower West Site Plant Cafeteria Addition Diagnostic & Treatment Building B/C Wing A/B Wing Loading Dock

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 and	d 2012 for buildings to be removed from acute
Building Nrbr: BLD-01299 Building Name:	A/B Wing	Year of Information: 2010
<u>Unit Type</u>	lı	nformation Current As Of:
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days
Coronary Care Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit
		Total Beds this Building per Service

Report Year: 11242 Children's Hospital and Research Center at Oakland Page:12 of 43 2013 Oakland Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Building Nrbr: BLD-01299 A/B Wing 2011 **Building Name:** Year of Information: Information Current As Of: Unit Type

Acute Psychiatric Medical/Surgical (include GYN) **Acute Respiratory Care** ol Patient 0 0 Inpatient Patient Patient 0 Inpatient Inpatient Beds Days **Beds** Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient ol Patient 0 Inpatient Inpatient Patient 0 Inpatient 0 Days Beds Beds Days Beds Days **Intensive Care Newborn Nursery Pediatric Intermediate Care** Patient Inpatient Patient Inpatient 0 Inpatient 0 Patient 0 **Beds** Beds Beds Days Days Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center Patient 0 ol 0 Patient 0 0 0 Inpatient Inpatient Inpatient Patient **Beds** Days Beds Days **Beds** Days **Coronary Care Chemical Dependency Total Beds this** 0 ol Patient Patient 0 0 ol Inpatient Inpatient **Building per Unit Beds** Days Beds Days **Total Beds this** 0 **Building per Service**

Report Year: 11242 Children's Hospital and Research Center at Oakland Page:13 of 43 2013 Oakland Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Building Nrbr: BLD-01299 A/B Wing **Building Name:** Year of Information: 2012 Information Current As Of: Unit Type **Acute Respiratory Care Acute Psychiatric** Medical/Surgical (include GYN) ol Patient 0 0 Inpatient Patient Patient 0 Inpatient Inpatient Beds Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient ol Patient 0 Inpatient Inpatient Patient 0 Inpatient Beds Days Beds Days Beds Days **Intensive Care Newborn Nursery Pediatric Intermediate Care** Patient Inpatient Patient Inpatient 0 Inpatient 0 Patient 0 **Beds** Beds Beds Days Days Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center Patient 0 ol 0 Patient 0 0 0 Inpatient Inpatient Inpatient Patient Beds Days Beds Days **Beds** Days **Coronary Care Chemical Dependency Total Beds this** 0 ol Patient Patient 0 0 ol Inpatient Inpatient **Building per Unit Beds** Days Beds Days **Total Beds this** 0 **Building per Service**

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building Nrbr: BLD-01299 Building Name:	A/B Wing	Year of Information: 2010							
Type of Services Provided		Information Current As Of:							
Nursing Inpatient 0 Beds	Patient 0 Days	Surgical Obstetrical Rehabilitation Cesarean/Deliv Therapy							
IntensiveCare Inpatient 0 Beds	Patient 0 Days	Anesthesia Obstetrical Renal Dialysis							
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Days	Clinical Lab Recovery							
Psychiatric Inpatient 0 Nursing Beds	Patient 0 Days	Radiological/ Newborn/ Outpatient Surgery							
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days	Pharmaceutical Emergency Central Plant							
Intermediate Inpatient 0 Care Beds	Patient 0 Days	Dietetic Nuclear Support Medicine Services							
Skilled Nursing Inpatient 0 Beds	Patient 0 Days	X Administration							
Total Beds this Building per service	0								

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)											
Building Nrbr: BLD-01299 Building Name: A/B Wing Year of Information: 2011											
Type of Services Provided				Information Current As Of:	09/24/2013						
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesi	a Obstetrical	Renal Dialysis						
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical La	L Bosovory	Kenai biaiysis						
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiologic Imaging	cal/ Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmace	eutical Emergency	Central Plant						
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services						
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administra	ation							
Total Beds this B	suilding per service	0									

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)										
Building Nrbr: BLD-01299 Building Name: A/B Wing Year of Information: 2012										
Type of Services Provided				Information Current As Of:	09/24/2013					
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis					
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	L Bosovory	Kenai biaiysis					
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological Imaging	I/ Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceut	tical Emergency	Central Plant					
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administrati	on						
Total Beds this B	uilding per service	0								

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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? Pediatric Adolescent Removed from hospital services
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pharmaceutical Relocated to other building
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services Relocated to other building
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Rehabilitation Therapy Relocated to other building

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Building Number:	BLD-01298 Building Name: B/C Wing	
Will general ac	cute care services and beds will be relocated to a new, Existing or retrofitted building	?
Pediatric	Removed from hospital services	
	wner shall alsop report for each facility for which any buildings will be removed from a finpatient beds by type of unit and service per Section 130061(c)(3)	active care service, any net change
Building Number:	BLD-01299 Building Name: A/B Wing	
Will general ac	cute care services and beds will be relocated to a new, Existing or retrofitted building	?
Administration	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-01298	Building Name:	B/0	C Wing					
Type of Service	e Provided		_						
				Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	Nursing			Anesthesia			_		
	IntensiveCare		_		Ш	Obstetrical Recovery	Ш	Renal Dialysis	
X	Pediatric/Adol escent		╛	Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric			Radiological/ Imaging		WellBaby		3.7	
	Nursing	X		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtui	m				Nuclear	X	Support	
				Dietetic		Medicine		Services	
	Intermediate Care		7	Administration					
				AUTIIIIISII AIIOIT					
	Skilled Nursin	g l							

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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-01299	Building Name:	A/B Wing		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado		Clinical Lab		Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Support
	γ		Dietetic	Medicine	Services
	Intermediate Care	X	X Administration		
	Skilled Nursin	ıg			

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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-01293	Building Na	me: Cardiac Cath La	b		
Configuration:	N/A					
Type of Servi	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic			
	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	r: BLD-01294	Building Na	me: Patient Tower				
Configuration:	N/A						
Type of Serv	ice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic				22
	Care Skilled Nursing		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-01295	Building Na	me: West Site Plan	t			
Configuration:	N/A						
Type of Servi	ce Provided						
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		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
	ntermediate		Dietetic	Ш	Lineigency	Α.	Ochilari lan
	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-01296	Building Na	me: Cafeteria Addi	ition		
Configuration:	N/A					
Type of Service	e Provided					
	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency	Central Plant
	ntermediate Care	X	Dietetic		Nuclear Medicine	Support
	killed 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-01297 Building Name: Diagnostic & Treatment Building								
Configuration: N/A								
Type of Serv	rice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	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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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-01298 Building Name: B/C Wing									
Configuration:	Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building.								
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
X	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	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:	BLD-01299	Building Na	me: A/B Wing			
Configuration: N/A		- Bananig i ta	7,42,44119			
Type of Service						
Type of Service	Friovided					
☐ Nu	ursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab	Recovery	_	
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	_		
Au	ite/i Ostpitaili			Emergency		Central Plant
	termediate are		Dietetic			•
	killed Nursing	X	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-03121	Building Na	me: Loading Dock			
Configuration:	N/A					
Type of Service	ce Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		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
	ntermediate		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: BLD-05214 Building Name: Western Expansion Building]
Configuration:	N/A]
Type of Service	e Provided							_
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	termediate		Dietetic		s.geey		Contract	
	are killed Nursing		Administration		Nuclear Medicine		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: BLD-01293 Building Name: Cardiac Cath Lab									
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	X Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient n 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	ng Number: BLI	D-01294	Building I	Name: Pa	tient Tower				
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	24	X	Anesthesia				
X	Pediatric/Adol escent	Inpatient Beds	94		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		118						

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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-01295	Building N	Name: West Site Plant						
Type of Service Prov	Type of Service Provided								
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:	BLD-01296	Building N	Name: Cafeteria Addition					
Type of Service	Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCa	are Inpatient Beds	0	Anesthesia					
Pediatric/Adescent	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postpr	Inpatient rtum Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	e Inpatient Beds	0	X Dietetic	Nuclear Medicine	Support Services			
Skilled Nurs	sing Inpatient Beds	0	Administration					
Total Beds Building	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: BLD-01297 Building Name: Diagnostic & Treatment Building						
Type of Service	<u>Provided</u>					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X IntensiveCa	are Inpatient Beds	43		Anesthesia		
Pediatric/Ac escent	dol Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postpr	Inpatient tum Beds	0		Pharmaceutical	Emergency	Central Plant
Intermediate Care	e Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
Skilled Nurs	sing Inpatient Beds	0	X	Administration		
Total Beds t Building	this	43				

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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-03121	Building N	Name: Loading Dock		
Type of Service Prov	<u>vided</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	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X 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	g Number: BLD	D-05214	Building N	lame: We	estern Expansion Bu	ilding	
Type o	of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
_ lı	ntensiveCare	Inpatient Beds	0	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		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
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Fotal Beds this Building		0				

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Building Number:	BLD-01293	Building Name: Card	liac Cath Lab	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric		Intensive Care Nev Nursery	wborn	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care		Chemical Depende	ency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service

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Building Number:	BLD-01294 Build	ing Name: Patie	ent Tower	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Nev Nursery	vborn	Intermediate Care
Inpatient 82 Bed	Inpatient 24975 Days	Inpatient 24 Bed	Inpatient 4736 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 3055	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depende	ency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 118

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Building Number:	BLD-01295	Building Name:	est Site Plant	
Medical / Surgical (nclude GYN)	Acute Respirato	ry Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Nursery	lewborn	Intermediate Care
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Deper	ndency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 0

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Building Number:	BLD-01296 Buildi	ing Name: Cafe	teria Addition	
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Ne	wborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care New Nursery	vborn	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depende	ency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0

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Building Number:	BLD-01297 Bui	Iding Name: Diag	nostic & Treatment Build	ing
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care New Nursery	wborn	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 4506 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 23 Bed	Inpatient 5840 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depende	ency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 43 43

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Building Number:	BLD-03121	Building Name: Load	ding Dock	
Medical / Surgical (nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude I	Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Ne Nursery	wborn	Intermediate Care
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depend	ency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0

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Building Number:	BLD-05214 Build	ing Name: Wes	tern Expansion Building	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care New Nursery	wborn	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depende	ency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0