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.

Facility Number:	10856								
Facility Name:	Regional Medical Center of San Jose								
Address:	225 North Jackson Avenue								
City:	San Jose								
Contact 1 e-mail A	Address:								
Contact 3 e-mail A									
Submissio	on Date: 10/31/2014 10:52:20 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	ame Alternate Building Address		Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 02236	Main Tower and North Wing	225 North Jackson Avenue	Replace	SPC5	09/01/2015	05/01/2015
BLD- 02237	South Wing	225 North Jackson Avenue	Replace	SPC5	09/01/2015	05/01/2015
BLD- 02238	Obstetrics Wing	225 North Jackson Avenue	Replace	SPC5	09/01/2015	05/01/2015

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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-0	2236	Main Tower and North Wing		Retrofit/Reproject:	placement	Yes-Submitted]	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review	
10856	HS032305-0	0	HOSPITAL EXPANSION AND RENOVATION PROJECTS	10/7/2003 12:00:00 AM	9/19/2005 12:00:00 AM	10/17/2005	05/01/2010	FIEL	No	
10856	IS102399-0	0	SEISMIC UPGRADE RENOVATION AND NEW ADDITION (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM		12/31/2010	09/01/2014	ACTI	No	
10856	IS102399-1	0	SITE UTILITIES, FOUNDATION AND SUPERSTRUCTURE, UNDERSLAB UTILITIES (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM	12/28/2010 12:00:00 AM	12/28/2010	04/14/2014	FIEL	No	
10856	IS102399-2	0	EXTERIOR SKIN, BUILD-OUT, MEP SYSTEMS, SITE IMPROVEMENTS, RENOVAVTION (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM	8/3/2011 12:00:00 AM	08/09/2011	12/03/2012	FIEL	No	
10856	IS102399-3	0	TEMPORARY SHORING FOR EXCAVATION (TRANSFERRED FROM HS081309-43)	12/15/2010 12:00:00 AM	4/25/2011 12:00:00 AM	06/23/2011	04/14/2014	FIEL	No	
10856	SS100429-0	0	2ND FLOOR BUILD-OUT	3/16/2010 12:00:00 AM	10/26/2010 12:00:00 AM	12/01/2010	02/01/2012	CLOS	No	

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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-0	2237	South Wing		Retrofit/Re	placement	Yes-Submitted]	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review	
10856	HS022599-0	0	MATERIALS TESTING PROGRAM	10/4/2002 12:00:00 AM	3/24/2003 12:00:00 AM	06/27/2003	09/23/2003	CLOS	No	
10856	IS102399-0	0	SEISMIC UPGRADE RENOVATION AND NEW ADDITION (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM		12/30/2010	05/30/2015	ACTI	No	
10856	IS102399-1	0	SITE UTILITIES, FOUNDATION AND SUPERSTRUCTURE, UNDERSLAB UTILITIES (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM	12/28/2010 12:00:00 AM	12/28/2010	04/14/2014	FIEL	No	
10856	IS102399-2	0	EXTERIOR SKIN, BUILD-OUT, MEP SYSTEMS, SITE IMPROVEMENTS, RENOVAVTION (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM	8/3/2011 12:00:00 AM	08/09/2011	12/03/2012	FIEL	No	
10856	IS102399-3	0	TEMPORARY SHORING FOR EXCAVATION (TRANSFERRED FROM HS081309-43)	12/15/2010 12:00:00 AM	4/25/2011 12:00:00 AM	06/23/2011	04/14/2014	FIEL	No	

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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-0	2238	Obstetrics Wing		Retrofit/Reproject:	placement	Yes-Submitted]	
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review	
10856	HS032305-0 -GEO	0	HOSPITAL EXPANSION AND RENOVATION PROJECTS	10/7/2003 12:00:00 AM	1/19/2005 12:00:00 AM	12/30/2011	12/31/2013	APPR	No	
10856	IS102399-0	0	SEISMIC UPGRADE RENOVATION AND NEW ADDITION (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM		12/30/2010	12/31/2013	ACTI	No	
10856	IS102399-1	0	SITE UTILITIES, FOUNDATION AND SUPERSTRUCTURE, UNDERSLAB UTILITIES (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM	12/28/2010 12:00:00 AM	12/28/2010	04/14/2014	FIEL	No	
10856	IS102399-2	0	EXTERIOR SKIN, BUILD-OUT, MEP SYSTEMS, SITE IMPROVEMENTS, RENOVAVTION (TRANSFERRED FROM HS081309-43)	12/8/2010 12:00:00 AM	8/3/2011 12:00:00 AM	08/09/2011	12/03/2012	FIEL	No	
10856	IS102399-3	0	TEMPORARY SHORING FOR EXCAVATION (TRANSFERRED FROM HS081309-43)	12/15/2010 12:00:00 AM	4/25/2011 12:00:00 AM	06/23/2011	12/31/2013	FIEL	No	

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Provide the number of	finpatient bed	ds and patient days per type of service p	per building per Section 130061((c)(1)(F)	
Building Number: BL	D-02236	Building Name: M	lain Tower and North Wing		
Type of Service Prov	<u>rided</u>				
X Nursing	Inpatient Beds	129 Inpatient 14171 Days	Surgical	X Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	8 Inpatient Days 853	Clinical Lab	Emergency	,
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	37 Inpatient Days 1185	X Pharmaceutical X Dietetic	Rehabilitati Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	vsis
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt

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Provide the number of	of inpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)
Building Number: Bl		Building Name: So	outh Wing	
Type of Service Pro	<u>vided</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
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	Bods	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant

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Provid	e the number of	inpatient bed	s and patient days per typ	e of service pe	er building per S	Section 130061(c)	(1)(F)	
	ng Number: BLI		Building Nar	me: Ob	estetrics Wing			
Type o	of Service Provi	<u>ided</u>			•			
	Nursing	Inpatient Beds	0 Inpatient Days	0	Surgica	al	X Obstetrica Recovery	
X II	ntensiveCare	Inpatient Beds	6 Inpatient Days	194	X Anesth	esia	X Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days	0	Clinical	Lab	Emergenc	у
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Days	0	Radiolo Imagino		Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days	0	Pharma Dietetio	aceutical	X Rehabilitat Therapy	ion
	ntermediate Care	Inpatient Beds	0 Inpatient Days	0		stration	Renal Dial	ysis
	Skilled Nursing	Inpatient Beds	0 Inpatient Days	0	X Suppor Service	es	Outpatient Surgery	
		Dodd	Total Beds this Building	6	X Obstetr Cesare	rical ean/Deliv	Central Pla	ant

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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-02236 E	Building Name: Main	Tower and North Wing							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric						
Inpatient 129 Bed	Inpatient 1417 Days 1	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing						
Inpatient 37 Bed	Inpatient 1185 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card						
Inpatient 8 Bed	Inpatient 853 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Intensive Care		Rehabilitation Center		Int. Care / development Disabled						
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	174	174					

Report Year: 2014 10856 Regional Medical Center of San Jose San Jose Page:10 of 48 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) South Wing **Building Number:** BLD-02237 **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 0 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 10856 Regional Medical Center of San Jose San Jose Page:11 of 48 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Obstetrics Wing Building Number:** BLD-02238 **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 194 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 6 Inpatient Inpatient 6 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-02236	Main Tower and North Wing	Replace
BLD-02237	South Wing	Replace
BLD-02238	Obstetrics Wing	Replace
BLD-02239	Emergency Department Building	Remain
BLD-02240	Lab Building	Remain
BLD-02241	Surgery Building	Remain
BLD-02242	ICU/CCU Building	Remain
BLD-02958	7A Outpatient Surgery Center	Remain

Report Year: Regional Medical Center of San Jose 2014 10856 San Jose Page:13 of 48 List ALL proposed new buildings to be constructed at this or another site. Building **Building Name** New Number Site N_1 Med-Tele Wing Х N_2 New Four-Story Tower N_3 Central Utility Plant

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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 Number: BLD-02236 Main Tower and North Wing Removal Date:											
Planned Use	Planned Uses for the building to be removed from acute care service:										
Planned use	Planned use for building:										
X No Interest No I	ursing tensiveCare ediatric/Adol scent sychiatric ursing bstetrical nte/Postprtum termediate are killed Nursing		x x	building: Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration		Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine	Rehabilitation Therapy Renal Dialys Outpatient Surgery Central Plan X Support Services	iis			

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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-0223	7	South Wing		Rem Date		05/01/2015]		
Planned l	Jses for the building	to be remo	ved from acute care service	e:						
Planned	use for building:									
<u>Inpatient</u>	services currently del	ivered in th	ne building:							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical		Danal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery		Renal Dialysis)		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		•		Control Plant			
	Intermediate Care		Dietetic		Emergency		Central Plant			
	Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services			

Report Ye	ear: 2014	10856 R	egional Medical Center of S	an Jose		San Jose		Page:16 of 48	
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 Number: BLD-02238 Obstetrics Wing Removal Date:									
Planned I	Uses for the building	ng to be remo	oved from acute care service) :					
Planned	Planned use for building:								
Inpatient	services currently	delivered in t	he building:			<u>-</u>	<u></u>		
	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	v [X Rehabilitation Therapy	1	
X	IntensiveCare Pediatric/Adol	X	Anesthesia Clinical Lab	X	Obstetrical Recovery	[Renal Dialysi	s	
	escent Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	[Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	[X Central Plant		
	Intermediate Care		Dietetic						
	Skilled Nursing		Administration		Nuclear Medicine	[X Support Services		

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Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Intensive Care N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Anesthesia N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Support Services N/A	building?	

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Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of		
Building Number: BLD-02238 Building Name: Obstetrics Wing		
Will general acute care services and beds will be relocated to a new, Existi	ng or retrofitted building?	
Obstetrical N/A Cesarean/Deliv		
Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of		
Building Number: BLD-02238 Building Name: Obstetrics Wing		
Will general acute care services and beds will be relocated to a new, Existi	ng or retrofitted building?	
Obstetrical Recovery N/A		
Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of		
Building Number: BLD-02238 Building Name: Obstetrics Wing		
Will general acute care services and beds will be relocated to a new, Existi	ng or retrofitted building?	
Newborn/Well Baby N/A		

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Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "		
Building Number: BLD-02238 Building Name: Obstetrics Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building? —	
Rehabilitation Therapy N/A		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "		
Building Name: Obstetrics Wing Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?	
Intensive Care Newborn Nursery		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "		
Building BLD-02237 Building Name: South Wing Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?	
Radiological/Imaging N/A		

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Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of		
Building Name: South Wing Number:		
Will general acute care services and beds will be relocated to a new, Existi	ng or retrofitted building?	
Pharmaceutical N/A		
Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of		
Building Name: South Wing Number:		
Will general acute care services and beds will be relocated to a new, Existi	ng or retrofitted building?	
Support Services N/A		
Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution of		
Building Name: South Wing Number:		
Will general acute care services and beds will be relocated to a new, Existi	ng or retrofitted building?	
Nuclear Medicine N/A		

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: BLD-02237 Building Name: South Wing Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?	
CentralPlant N/A	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pediatric Adolescent N/A Main Tower and North Wing Main Tower and North Wing Name: Main Tower and North Wing North Wing Name: Main Tower and North Wing North Wing	

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Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or '		
Building Number: BLD-02236 Building Name: Main Tower and North Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?	
Obstetrical Ante Postprtum N/A		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or '		
Building Name: Main Tower and North Wing Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?	
Pharmaceutical N/A		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "		
Building Number: BLD-02236 Building Name: Main Tower and North Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	ed building?	
Dietetic N/A		

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Report whether the general acute care services and beds will b building sites or project numbers for buildings with a Building Re			
Number:	r and North Wing		
Will general acute care services and beds will be relocated to a Administration N/A	new, Existing or retrofitted	building? 1	
Administration IN/A			
Report whether the general acute care services and beds will b building sites or project numbers for buildings with a Building Re			
Building Name: Main Tower Number:	r and North Wing		
Will general acute care services and beds will be relocated to a	new, Existing or retrofitted	building?	
Support Services N/A]	
Report whether the general acute care services and beds will b building sites or project numbers for buildings with a Building Re			
Building Name: Main Tower Number:	r and North Wing		
Will general acute care services and beds will be relocated to a	new, Existing or retrofitted	building?	
Obstetrical Recovery N/A			

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Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Reb		
Building Number: BLD-02236 Building Name: Main Tower and North Wing		
Will general acute care services and beds will be relocated to a new, Existing or Medical/Surgical N/A	r retrofitted building?	
(Include GYN)		
Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Reb		
Building Name: Main Tower and North Wing Number:	g	
Will general acute care services and beds will be relocated to a new, Existing or	r retrofitted building?	
Perinatal (exclude Newborn / GYN))		
Report whether the general acute care services and beds will be relocated to a building sites or project numbers for buildings with a Building Resolution of "Reb		
Building Name: Main Tower and North Wing Number:	g	
Will general acute care services and beds will be relocated to a new, Existing or	r retrofitted building?	
Pediatric N/A		

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eport Year: 201 Report any general	acute care hospital inpa		enter of San Jose nat is provided in any	genaral	San Jose acute care hospital	building t	Page:28 of 48 hat is rated SPC-1		
er Section 130061									
Building Number: BLD-02236 Building Name: Main Tower and North Wing									
Type of Service	e Provided		Surgical		Obstetrical		Rehabilitation		
X	Nursing				Cesarean/Deliv		Therapy		
	IntensiveCare		Anesthesia	X	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		·		Outpatient		
			Radiological/ Imaging		Newborn/ WellBaby		Surgery		
	Psychiatric Nursing	X	Pharmaceutical		Emergency		Central Plant		
X	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services		
	Intermediate Care	X	Administration						
	Skilled Nursing								

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Report any general per Section 130061	acute care hospital inpa	itient service that	is provided in any	genaral a	cute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-02237 Buildin	g Name: Sout	th Wing					
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia					
	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab				Outpatient Surgery	
			Radiological/ maging		Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Pharmaceutical		Emergency	X	Central Plant	
П	Obstetrical							
	Ante/Postprtum		Dietetic	X	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-02238 Buildin	g Name: Obstet	rics Wing							
Type of Service Provided										
		Sur	rgical		Obstetrical Sesarean/Deliv	X	Rehabilitation Therapy			
	Nursing	X And	esthesia 「				Renal Dialysis			
X	IntensiveCare		l nical Lab		Obstetrical Decovery		Renal Dialysis			
	Pediatric/Adol escent		,		lewborn/ /ellBaby		Outpatient Surgery			
	Psychiatric Nursing	Ima	aging armaceutical	E	mergency		Central Plant			
					0 ,	Ш				
	Obstetrical Ante/Postprtum	Die	etetic		uclear ledicine	X	Support Services			
	Intermediate Care	Ad	ministration							
	Skilled Nursing									

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Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)	ldings on the hospital campus showing replacement and the type of service	ng how each building will comply wi that will be provided in each genera	th the SPC-5/NPC-4 or 5 al actue care hospital building
Building Number: BLD-02236	Building Name: Main Tower and N	North Wing	
Configuration: N/A			
Type of Service Provided			
X Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	X Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Resovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
X Obstetrical	X Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	X Dietetic		
Skilled Nursing	X Administration	Nuclear Medicine	X Support Services
	•		

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Report the final cor requirements wheth per Section 130061	her by retrofit or by r	dings on the eplacement	hospital campus show and the type of service	ing how e that will l	ach building will comply be provided in each gene	with the SPC eral actue car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-02237	Building Na	me: South Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
Int Ca	ermediate are		Dietetic	X	Nuclear Medicine	X	Support
Sk	illed Nursing		Administration				Services

	ether by retrofit or by				ach building will comply be provided in each gen		
ilding Number	: BLD-02238	Building Na	me: Obstetrics Wing				
Configuration:	N/A						
Type of Servi	ice Provided						
	Nursing		Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Lineigency		Commun Tark
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the final con requirements wheth per Section 130061	ner by retrofit or by i	dings on the l replacement a	nospital campus showin and the type of service t	g how e hat will t	ach building will comply wo be provided in each gener	vith the SPC- ral actue care	5/NPC-4 or 5 hospital building
Building Number:	BLD-02239	Building Nan	ne: Emergency Depar	tment B	uilding		
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Into	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	ostetrical te/Postprtum		Pharmaceutical	X	Emergency		Central Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration				Services

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Report the final con requirements wheth per Section 130061	ner by retrofit or by	dings on the l replacement a	nospital campus showin and the type of service t	ig how e hat will t	ach building will comply wo be provided in each gener	rith the SPC al actue ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02240	Building Nan	ne: Lab Building				
Configuration:	N/A						
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent	X	Clinical Lab		recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	estetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte	ermediate ire		Dietetic		Nuclear Medicine	П	Support
Ski	illed Nursing		Administration	<u> </u>		_	Services

		dical Center of San Jos		San Jose		Page:36 of 48
: BLD-02241	Building Na	me: Surgery Building				
N/A						
ce Provided						
Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ntensiveCare	X	Anesthesia		Obstetrical Recovery		Renal Dialysis
Pediatric/Adol escent	X	Clinical Lab		Recovery		
Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
Obstetrical Ante/Postortum		Pharmaceutical				Central Plant
ntermediate		Dietetic		Emergency		Central Plant
Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services
	ether by retrofit or by 161(c)(5) EBLD-02241 N/A Ce Provided Nursing IntensiveCare Pediatric/Adolescent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care	ether by retrofit or by replacement 61(c)(5) EBLD-02241 Building Na N/A Ce Provided Nursing INTERPORT OF THE PROVIDENT O	ether by retrofit or by replacement and the type of services 61(c)(5) BLD-02241	ether by retrofit or by replacement and the type of service that will 61(c)(5) BLD-02241 Building Name: Surgery Building N/A Ce Provided Nursing IX Surgical INTERPORT IN	ether by retrofit or by replacement and the type of service that will be provided in each generation of the control of the con	BLD-02241 Building Name: Surgery Building N/A Ce Provided Nursing

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Report the final config requirements whether per Section 130061(c)	by retrofit or by repla	s on the ho acement an	spital campus showing d the type of service th	how ea	nch building will comply with e provided in each general a	the SPC- actue care	5/NPC-4 or 5 hospital building
Building Number: B	LD-02242 Bui	lding Name	: ICU/CCU Building				
Configuration: N	/A						
Type of Service Pr	rovided						
Nursi	ng	S	urgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
X Intens	siveCare	A	nesthesia		Obstetrical Recovery	R	enal Dialysis
Pedia escer	atric/Adol nt		Clinical Lab		Recovery		
Psych Nursi	niatric ng		Radiological/ maging		Newborn/ WellBaby		outpatient urgery
Obste Ante/	etrical Postprtum	F	Pharmaceutical		Emergency		entral Plant
Intern Care	nediate		Dietetic		Nuclear Medicine	X	Support
Skille	d Nursing		Administration				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-02958	Building Nar	ne: 7A Outpatient Sur	gery Cer	nter					
Configuration:	N/A									
Type of Service	Provided									
Nu	ırsing	Х	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare	X	Anesthesia		Obstetrical Recovery	F	Renal Dialysis			
	diatric/Adol cent		Clinical Lab		recovery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing		Administration			_	Services			

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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)									
Building Number: BLD-02239 Building Name: Emergency Department Building										
Тур	e of Service Prov	<u>rided</u>								
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	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	Ш	Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

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Include information of and SPC-5 per Section		f inpatient beds I	by type of Sei	rvice provided by b	ouilding	s that are classified a	s SPC-2	, SPC-3, SPC-4,
Building Number:	BLD-02240	Building Na	ame: Lab E	Building				
Type of Service Pr	<u>ovided</u>							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	A	nesthesia				
Pediatric/Adol	Inpatient Beds	0	X C	Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ maging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	P	Pharmaceutical		Emergency		Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled Nursin	g Inpatient Beds	0	A	Administration				
Total Beds thi Building	s	0						

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Include informatio and SPC-5 per Se		inpatient beds by t	ype of \$	Service provided by b	uildin	gs that are classified as	SPC-2	2, SPC-3, SPC-4,
Building Number:	BLD-02241	Building Name	e: Su	urgery Building				
Type of Service	Provided							
Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCa	are Inpatient Beds	0	X	Anesthesia				
Pediatric/Adescent	dol Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
Obstetrical Ante/Postp	Inpatient rtum Beds	0		Pharmaceutical		Emergency		Central Plant
Intermediat Care	e Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skilled Nurs	sing Inpatient Beds	0		Administration				
Total Beds Building	this	0						

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Include information on and SPC-5 per Section	the number on 130061(e)	f inpatient beds	by type of Service provided by b	uildings that are classified a	as SPC-2, SPC-3, SPC-4,
Building Number: BL	D-02242	Building N	Name: ICU/CCU Building		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	34	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		34			

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Include information on and SPC-5 per Section	the number of 130061(e)	f inpatient beds I	by type of Se	rvice provided by	buildings that are classified	d as SPC-2, SP	C-3, SPC-4,
Building Number: BL	D-02958	Building Na	ame: 7A C	Outpatient Surgery	Center		
Type of Service Prov	vided						
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy
IntensiveCare	Inpatient Beds	0	X A	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ maging	Newborn/ WellBaby	X Outp Surg	patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0	_ F	Pharmaceutical	Emergency	Cent	tral Plant
Intermediate Care	Inpatient Beds	0	□ ,	Dietetic	Nuclear Medicine	Supp Serv	
Skilled Nursing	Inpatient Beds	0	A	Administration			
Total Beds this Building		0					

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Days

Bed

Intensive Care Newborn Intermediate Care Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient Inpatient Bed Days Bed Davs Bed Davs

Intensive Care

Rehabilitation Center

Inpatient 0 Inpatient Inpatient

Bed Inpatient 0 In

Inpatient 0 Days Chemical Dependency Total Beds the Building Per Unit Unit

Bed

Days

Bed

ilding Per Building Per Service

Days

0 0

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Report Year: 2014 10856 Regional Medical Center of San Jose San Jose Page:46 of 48 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-02241 Surgery Building **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 10856 Regional Medical Center of San Jose San Jose Page:47 of 48 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-02242 ICU/CCU Building **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 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 Inpatient 10915 Inpatient Inpatient Inpatient 34 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 34 34

Report Year: 2014 10856 Regional Medical Center of San Jose San Jose Page:48 of 48 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-02958 7A Outpatient Surgery Center **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