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

Facility Number:	11295	
Facility Name:	Kaiser Foundation Hospital - Hayward	
Address:	27400 Hesperian Boulevard	
City:	Hayward	
Hospital Owner/Lice	nsee: Kaiser Foundation Hospital/#14000053	
Year of Rep	orting: 2013	
Contact 1 e-mail Ac	dress:	
Contact 2 e-mail Ac	dress:	
Contact 3 e-mail Ad	lress::	
Name of Sub	mitter: Alan Burkett	
Submission	Date: 10/28/2013 10:03:55 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	g Extension Date	Anticipated Completion Date
BLD- 01320	Clinic	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD- 01321	Hospital	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD- 01322	Clinic Addition	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	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-01320 Clinic	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
18186 IL080370-0 0 PPR HAYWARD REPLACEMENT 114-917- 03	2/27/2008 07/14/2010 01/01/2015 ACTI No 12:00:00 AM
Building No: BLD-01321 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
18186 IL080370-0 0 PPR HAYWARD REPLACEMENT 114-917- 03	2/27/2008 07/14/2010 01/01/2015 ACTI No 12:00:00 AM
Building No: BLD-01322 Clinic Addition	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
18186 IL080370-0 0 PPR HAYWARD REPLACEMENT 114-917- 03	2/27/2008 07/14/2010 01/01/2015 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: BL	.D-01320		Building Na	me:	Clini	С	
Type of Service Prov	<u>rided</u>						_
Nursing	Inpatient Beds	0	Inpatient Days	0		Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0	Inpatient Days	0		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		Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0	Inpatient Days	0		X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0	Inpatient Days	0		Support Services  Obstetrical	Outpatient Surgery
		Total B Building	eds this	0		Cesarean/Deliv	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-01321	Building Name:	Hospital	
Type of Service Provided			
X Nursing Inpatient Beds	24 Inpatient 21825 Days	X Surgical	Obstetrical Recovery
X IntensiveCare Inpatient Beds	16 Inpatient Days 1347	X 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	X Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration  X Support	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0 al Beds this 140	X Support Services  X Obstetrical Cesarean/Deliv	Outpatient Surgery
	Iding	Cesaleal/Deliv	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-01322	Building Name:	Clinic Addition	
Type of Service Provided			
Nursing Inpatient Beds	0 Inpatient 0 Days	i i Surgical i i i	Obstetrical Recovery
IntensiveCare Inpatient Beds	0 Inpatient Days 0	I I I Anacthoria I I i	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	X Clinical Lab X E	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	1 1 1	Rehabilitation Гherapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	To the state of th	Renal Dialysis
Skilled Nursing Inpatient Beds	0 Inpatient Days 0		Outpatient Gurgery
	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-01320	Building Name: Clini	С		
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 l	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 / 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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## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	BLD-01321	Building Name: Hos	pital		
Medical / Surgical (	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 94 Bed	Inpatient 1610 Days 7	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 30 Bed	Inpatient 5718 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 16 Bed	Inpatient 1347 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn 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	140	140

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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-01322	Building Name: Clin	ic Addition		
Medical / Surgical (	Include GYN)	Acute Respiratory	<i>r</i> 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 / developr Disabled	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 Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01320	Clinic	Rebuild
BLD-01321	Hospital	Rebuild
BLD-01322	Clinic Addition	Rebuild
BLD-01323	Storeroom	Rebuild
BLD-01324	West Wing Addition	Rebuild
BLD-01325	Central Plant	Rebuild
BLD-01326	East Wing, Low Rise	Rebuild
BLD-01327	East Wing, Tower	Rebuild
BLD-01328	Lobby	Rebuild
BLD-01329	Hospital Addition	Rebuild
BLD-01330	Pharmacy Addition	Rebuild

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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	Hospital 2500 Merced Street	X	

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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?  Radiological/Imaging Relocated to new building
Building Number: BLD-01320 Building Name: Clinic
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Administration Relocated to new building
Building BLD-01321 Building Name: Hospital
Building BLD-01321 Building Name: Hospital Number:
Number:
Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Nursing  Relocated to new building  Building  BLD-01321  Building Name: Hospital
Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Nursing  Relocated to new building  Building Number:  Building Name: Hospital

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Building Number: Will general acu Surgical		Hospital located to a new, Existing or retrofitted	l building?			
Building Number: Will general acu Anesthesia		Hospital located to a new, Existing or retrofitted	l building?			
Building Number: Will general acu Pharmaceutical		Hospital located to a new, Existing or retrofitted	l building?			
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Support Services  Relocated to new building						

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Building Number: Will general acu Obstetrical Cesarean/Deliv	BLD-01321 Building Name: Hospital  Ite care services and beds will be relocated to a new, Existing or retrofitted building?  Relocated to new building					
Building Number: Will general acu OutpatientSurge	BLD-01321 Building Name: Hospital  Ite care services and beds will be relocated to a new, Existing or retrofitted building?  Relocated to new building					
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Medical/Surgical (Include GYN)  Relocated to new building						
Building Number: Will general acu Perinatal (exclud Newborn / GYN)						

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Building Number: Will general acu Intensive Care Newborn Nurser	Relocated to new building	Hospital relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu ClinicalLab	BLD-01322 Building Name: te care services and beds will be	Clinic Addition relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Emergency	BLD-01322 Building Name: te care services and beds will be	Clinic Addition relocated to a new, Existing or retrofitted	d building?	
Building Number: Will general acu Support Service		Storeroom relocated to a new, Existing or retrofitted	d building?	

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Building Number: Will general acu Intensive Care	BLD-01324 Building te care services and beds	Name: West Wing Addition  will be relocated to a new, Existing or retrofite	ed building?				
Building Number:  West Wing Addition  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Pediatric Adolescent  N/A							
Building Number:  West Wing Addition  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Pediatric  N/A							
Building Number: Will general acu Intensive Care	BLD-01324 Building te care services and beds	Name: West Wing Addition s will be relocated to a new, Existing or retrofit	ed building?				

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Building Number: Will general acu CentralPlant		Central Plant ocated to a new, Existing or retrofitted	I building?			
Building Number: Will general acu Rehabilitation Therapy		East Wing, Low Rise ocated to a new, Existing or retrofitted	I building?			
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 acu Obstetrical Ante Postprtum	te care services and beds will be rel	East Wing, Tower ocated to a new, Existing or retrofitted	I building?			

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Building Number: Will general acute Support Services	BLD-01327 Building Name:  care services and beds will be re	East Wing, Tower	d building?		
Building Number: Will general acute Obstetrical Recove		East Wing, Tower	d building?		
Building Number: Will general acute Emergency	BLD-01327 Building Name:  care services and beds will be re	East Wing, Tower	d building?		
Building Number: Will general acute Medical/Surgical (Include GYN)	BLD-01327 Building Name:  care services and beds will be re	East Wing, Tower	d building?		

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Building Number: Will general acu Perinatal (exclud Newborn / GYN)	te care services and bed	g Name: East Wing, Tower  ds will be relocated to a new, Existing or retr	ofitted building?			
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Support Services  N/A  BLD-01329  Building Name: Hospital Addition  Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?						
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Pharmaceutical  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-01320	Building Name:	Clinic		
Type of Servic	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare		_	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol	,   L	Clinical Lab	Newborn/	Outpatient Surgery
	Psychiatric		X Radiological/ Imaging	WellBaby	
	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [	Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		X Administration		
	Skilled Nursin	g			

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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-01321 Buildin	ng Name: Hospital							
Type of Service Provided									
_		X Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
X	Nursing	X Anesthesia		Renal Dialysis					
X	IntensiveCare		Obstetrical Recovery	Renai Dialysis					
	Pediatric/Adol escent	Clinical Lab	Newborn/	X Outpatient Surgery					
	Psychiatric	Radiological/ Imaging	WellBaby						
	Nursing	X Pharmaceutical	Emergency	Central Plant					
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services					
	Intermediate Care	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-01322	Building Name:	Clinic Addition							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare			Obstetrical Recovery		Renal Dialysis				
П	Pediatric/Ado escent	,   E	Clinical Lab	<b>—</b>		Outpatient				
			Radiological/ Imaging	Newborn/ WellBaby		Surgery				
	Psychiatric Nursing		Pharmaceutical	X Emergency		Central Plant				
	Obstetrical Ante/Postprtu	ım		Nuclear		Support				
	Ante/i ostpitu	""   [	Dietetic	Medicine		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	r: BLD-01320	Building Na	me: Clinic			
Configuration:	Rebuild (Per SB90	Definition fo	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	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic		Emergency	Contrain Tank
	Care Skilled 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 Numbe	er: BLD-01321	Building Na	me: Hospital					
Configuration:	Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.							
Type of Serv	vice Provided							
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Х	Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic					
	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	ling Number: BLD-01322 Building Name: Clinic Addition									
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	X	Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant			
	Intermediate		Dietetic		Linergency	_	Contrait lant			
	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-01323	Building Name: Storeroom								
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and 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		Clinical Lab		Recovery					
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate		Dietetic							
	are killed 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 Numbe	ilding Number: BLD-01324 Building Name: West Wing Addition									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Serv	vice Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
X	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	Intermediate		Dietetic		Linergency		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 Numbe	r: BLD-01325 Building Name: Central Plant								
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Serv	rice 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		Emergency		Contrair		
	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-01326 Building Name: East Wing, Low Rise									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service	e Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	termediate are		Dietetic							
	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	r: BLD-01327 Building Name: East Wing, Tower									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Servi	ice Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
1, , 1	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant			
	Intermediate		Dietetic				ooman lan			
	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-01328	Building Name: Lobby								
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 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		Central Plant			
	Intermediate		Dietetic		Emergency		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-01329	1329 Building Name: Hospital Addition								
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and 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		Clinical Lab		Recovery					
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate		Dietetic							
	are killed 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-01330 Building Name: Pharmacy Addition									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Servic	e Provided									
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum	X	Pharmaceutical		Emergency		Central Plant			
	itermediate		Dietetic							
	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: BL	D-01323	Building N	Name: Storeroom					
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	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 N	Building Number: BLD-01324 Building Name: West Wing Addition									
Type of	Type of Service Provided									
Nu	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X Inte	ensiveCare	Inpatient Beds	16		Anesthesia					
1571	ediatric/Adol cent	Inpatient Beds	20		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	ostetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
Inte	ermediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Sk	tilled Nursing	Inpatient Beds	0		Administration					
	otal Beds this uilding		36							

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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-01325	Building N	Name: Central Plant				
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveC	Care Inpatient Beds	0	Anesthesia				
Pediatric//	Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric	c Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrica Ante/Post		0	Pharmaceutical	Emergency	X Central Plant		
Intermedia Care	ate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nu	rsing Inpatient Beds	0	Administration				
Total Beds Building	s 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-01326	Building N	Name: East Wing, Low Rise						
Type of Service Prov	Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X 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	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-01327 Building Name: East Wing, To								
Type of Service Provided								
X	Nursing	Inpatient Beds	34		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
X	Obstetrical Ante/Postprtum	Inpatient Beds	3		Pharmaceutical	X Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		37					

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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 Numb	per: BLD-01328	Building N	lame: Lob	bby		
Type of Serv	rice Provided					
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensiv	reCare Inpatient Beds	0		Anesthesia		
Pediatri escent	c/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychia Nursing		0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetr Ante/Po	ical Inpatient estprtum Beds	0		Pharmaceutical	Emergency	Central Plant
Interme Care	diate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skilled	Nursing Inpatient Beds	0		Administration		
Total Bo 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-01329	Building N	Name: Hospital Addition						
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	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 N	Building Number: BLD-01330 Building Name: Pharmacy Addition									
Type of	Type of Service Provided									
Nu	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Into	ensiveCare	Inpatient Beds	0		Anesthesia					
1 1	ediatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	sychiatric ursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	ostetrical nte/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant			
Into	ermediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Sk	tilled Nursing	Inpatient Beds	0		Administration					
	otal Beds this uilding		0							

Report Status: **Data Last Update:** 10/24/2013 **Submission Date:** 10/28/2013 **Print Date:** 10/29/2013 1:50 PM

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Building Number:	BLD-01323	Building Name:	Storeroom	
Medical / Surgical (In	clude GYN)	Acute Respira	tory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude No	ewborn / 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 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
<b>Coronary Care</b>		Chemical Dep	endency	Total Beds this  Building Per  Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service 0

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Building Number:	BLD-01324	Building Name:	West Wing Add	ition		
Medical / Surgical (I	nclude GYN)	Acute Res	piratory Care	,	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		npatient 0	Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn		5	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	· • •	npatient 0	Inpatient 0
Pediatric		Intensive C Nursery	Care Newborn	ı	ntermediate Care	
Inpatient 20 Bed	Inpatient 1 Days	582 Inpatient Bed	0 Inpatient Days	1 71	npatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitat Center	ion		nt. Care / Developr Disabled	nentally
Inpatient 16 Bed	Inpatient 4 Days	Inpatient Bed	0 Inpatient Days		npatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical I	Dependency		Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		Unit 36	Service 36

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Building Number:	BLD-01325 <b>Buil</b>	ding Name: Central	al Plant		
Medical / Surgical (I	nclude GYN)	Acute Respiratory C	are	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		Intensive Care Newb Nursery	oorn	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependent	су	Total Beds this Building Per Total Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Unit Service 0	

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Building Number:	BLD-01326 Build	ing Name: East Wing, I	Low Rise		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	ent 0	Inpatient 0	Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	ent 0	Inpatient 0	Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	ent 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Develope Disabled	nentally
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	ent 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	ent 0	Unit 0	Service 0

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Building Number:	BLD-01327 Build	ling Name: East	t Wing, Tower		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 34 Bed	Inpatient 6790 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 3 Bed	Inpatient 565 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	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 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care C		Chemical Dependency		Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 37	

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Building Number:	BLD-01328	Building Name	e: Lobby	,			
Medical / Surgical (Include GYN)		Acute I	Respiratory C	Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN)		Burn			Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	ont 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	
Pediatric		Intensi Nurser	ve Care Newl y	born	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabi Center	litation		Int. Care / Develop Disabled	mentally	
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care			Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0 Inpatier Bed	nt 0	Inpatient 0 Days	Unit 0	Service 0	

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Building Number:	BLD-01329 Build	ling Name: Hospital Addi	tion		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days		npatient 0	Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days		npatient 0	Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery	Ir	ntermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days		npatient 0	Inpatient 0 Days
Intensive Care		Rehabilitation Center		nt. Care / Developn Disabled	nentally
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days		npatient 0	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	u	Jnit 0	Service 0

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Building Number:	BLD-01330	Building Na	me: Pha	rmacy Addition			
Medical / Surgical (Include GYN)		Acut	e Respiratory	Care	Acute Psychiatric	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (Exclude Newborn / GYN)		Burr	Burn		Skilled Nursing	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		Inter Nurs	isive Care Ne ery	wborn	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Reha Cent	abilitation er		Int. Care / Develop Disabled	omentally	
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care			Chemical Dependency		Total Beds this Building Per	Total Beds this Building Per	
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	¬ Unit	Service 0	