Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

| Provide the Hospital | l Owner and Year of Report per Section 130061(e) |
|----------------------|--|
| Facility Number: | 10273 |
| Facility Name: | Marin General Hospital |
| Address: | 250 Bon Air Road |
| City: | Greenbrae |
| | |
| Hospital Owner/Lic | censee: Marin General Hospital |
| Year of Rep | eporting: 2014 |
| Contact 1 e-mail Ad | address: |
| Contact 2 e-mail A | address: |
| Contact 3 e-mail Ad | ddress:: |
| Name of Sub | bmitter: Marin General Hospital |
| Submission | on Date: 12/17/2014 11:59:07 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- 00451 | 04 - Medical Health Center | 250 Bon Air Road | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 00452 | 05 - Elevated Pedestrian Bridge | 250 Bon Air Road | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 03526 | 05A - Elevator | 250 Bon Air Road | Remove | N/A | 01/01/2020 | 07/01/2019 |

| Report Year: | 2014 | 10273 | Marin General Hospital | Greenbrae | Page:3 of 55 |
|-----------------|----------------|-------------|------------------------|-----------|--------------|
| No data reporte | ed for Section | n 130061(c) | (1)(C). | | |
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| Report Year: 2014 | 10273 | Marin General Hospital | Greenbrae | | Page:4 of 55 | | |
|----------------------------|--|--------------------------|----------------------------|-------------------------|--------------|--|--|
| Provide the number of | 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-00451 | Building Name: 04 | 4 - Medical Health Center | | | | |
| Type of Service Prov | <u>rided</u> | | | | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | 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 | 1 | | |
| X Psychiatric Nursing | Inpatient Beds | 17 Inpatient Days 5692 | Radiological/ Imaging | Nuclear Medicine | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitati Therapy | on | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialy | <i>y</i> sis | | |
| Skilled Nursing | Inpatient | 0 Inpatient Days 0 | Support Services | Outpatient Surgery | | | |
| | Beds | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Pla | nt | | |
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| Report Year: 2014 | 10273 | Marin General Hospital | Greenbrae | | Page:5 of 55 | | |
|---------------------------------------|--|--------------------------|--------------------------------|------------------------|--------------|--|--|
| Provide the number | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: Type of Service Pro | | Building Name: 05 | 5 - Elevated Pedestrian Bridge | | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | | | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergence | / | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | |
| Obstetrical Ante/Postprtun | Inpatient n Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitat Therapy | ion | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dial | ysis | | |
| Skilled Nursing | J Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery | | | |
| | Deus | Total Beds this Building | Obstetrical Cesarean/Deliv | Central Pla | ant | | |
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| Report Year | r: 2014 | 10273 | Marin General Hosp | oital | | Greenbrae | | Page:6 of 55 |
|-------------|--------------------------|-------------------|--------------------------|----------------------|-------------------|---------------------|-------------------------|--------------|
| Provide th | he number of | inpatient bed | s and patient days p | er type of service p | per building per | Section 130061(c)(1 |)(F) | |
| _ | Number: BLI | | Buildin | g Name: | 5A - Elevator | | | |
| Nur | rsing | Inpatient Beds | 0 Inpatient Days | 0 | Surgic | :al [| Obstetrical Recovery | |
| Inte | ensiveCare | Inpatient Beds | 0 Inpatient D | ays 0 | Anesth | nesia | Newborn/ WellBaby | |
| Ped esc | diatric/Adol ent | Inpatient Beds | 0 Inpatient | Days 0 | Clinica | ll Lab | Emergency | , |
| | vchiatric rsing | Inpatient Beds | 0 Inpatient | Days 0 | Radiole Imagin | ogical/ [og | Nuclear Medicine | |
| | stetrical e/Postprtum | Inpatient Beds | 0 Inpatient | Days 0 | Pharma Dietetic | aceutical c | Rehabilitati Therapy | on |
| Inte Car | ermediate e | Inpatient Beds | 0 Inpatient | Days 0 | | istration | Renal Dialy | vsis |
| Skil | lled Nursing | Inpatient Beds | 0 Inpatient | Days 0 | Suppo Service | es | Outpatient Surgery | |
| | | Deus | Total Beds this Building | 0 | Obstet Cesare | trical ean/Deliv | Central Pla | nt |
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Report Year: 2014 10273 Marin General Hospital Greenbrae Page:7 of 55 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00451 **Building Number: Building Name:** 04 - Medical Health Center Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient | 5692 Inpatient Inpatient Inpatient Inpatient 0 Inpatient 17 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 17 Inpatient Inpatient Inpatient 17 Bed Days Days Bed

Report Year: 2014 10273 Marin General Hospital Greenbrae Page:8 of 55 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00452 05 - Elevated Pedestrian Bridge **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 10273 Marin General Hospital Greenbrae Page:9 of 55 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03526 05A - Elevator **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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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-00447 | 01 - Original Building & Additions | Remain |
| BLD-00448 | 02 - Additions & Alterations | Remain |
| BLD-00449 | 03 - Cobalt Bomb Wing | Remain |
| BLD-00451 | 04 - Medical Health Center | Remove |
| BLD-00452 | 05 - Elevated Pedestrian Bridge | Remove |
| BLD-00453 | 06 - West Wing | Remain |
| BLD-03056 | Ambulance Entry Canopy | Remain |
| BLD-03526 | 05A - Elevator | Remove |

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|---------------|--------------|---------------|---------------------------------|-----------|---------------|
| No proposed n | ew building: | s to be const | ructed at this or another site. | | |
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|---|---|---------------|---|---|--|---|---------------|--|--|
| The project replaced The plans replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building I | Building Number: BLD-00451 | | | | | | | | |
| Planned | Uses for the build | ing to be rei | moved from acute care service | : | | | | | |
| Planned | use for building: | | | | | | | | |
| Inpatient X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing | delivered in | Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration | | Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine | Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant Support Services | 5 | | |
| | | | | | | | | | |

| Report Ye | ear: 2014 1 | 10273 Ma | arin General Hospital | | Greenbrae | | | Page:13 of 55 | |
|--|--|------------------------|------------------------------|----------|-------------------------------|---|---------------------------|---------------|--|
| The proje replaced The plans replaced | For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | |
| Building N | Number: BLD-00 | 1452 | 05 - Elevated Pedes | trian Br | Removal Date: | | 07/01/2019 | | |
| Planned l | Uses for the buildin | g to be remov | ved from acute care service: | | | | | | |
| Planned | use for building: | | | | | | | | |
| Inpatient | services currently of | <u>delivered in th</u> | e building: | | | | | | |
| | Nursing | | Surgical | Ш | Obstetrical Cesarean/Deliv | Ш | Rehabilitation Therapy | | |
| | IntensiveCare Pediatric/Adol escent | | Anesthesia Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | 5 | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | |
| | Intermediate Care | | Dietetic | | | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | | |
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|--|-------------------------------------|--------------------|--------------------------------|--|----------------------------|------------------|--|---------------------------|---------------|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) | | | | | | | | | | |
| Building N | Number: BLD-0 | 3526 | 05A - Elevator | | | Removal Date: | | 07/01/2019 | | |
| Planned l | Uses for the build | ing to be re | moved from acute care service: | | | | | | | |
| Planned | use for building: | | | | | | | | | |
| <u>Inpatient</u> | services currently | <u>delivered i</u> | n the building: | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/De | liv | | Rehabilitation Therapy | | |
| | IntensiveCare Pediatric/Adol escent | | Anesthesia Clinical Lab | | Obstetrical Recovery | | | Renal Dialysis | 3 | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | | Central Plant | | |
| | Intermediate Care | | Dietetic | | Linergency | | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | | Support Services | | |
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|---|---------------------------------|---|---------------|--|--|--|--|--|--|
| 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 Nbr: BLD-00451 Building Name: | 04 - Medical Health Center | Year of Information: 2011 | | | | | | | |
| Unit Type | | Information Current As Of: | | | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 17 Patient Days | 5467 | | | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this | [47] | | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 17 | | | | | | |
| Days | Days Days | Total Beds this Building per Service | 17 | | | | | | |
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| Report Year: 2014 10273 Marin C | Greenbrae | Page:16 of 55 | | | | |
|---|---------------------------------|---|-------|--|--|--|
| 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 Nbr: BLD-00451 Building Name: | 04 - Medical Health Center | Year of Information: 2012 | 2 | | | |
| Unit Type Information Current As Of: | | | | | | |
| Medical/Surgical (include GYN) Acute Respiratory Care Acute Psychiatric | | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 17 Patient Beds Days | 5591 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | 17 | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 17 | | | |
| · | · | Total Beds this Building per Service | 17 | | | |
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|---|---------------------------------|---|---------------|--|--|--|
| 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 Nbr: BLD-00451 Building Name: | 04 - Medical Health Center | Year of Information: 2013 | | | | |
| Unit Type Information Current As Of: | | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 17 Patient Days | 5738 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | 47 | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 17 | | | |
| Says | Dayo | Total Beds this Building per Service | 17 | | | |
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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 | I 2012 for buildings to be remove | d from acute | | | | |
| Building Nbr: BLD-00452 Building Name: 05 - Elevated Pedestrian Bridge Year of Information: 2011 | | | | | | | |
| <u>Unit Type</u> | Ir | nformation Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Building per Unit | 0 | | | | |
| | | Total Beds this Building per Service | 0 | | | | |
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|---|---------------------------------|---|---------------|--|--|--|
| 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 Nbr: BLD-00452 Building Name: | 05 - Elevated Pedestrian Bridge | Year of Information: 2012 | | | | |
| Unit Type | ı | nformation Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | | | |
| 23,0 | 24,0 | Total Beds this Building per Service | 0 | | | |
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| Report Year: 2014 10273 Marin C | General Hospital | Greenbrae | Page:20 of 55 | | | |
|---|---------------------------------|---|---------------|--|--|--|
| 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 Nbr: BLD-00452 Building Name: | 05 - Elevated Pedestrian Bridge | Year of Information: 2013 | | | | |
| Unit Type | ı | nformation Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | | | |
| | | Total Beds this Building per Service | 0 | | | |
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| Report Year: 2014 10273 Marin C | General Hospital | eneral Hospital Greenbrae | | | | |
|---|---------------------------------|---|-------|--|--|--|
| 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 Nbr: BLD-03526 Building Name: | 05A - Elevator | Year of Information: 2011 | | | | |
| Unit Type | 1 | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | | | |
| Beds Days | Deus Days | Total Beds this Building per Service | 0 | | | |
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| Report Year: 2014 10273 Marin 0 | General Hospital | Greenbrae | Page:22 of 55 | | | |
|---|---------------------------------|---|---------------|--|--|--|
| 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 Nbr: BLD-03526 Building Name: | 05A - Elevator | Year of Information: 2012 | | | | |
| Unit Type | ı | Information 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 Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Disa | abled | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency | Total Beds this | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | 0 | | | |
| Days | Days | Total Beds this Building per Service | 0 | | | |
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| Report Year: 2014 10273 Marin C | General Hospital | Greenbrae | Page:23 of 55 | | | | | |
|---|---|---|---------------|--|--|--|--|--|
| 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 Nbr: BLD-03526 Building Name: | Building Nbr: BLD-03526 Building Name: 05A - Elevator Year of Information: 2013 | | | | | | | |
| Unit Type | | nformation Current As Of: | | | | | | |
| Medical/Surgical (include GYN) Acute Respiratory Care Acute Psychiatric | | | | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Days | Inpatient 0 Patient Days | 0 | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | | | |
| Inpatient 0 Patient 0 Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days | 0 | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this | 0 | | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | | | | | | |
| , | · | Total Beds this Building per Service | 0 | | | | | |
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| Report Year: 2014 | 10273 Marin G | eneral Hospital | | Greenbrae | Page:24 of 55 | |
|--|---------------------|----------------------|--------------------------|-------------------------------|---------------------------|--|
| 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 Nbr: BLD-00451 Building Name: 04 - Medical Health Center Year of Information: 2011 | | | | | | |
| Type of Services Provided | ivallie. | | | Information Current As Of: | | |
| Nursing Ir | npatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| | npatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| | npatient 0 Beds | Patient 0 Days | Clinical Lab | Recovery | _ | |
| | npatient 17 Beds | Patient 5467 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| | npatient 0 Beds | Patient 0 Days | Pharmaceution | cal Emergency | Central Plant | |
| | npatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | |
| | npatient 0 Beds | Patient 0 Days | Administratio | n | | |
| Total Beds this Build | ding per service | 17 | | | | |
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| Report Year: 2014 10273 Marin General Hospital Green | | | Greenbrae | Page:25 of 55 | | |
|--|--------|----------------------|----------------|-------------------------------|------------------------|--|
| 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 Nbr: BLD-00451 Building Name: 04 - Medical Health Center Year of Information: 2012 | | | | | | |
| Type of Services Provided | | | 1 | Information Current As Of: | | |
| Nursing Inpatient Beds | 0 | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare Inpatient Beds | 0 | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | |
| Pediatric/Adol Inpatient escent Beds | 0 | Patient 0 Days | Clinical Lab | Recovery | | |
| X Psychiatric Inpatient Nursing Beds | 17 | Patient 5591 Days | Radiological | / Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 | Patient 0 Days | Pharmaceuti | ical Emergency | Central Plant | |
| Intermediate Inpatient Care Beds | 0 | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | |
| Skilled Nursing Inpatient Beds | 0 | Patient 0 Days | Administration | on | | |
| Total Beds this Building per se | ervice | 17 | | | | |
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| Report Year: 2014 10273 Marin (| Greenbrae | Page:26 of 55 | | | | |
|--|----------------------|--------------------------|-------------------------------|---------------------------|--|--|
| 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 Nbr: BLD-00451 Building Name: 04 - Medical Health Center Year of Information: 2013 | | | | | | |
| Information Current As Type of Services Provided Information Current As Of: | | | | | | |
| 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 Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Recovery | | | |
| X Psychiatric Inpatient 17 Nursing Beds | Patient 5738 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceution | cal Emergency | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administratio | n | | | |
| Total Beds this Building per service | 17 | | | | | |
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| Report Year: 2014 10273 Marin General Hospital Gre | | | Greenbrae | Page:27 of 55 | | | |
|--|------------------|--------------------------|----------------------------|------------------------|--|--|--|
| 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 Nbr: BLD-00452 Building Name: | | | | | | | |
| Type of Services Provided | | 1_ | Information Current As Of: | | | | |
| Nursing Inpatient Beds | 0 Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare Inpatient Beds | 0 Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | | |
| Pediatric/Adol Inpatient escent Beds | 0 Patient 0 Days | Clinical Lab | Recovery | | | | |
| Psychiatric Inpatient Nursing Beds | 0 Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Patient 0 Days | Pharmaceutica | al Emergency [| Central Plant | | | |
| Intermediate Inpatient Care Beds | 0 Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing Inpatient Beds | 0 Patient 0 Days | Administration | I | | | | |
| Total Beds this Building per service | 0 | | | | | | |
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| Report Year: 201 | 4 10273 Marin (| General Hospital | | Greenbrae | Page:28 of 55 |
|---|---|---|--------------------------|------------------------------|------------------------|
| Provide the number of from acute care servi | of inpatient beds and pat ces per Section 130061 | ient days per type of service (c)(2)(D) | e for the year of 20 | 10, 2011 and 2012 for buildi | ngs to be removed |
| Building Nbr: BLD-0 | 00452 Building Name: | 05 - Elevated Pedestrian | Bridge | Year of Information: | 2012 |
| Type of Services Provided | | | | Information Current As Of: | |
| 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 | Recovery | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceuti | cal Emergency | Central Plant |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administratio | n | |
| Total Beds this B | uilding per service | 0 | | | |
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| Report Year: 201 | 4 10273 Marin (| General Hospital | | Greenbrae | Page:29 of 55 |
|---|---|---|--------------------------|-------------------------------|------------------------|
| Provide the number of from acute care servi | of inpatient beds and pat ces per Section 130061 | ient days per type of service (c)(2)(D) | e for the year of 20° | 10, 2011 and 2012 for buildi | ngs to be removed |
| Building Nbr: BLD-0 | 00452 Building Name: | 05 - Elevated Pedestrian | Bridge | Year of Information: | 2013 |
| Type of Services Provided | | | l | Information Current As Of: | |
| 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 | Recovery | _ |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceution | cal Emergency | Central Plant |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administratio | n | |
| Total Beds this B | uilding per service | 0 | | | |
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| Report Year: 201 | 4 10273 Marin 0 | General Hospital | | Greenbrae | Page:30 of 55 |
|--|--|---|-----------------------|-----------------------------|-------------------|
| Provide the number of from acute care servi | of inpatient beds and patices per Section 130061 | ient days per type of service (c)(2)(D) | e for the year of 201 | 0, 2011 and 2012 for buildi | ngs to be removed |
| Building Nbr: BLD-0 | | 05A - Elevator | | Year of Information: | 2011 |
| Type of Services Provided | rains. | | ı | Information Current As Of: | |
| 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 Nbr: BLD-03526 Building Name: O5A - Elevator Information Current As Of: | | | | | |
| IntensiveCare | | | Anesthesia | | Renal Dialysis |
| | | | Clinical Lab | Recovery | |
| | Inpatient 0 Beds | | | Newborn/ WellBaby | |
| | | | Pharmaceutic | cal Emergency | Central Plant |
| | | | Dietetic | | |
| Skilled Nursing | | | Administration | n | |
| Total Beds this B | uilding per service | 0 | | | |
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| Report Year: 201 | 4 10273 Marin 0 | General Hospital | | Greenbrae | Page:31 of 55 |
|--|--|---|-----------------------|-------------------------------|---------------------------|
| Provide the number of from acute care servi | of inpatient beds and patices per Section 130061 | ient days per type of service (c)(2)(D) | e for the year of 201 | 10, 2011 and 2012 for buildin | ngs to be removed |
| Building Nbr: BLD-0 | | 05A - Elevator | | Year of Information: | 2012 |
| Type of Services Provided | radito. | | ı | Information Current As Of: | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| 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 Nbr: BLD-03526 Building Name: Document | | | | | |
| | | | Clinical Lab | | |
| | Inpatient 0 Beds | | | Newborn/ WellBaby | |
| | | | Pharmaceution | cal Emergency [| Central Plant |
| | | | Dietetic | | |
| Skilled Nursing | | | Administratio | | |
| Total Beds this B | uilding per service | 0 | | | |
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| Report Year: 201 | 4 10273 Marin 0 | General Hospital | | Greenbrae | Page:32 of 55 |
|---|--|---|-----------------------|-------------------------------|---------------------------|
| Provide the number of from acute care servi | of inpatient beds and patices per Section 130061 | ient days per type of service (c)(2)(D) | e for the year of 201 | 10, 2011 and 2012 for buildi | ngs to be removed |
| Building Nbr: BLD-0 | | 05A - Elevator | | Year of Information: | 2013 |
| Type of Services Provided | Name. | | | Information Current As Of: | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| 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 Nbr: BLD-03526 Building Name: Description | | Renal Dialysis | | | |
| | | | Clinical Lab | | Tronai Biaryoto |
| | Inpatient 0 Beds | | | Newborn/ WellBaby | |
| | | | Pharmaceutic | cal Emergency | Central Plant |
| | | | Dietetic | | |
| Skilled Nursing | | | Administration | | CSSSS |
| Total Beds this B | uilding per service | 0 | | | |
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| Report Year: | 2014 | 10273 | Marin General Hospital | | Greenbrae | Page:33 of 55 |
|----------------|----------------|--------------|--|---------------|---------------------------|----------------------------|
| No data report | ed for whethe | er the gener | ral acute care services and beds will be renumbers for buildings with a Building Res | elocated to a | new, existing or retrofit | tted building and any |
| corresponding | building sites | s or project | numbers for buildings with a building Nes | SOIULION OF K | ebulla of Replace pe | : Section 130001(c)(2)(E). |
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| Report Year: 2014 Marin General Hospital | Greenbrae | Page:34 of 55 |
|--|--|---------------|
| Each hospital owner shall also report for each facility for which any buildings will be remnumber of inpatient beds by type of unit and service per Section 130061(c)(3) | oved from active care service, any net | change in the |
| Building Number: BLD-00451 Building Name: 04 - Medical Health Center | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitt | ed building? | |
| Psychiatric Nursing N/A | | |
| | | |
| Each hospital owner shall also report for each facility for which any buildings will be remnumber of inpatient beds by type of unit and service per Section 130061(c)(3) | oved from active care service, any net | change in the |
| Building Name: 04 - Medical Health Center Number: | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitt | ed building? | |
| Acute Psychiatric N/A | | |
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| eport any general r Section 130061 | acute care hospital inpa | General Hosp atient service the | | genaral | Greenbrae acute care hospital | building t | Page:35 of 55 hat is rated SPC-1 |
|------------------------------------|-------------------------------|---------------------------------|-----------------------|---------|-------------------------------|------------|-----------------------------------|
| uilding Number: | BLD-00451 Buildir | ng Name: 04 | 4 - Medical Health Ce | nter | | | |
| Type of Service | e Provided | | | | | | Rehabilitation |
| | | | Surgical | Ш | Obstetrical Cesarean/Deliv | | Therapy |
| | Nursing | | Anesthesia | | | | |
| | IntensiveCare | | | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol | | Clinical Lab | | | | Outpatient |
| | escent | | Radiological/ | Ш | Newborn/ WellBaby | | Surgery |
| X | Psychiatric Nursing | | Imaging | | _ | | |
| | - | | Pharmaceutical | Ш | Emergency | | Central Plant |
| | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | | Support Services |
| | Intermediate Care | | Administration | | | | |
| | Skilled Nursing | | | | | | |
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| ilding Number: | | ng Name: 05 | 5 - Elevated Pedestria | an Bridge |) | | |
|-----------------|-------------------------------|-------------|--|-----------|-------------------------------|---------------------------|--|
| Type of Service | | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| | Nursing IntensiveCare | | Anesthesia | | Obstetrical Recovery | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | | Newborn/ | Outpatient Surgery | |
| | Psychiatric Nursing | | Radiological/ Imaging Pharmaceutical | | WellBaby Emergency | Central Plant | |
| | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | Support Services | |
| | Intermediate Care | | Administration | | | | |
| | Skilled Nursing | | Administration | | | | |

| uilding Number: | BLD-03526 Buildi | ng Name: 0 | 5A - Elevator | | | | | |
|-----------------|-------------------------------|------------|----------------|---|-------------------------------|----------|----------------|--|
| Type of Service | e Provided | | Curried | | Ob atatical | | Rehabilitation | |
| | | | Surgical | Ш | Obstetrical Cesarean/Deliv | | Therapy | |
| | Nursing | | Anesthesia | | | | | |
| | IntensiveCare | | | | Obstetrical Recovery | | Renal Dialysis | |
| | Pediatric/Adol | | Clinical Lab | | | | Outpatient | |
| | escent | | Radiological/ | | Newborn/ WellBaby | Ш | Surgery | |
| | Psychiatric | | Imaging | | · | | | |
| | Nursing | | Pharmaceutical | | Emergency | | Central Plant | |
| | Obstetrical Ante/Postprtum | | | | Nuclear | | Support | |
| | · | | Dietetic | | Medicine | <u>—</u> | Services | |
| | Intermediate Care | | | | | | | |
| | Caro | | Administration | | | | | |
| | Skilled Nursing | | | | | | | |
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| Report Year: 2014 10273 | Marin General Hospital | Greenbrae | Page:38 of 55 | | | | | | | | | | |
|--|---|------------------------------|-------------------------|--|--|--|--|--|--|--|--|--|--|
| Report the final configuration of all requirements whether by retrofit or per Section 130061(c)(5) | 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-00447 | Building Name: 01 - Original Bu | ilding & Additions | | | | | | | | | | | |
| Configuration: N/A | | | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | | | |
| X Nursing | Surgical | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | | | | |
| X IntensiveCare | Anesthesia | X Obstetrical Recovery | X Renal Dialysis | | | | | | | | | | |
| X Pediatric/Adol escent | X Clinical Lab | Recovery | | | | | | | | | | | |
| Psychiatric Nursing | X Radiological/ Imaging | X Newborn/ WellBaby | X Outpatient Surgery | | | | | | | | | | |
| X Obstetrical | X Pharmaceutical | | | | | | | | | | | | |
| Ante/Postprtum | | Emergency | X Central Plant | | | | | | | | | | |
| Intermediate | X Dietetic | | | | | | | | | | | | |
| Care Skilled Nursing | X Administration | X Nuclear Medicine | X Support Services | | | | | | | | | | |
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| port Year: 2014 10273 | Marin General Hospital | Greenbrae | Page:39 of 55 |
|---------------------------|---|----------------------------|---------------------------|
| | all buildings on the hospital campus show or by replacement and the type of servic | | |
| uilding Number: BLD-00448 | Building Name: 02 - Additions & | Alterations | |
| Configuration: N/A | | | |
| Type of Service Provided | | | _ |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis |
| Pediatric/Adol escent | Clinical Lab | Recovery | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical | Pharmaceutical | | |
| Ante/Postprtum | Dietetic | Emergency | Central Plant |
| Intermediate Care | | Nuclear Medicine | X Support Services |
| Skilled Nursing | Administration | | Gervices |
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| port Year: | 2014 10273 | Marin Genera | al Hospital | | Greenbrae | | Page:40 of 55 |
|---------------|-------------------------------|--------------|--------------------------|---------|---|-----|-------------------------|
| | vhether by retrofit or b | | | | ach building will comply be provided in each gen | | |
| uilding Numb | er: BLD-00449 | Building Na | me: 03 - Cobalt Bon | nb Wing | | | |
| Configuration | n: N/A | | | | | | |
| Type of Ser | vice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation herapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | R | lenal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | _ | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient urgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | | | |
| | Ante/Postpitum | | | Ш | Emergency | | entral Plant |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support |
| | Skilled Nursing | | Administration | | | — (| Services |
| | | - | | | | | |
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| eport Year: | 2014 10273 | Marin Genera | al Hospital | | Greenbrae | | Page:41 of 55 |
|---------------|-------------------------------|--------------|--------------------------|------------|---|---|---------------------------|
| | whether by retrofit or b | | | | ach building will comply be provided in each gen | | |
| uilding Numb | er: BLD-00451 | Building Na | me: 04 - Medical He | alth Cente | • | | |
| Configuration | n: N/A | | | | | | |
| Type of Ser | vice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | F | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| X | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | _ | | |
| | / into/1 ootpitum | | Dietetic | Ш | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | Support |
| | Skilled Nursing | | Administration | | | ` | Services |
| | | | | | | | |
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| eport Year: | 2014 10273 | Marin Genera | l Hospital | | Greenbrae | | Page:42 of 55 |
|----------------|-------------------------------|--------------|--------------------------|-------------|---|---|---------------------------|
| | vhether by retrofit or by | | | | ach building will comply be provided in each gen | | |
| Building Numbe | er: BLD-00452 | Building Nan | ne: 05 - Elevated Pe | edestrian E | Bridge | | |
| Configuration | n: N/A | | | | | | |
| Type of Ser | vice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | F | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | _ | | |
| | Intermediate | | Dietetic | | Emergency | | Central Plant |
| | Care | | | | Nuclear Medicine | | Support Services |
| | Skilled Nursing | | Administration | | | | |
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|-------------------|---|--------------|--------------------------|---|-------------------------------|---|---------------------------|--|--|--|--|--|--|
| requirements whet | 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-00453 | Building Na | me: 06 - West Wing | | | | | | | | | | |
| Configuration: | N/A | | | | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | | | | | |
| X No | ursing | X | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | | | | | | |
| X In | tensiveCare | X | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | | | |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | | | |
| | bstetrical nte/Postprtum | | Pharmaceutical | X | Emergency | X | Central Plant | | | | | | |
| | termediate are | | Dietetic | | Nuclear Medicine | | Support | | | | | | |
| Sk | killed Nursing | | Administration | _ | | | Services | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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|----------------|----------------------------|--------------|--------------------------|----------|---|------|-------------------------|
| | nether by retrofit or by | | | | ach building will comply be provided in each gen | | |
| uilding Number | r: BLD-03056 | Building Na | me: Ambulance Entr | y Canopy | | | |
| Configuration: | N/A | | | | | | |
| Type of Serv | ice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | ehabilitation nerapy |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | R | enal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | utpatient urgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | | | |
| | Ante/Postpitum | | D | | Emergency | ∐ Ce | entral Plant |
| | Intermediate Care | | Dietetic | | Nuclear Medicine | | upport |
| | Skilled Nursing | | Administration | | | S | ervices |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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|---|---|---|--|--|--|---|
| l configuration of all bui thether by retrofit or by 0061(c)(5) | ldings on the replacement | hospital campus show and the type of service | ving how e e that will | ach building will comply be provided in each gen | with the SF eral actue c | PC-5/NPC-4 or 5 are hospital building |
| er: BLD-03526 | Building Na | me: 05A - Elevator | | | | |
| : N/A | | | | | | |
| vice 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/Postortum | | Pharmaceutical | | F | | Control Plant |
| Intermediate | | Dietetic | Ш | Emergency | Ш | Central Plant |
| Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |
| /l c | configuration of all bui hether by retrofit or by 10061(c)(5) er: BLD-03526 EN/A vice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum | configuration of all buildings on the hether by retrofit or by replacement 0061(c)(5) er: BLD-03526 Building Nate N/A vice Provided Nursing | configuration of all buildings on the hospital campus show hether by retrofit or by replacement and the type of service 2061(c)(5) er: BLD-03526 Building Name: 05A - Elevator Rice Provided Nursing Surgical IntensiveCare Anesthesia Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Dietetic | configuration of all buildings on the hospital campus showing how en thether by retrofit or by replacement and the type of service that will is 20061(c)(5) er: BLD-03526 Building Name: 05A - Elevator EN/A Vice Provided Nursing Surgical Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Obstetrical Ante/Postprtum Pharmaceutical Intermediate Care Dietetic | configuration of all buildings on the hospital campus showing how each building will comply hether by retrofit or by replacement and the type of service that will be provided in each gen 1061 (c) (5) BLD-03526 Building Name: 05A - Elevator N/A Vice Provided Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Pharmaceutical Ante/Postprtum Dietetic Intermediate Care Nuclear Medicine | configuration of all buildings on the hospital campus showing how each building will comply with the SF hether by retrofit or by replacement and the type of service that will be provided in each general actue of 10061(c)(5) Building Name: 05A - Elevator IN/A Vice Provided Nursing Surgical Obstetrical Cesarean/Deliv IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Newborn/ WellBaby Obstetrical Ante/Postprtum Emergency Dietetic Intermediate Care Nuclear Medicine |

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|---------------|--|-------------------|-----------------|----------|--------------------------|---|-------------------------------|---|---------------------------|--|--|--|
| Include and S | Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | | | | | | | | | |
| Buildi | Building Number: BLD-00447 Building Name: 01 - Original Building & Additions | | | | | | | | | | | |
| Туре | e of Service Prov | <u>rided</u> | | | | | | | | | | |
| X | Nursing | Inpatient Beds | 95 | | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| X | IntensiveCare | Inpatient Beds | 8 | | Anesthesia | | | | | | | |
| X | Pediatric/Adol escent | Inpatient Beds | 14 | X | Clinical Lab | X | Obstetrical Recovery | X | Renal Dialysis | | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | X | Newborn/ WellBaby | X | Outpatient Surgery | | | |
| X | Obstetrical Ante/Postprtum | Inpatient Beds | 22 | X | Pharmaceutical | | Emergency | X | Central Plant | | | |
| | Intermediate Care | Inpatient Beds | 0 | X | Dietetic | X | Nuclear Medicine | X | Support Services | | | |
| | Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | | | | |
| | Total Beds this Building | | 139 | | | | | | | | | |
| | | | | | | | | | | | | |

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| | on on the number of Section 130061(e) | inpatient beds b | y type of S | Service provided by | building | gs that are classified a | s SPC-2, S | PC-3, SPC-4, |
| Building Number | : BLD-00448 | Building Na | ime: 02 | - Additions & Altera | tions | | |] |
| Type of Service | e Provided | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | habilitation erapy |
| IntensiveC | Care Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/A | Adol Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | Re | nal Dialysis |
| Psychiatric Nursing | c Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | | tpatient rgery |
| Obstetrica Ante/Post | | 0 | | Pharmaceutical | | Emergency | Cel | ntral Plant |
| Intermedia Care | ate Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | X Sup Ser | pport rvices |
| Skilled Nu | rsing Inpatient Beds | 0 | | Administration | | | | |
| Total Beds Building | s this | 0 | | | | | | |
| | | | | | | | | |

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| Include information or and SPC-5 per Section | | inpatient beds by | y type of S | Service provided by bui | lding | gs that are classified as | SPC-2 | 2, SPC-3, SPC-4, |
| Building Number: Bl | LD-00449 | Building Nar | me: 03 | - Cobalt Bomb Wing | | | | |
| Type of Service Pro | ovided | | | | | | | |
| 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 | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| Obstetrical Ante/Postprtun | 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) | | | | | | |
| Building Number: BLD-00453 Building Name: 06 - West Wing | | | | | | |
| Type of Service Provided | | | | | | |
| X Nursing | Inpatient Beds | 69 | X Surgical | Obstetrical Cesarean/Deliv | X Rehabilitation Therapy | |
| X IntensiveCare | Inpatient Beds | 10 | X Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis | |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | X Emergency | X Central Plant | |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services | |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | | |
| Total Beds this Building | | 79 | | | | |
| | | | | | | |
| | | | | | | |

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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-03056 Building Name: Ambulance Entry Canopy | | | | | | | | |
| Type of Service Provided | | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| IntensiveCare | e Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Ado | I Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| Obstetrical Ante/Postprtu | Inpatient m Beds | 0 | | Pharmaceutical | | Emergency | | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | | Support Services |
| Skilled Nursin | ng Inpatient Beds | 0 | | Administration | | | | |
| Total Beds th Building | is | 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: BL | D-00447 Buildi | ng Name: 01 - Original Building & Add | ditions | | | |
| Medical / Surgical (Incl | ude GYN) | Acute Respiratory Care | Acute Psychiatric | | | |
| Inpatient 95 Bed | Inpatient 9274 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Days 0 | | | |
| Perinatal (Exclude New | rborn / GYN) | Burn | Skilled Nursing | | | |
| Inpatient 22 Bed | Inpatient 3812 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Days 0 | | | |
| Pediatric | | Intensive Care Newborn Nursery | Intermediate Care | | | |
| Inpatient 14 Bed | Inpatient 528 Days | Inpatient 8 Inpatient 1004 Bed Days | Inpatient 0 Inpatient 0 Days | | | |
| Intensive Care | | Rehabilitation Center | Int. Care / Developmentally Disabled | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | | |
| Coronary Care | | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Unit Service 139 139 | | | |

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Report Year: 2014 10273 Marin General Hospital Greenbrae Page:53 of 55 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) BLD-00449 03 - Cobalt Bomb Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10273 Marin General Hospital Greenbrae Page:54 of 55 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) BLD-00453 06 - West Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient 69 Inpatient Inpatient 0 Inpatient Inpatient 16980 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient 10 Inpatient 3066 Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 79 79

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