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

Facility Number:	11321	
Facility Name:	Kindred Hospital - San Francisco Bay Area	
Address:	2800 Benedict Drive	
City:	San Leandro	
Hospital Owner/Lice	ensee: THC-Orange County, Inc	
Year of Rep	orting: 2013	
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter: William Alexander	
Submission	Date: 12/5/2013 1:21:17 PM	

Report Status: Data Last Update: 10/09/2013 Submission Date: 12/05/2013 12/6/2013 1:50 PM Print Date:

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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- 00692	Original Building	2800 Benedict Drive	Retrofit	SPC2	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-00692 Origin	al Building	Retrofit/Replacemen	t Hazı	ıs-Submit	tted
Facility Project Sub Scope Number Num	Date Plan in	Approved Proj. Start P Date Date	roj. Completed Date	Status	CEQA Review
11321 HS082449-0 0	12/31/2008 12:00:00 AM	12/21/2010 02/01/2013 12:00:00 AM	02/01/2016	PEND	No
11321 HS082449-0 0 -GEO	1/12/2009 12:00:00 AM	4/28/2011 02/01/2013 12:00:00 AM	02/01/2016	OPEN	No

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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-00692		Building Na	me:	Orig	inal Building		
Type of Service Prov	<u>rided</u>							_
X Nursing	Inpatient Beds	89	Inpatient Days	14244		X Surgical		Obstetrical Recovery
X IntensiveCare	Inpatient Beds	10	Inpatient Days	2074		X Anesthesia		Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0		X Clinical Lab		Emergency
Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0		Radiological/ Imaging		Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0		X PharmaceuticalX Dietetic		Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0	Inpatient Days	0		X AdministrationX Support	X	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0	Inpatient Days	0		Services Obstetrical		Surgery
		Total E Buildir	Beds this g	99		Cesarean/Deliv	X	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-00692	Building Name: Origi	nal Building		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 89 Bed	Inpatient 1424 Days 4	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 New Nursery	vborn	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 / developn Disabled	nent
Inpatient 10 Bed	Inpatient 2074 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	99	99

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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-00692	Original Building	Retrofit
BLD-00693	Outpatient Diag. & Treat. Center	Remain
BLD-00694	Boiler Enclosure	Remain

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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)

от от рог осоше.						
Building Number:	BLD-00692 Buildin	g Name: Original B	uilding			
Type of Servic	e Provided					
		X Surgica	al 🗌	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X Anesth	esia			
X	IntensiveCare			Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol	X Clinica	l Lab			Outpatient
Ш	escent	Radiol		Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing	Imagin	aceutical	Emergency	Х	Central Plant
	Obstetrical	A Thain				
Ш	Ante/Postprtum	X Dieteti	С	Nuclear Medicine	X	Support Services
	Intermediate					
	Care	X Admin	istration			
	Skilled Nursing					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	uilding Number: BLD-00692 Building Name: Original Building								
Configuration:	Retrofit Non-Confo	orming buildi	ing to SPC 2 and N	PC 3 and rem	ove from service by 203	0			
Type of Serv	rice Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical	X	Pharmaceutical						
_	Ante/Postprtum				Emergency	X	Central Plant		
	Intermediate Care	X	Dietetic						
	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:	Building Number: BLD-00693 Building Name: Outpatient Diag. & Treat. Center								
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Service	e Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ntermediate		Dietetic						
	are killed 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	r: BLD-00694	Building Na	me: Boiler Enclosu	ıre			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Page von		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		Contrain Tank
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

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Building	Number: BLD	0-00693	Building Na	ame: Ou	tpatient Diag. & Trea	t. Center	
Type o	f Service Provi	<u>ided</u>					
N	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
_ In	tensiveCare	Inpatient Beds	0		Anesthesia		
1 1	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Renal Dialysis
	sychiatric ursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	itermediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
S	killed Nursing	Inpatient Beds	0	X	Administration		
	otal Beds this uilding		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-00694	Building N	lame:	Boiler Enclosure				
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	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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-00693 B	uilding Name:	Outpatient Diag. & Treat. C	enter	
Medical / Surgical (In	clude GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed 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 Bed Days	
Pediatric		Intensive Car Nursery	e Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care		Rehabilitatio Center	n	Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care		Chemical De	pendency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-00694	Buildin	g Name: Boile	r Enclosure		
Medical / Surgical (I	nclude GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude I	Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	I	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric			Intensive Care New Nursery	vborn	Intermediate Care	
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care			Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient Days		Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		(Chemical Depende	ncy	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	I	Inpatient 0 Bed	Inpatient 0 Days	Unit 0	Service 0