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: 10919 Facility Name: O'Connor Hospital - San Jose Address: 2105 Forest Avenue City: San Jose Hospital Owner/Licensee: Daughters of Charity Health S Year of Reporting: 2014 Contact 1 e-mail Address: Contact 2 e-mail Address: Contact 3 e-mail Address: Name of Submitter: Kathy Roth	
Address: 2105 Forest Avenue City: San Jose Hospital Owner/Licensee: Daughters of Charity Health S Year of Reporting: 2014 Contact 1 e-mail Address: Contact 2 e-mail Address: Contact 3 e-mail Address:	
City: San Jose Hospital Owner/Licensee: Daughters of Charity Health S Year of Reporting: 2014 Contact 1 e-mail Address: Contact 2 e-mail Address: Contact 3 e-mail Address:	
Hospital Owner/Licensee: Year of Reporting: Contact 1 e-mail Address: Contact 2 e-mail Address: Contact 3 e-mail Address:	
Year of Reporting: Contact 1 e-mail Address: Contact 2 e-mail Address: Contact 3 e-mail Address:	
Name of Submitter: Kathy Roth	
Submission Date: 12/15/2014 4:04:03 PM	

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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- 02278	1953 Building	2105 Forest Avenue	Retrofit	SPC2	01/01/2020	07/01/2019
BLD- 02279	1953 Boiler House / Laundry	2105 Forest Avenue	Retrofit	SPC2	01/01/2019	11/20/2018

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building	No: BLD-0	2278		1953 Building		Retrofit/Rep Project:	olacement	Yes-Suk	mitted	
Facility Number	Project Number	Sub Num	Sc	ope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10919	IS110669-0	0		R UPGRADE OF 1953 BUILDING/MAIN ILDING SEISMIC UPGRADE	4/11/2011 12:00:00 AM		12/20/2017	08/12/2019	ACTI	No
10919	SS110401-0	0	MA	TERIAL TESTING PROGRAM	2/28/2011 12:00:00 AM	6/23/2011 12:00:00 AM	11/27/2013	09/27/2012	CLOS	No

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	2279	9 1953 Boiler House / Laundry		Retrofit/Re Project:	placement	Yes-Suk		
Facility Number	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10919	IS110665-0	0	UGRADE OF 1953 CENTRAL PLANT	4/11/2011 12:00:00 AM		12/20/2017	11/19/2018	ACTI	No
10919	SS110401-0	0	MATERIAL TESTING PROGRAM	2/28/2011 12:00:00 AM	6/23/2011 12:00:00 AM	11/27/2013	09/27/2012	CLOS	No

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Provide the number of	inpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)	
Building Number: BLI	D-02278	Building Name: 198	53 Building		
Type of Service Provi	<u>ided</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	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	ysis
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nnt

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Provide the number of	of inpatient be	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: B		Building Name: 19	53 Boiler House / Laundry		
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	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitat Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dial	ysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	ant

Report Year: 2014 10919 O'Connor Hospital - San Jose San Jose Page:6 of 42 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02278 **Building Number: Building Name:** 1953 Building 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 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 Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2014 10919 O'Connor Hospital - San Jose San Jose Page:7 of 42 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 1953 Boiler House / Laundry **Building Number:** BLD-02279 **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-02278	1953 Building	Retrofit
BLD-02279	1953 Boiler House / Laundry	Retrofit
BLD-02280	1969 Addition	Remain
BLD-02281	Replacement Facility	Remain
BLD-02282	Replacement Boiler House	Remain
BLD-03316	2005 Emergency Expansion	Remain
BLD-03318	Linear Accelerator	Remain
BLD-03319	Canopy 1	Remain
BLD-03320	Canopy 2	Remain
BLD-05675	2005 Emergency Expansion Canopy	Remain

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No proposed ne	ew buildings	to be const	ructed at this or another site.		

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Report Year: O'Connor Hospital - San Jose 2014 10919 San Jose Page:11 of 42 No data reported for Section 130061(c)(2)(D).

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No data reported for whether the grown corresponding building sites or pro-	eneral acute care services and beds will be reliect numbers for buildings with a Building Reso	located to a new, existing or retrofit	tted building and any
corresponding building sites of proj	ect numbers for buildings with a building Nest	olution of Rebuild of Replace pe	: Section 130001(c)(2)(E).

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No data reporte	d for Section	n 130061(c)	(3).		

eport Year: 2014 10919 O'Co	onnor Hospital - San Jose	San Jose		Page:15 of 42
Report any general acute care hospital inpper Section 130061(c)(4)	patient service that is provided in any	genaral acute care hosp	ital building that is ra	ated SPC-1
Building Number: BLD-02278 Build	ing Name: 1953 Building			
Type of Service Provided		_		
	Surgical	Obstetrical Cesarean/Deliv		bilitation apy
Nursing				
☐ IntensiveCare	Anesthesia	Obstetrical	Rena	l Dialysis
IntensiveCare	Clinical Lab	Recovery		
Pediatric/Adol escent	Cillical Lab	Newborn/	Outpa Surge	
	Radiological/ Imaging	WellBaby	- July	,
Psychiatric Nursing				
Č	Pharmaceutical	Emergency	Centr	al Plant
Obstetrical Ante/Postprtum		Nuclear	χ Supp	ort
	Dietetic	Medicine Medicine	Servi	ces
Intermediate				
Care	X Administration			
Skilled Nursing				

Type of Service	Provided	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing IntensiveCare	Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	Clinical Lab	Recovery Newborn/		Outpatient Surgery
	Psychiatric Nursing	Radiological/ Imaging	WellBaby		
	Obstetrical Ante/Postprtum	Pharmaceutical	Emergency Nuclear Medicine	X	Central Plant Support Services
	Intermediate	Dietetic	Medicine		Services
	Care Skilled Nursing	Administration			

or by replacemer Building N	ame: 1953 Building for Rebuild) with new Surgical Anesthesia	rice that will b	ach building will comply be provided in each genute provided pr	eral actue c	Rehabilitation Therapy
	for Rebuild) with new Surgical Anesthesia	SPC5 and N	Obstetrical Cesarean/Deliv		Therapy
SB90 Definition	Surgical Anesthesia	SPC5 and N	Obstetrical Cesarean/Deliv		Therapy
	Anesthesia		Cesarean/Deliv		Therapy
	Anesthesia		Cesarean/Deliv		Therapy
			Obstetrical		
			Recovery		Renal Dialysis
	Clinical Lab		Recovery		
	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Pharmaceutical		Emergency		Central Plant
	Dietetic		Emergency	Ш	Contrarriant
X	Administration		Nuclear Medicine	X	Support Services
	X	Pharmaceutical Dietetic	Pharmaceutical Dietetic	Pharmaceutical Emergency Dietetic Nuclear Medicine	Pharmaceutical Emergency Dietetic Nuclear Medicine

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	al configuration of all bu whether by retrofit or by 30061(c)(5)					
Building Numb	per: BLD-02279	Building Name: 195	3 Boiler House / Laund	dry		
Configuratio	n: Replace with exis	ting SPC2 and NPC3 b	ouilding and remove fro	om service in 2030.		
Type of Se	rvice Provided					
	Nursing	Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy
	IntensiveCare	Anesthe	sia	Obstetrical Recovery	Rer	nal Dialysis
	Pediatric/Adol escent	Clinical	Lab	Receivery		
	Psychiatric Nursing	Radiolog Imaging		Newborn/ WellBaby		patient gery
	Obstetrical Ante/Postprtum	Pharmad	ceutical	Emergency	X Cer	ntral Plant
	Intermediate	Dietetic				
	Care Skilled Nursing	Adminis	tration	Nuclear Medicine		pport rvices
		•				

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Report the final corequirements where per Section 13006	ther by retrofit or by i	dings on the eplacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply w be provided in each gener	rith the SPC al actue ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-02280	Building Na	me: 1969 Addition				
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SP	C5 and N	NPC4 or NPC5 building.		
Type of Service	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Х	Emergency		Central Plant
	ntermediate are		Dietetic	X	Nuclear Medicine	X	Support
S	killed Nursing	X	Administration				Services

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configuration of all buil nether by retrofit or by 061(c)(5)	dings on the replacement	hospital campus show and the type of servic	ving how e e that will l	each building will comply be provided in each gen	with the SF eral actue c	PC-5/NPC-4 or 5 are hospital building
r: BLD-02281	Building Na	me: Replacement Fa	acility			
Retrofit Conformin	ng building to	NPC 4 or NPC 5				
rice Provided						
Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
IntensiveCare	X	Anesthesia	X	Obstetrical Paccyony	X	Renal Dialysis
Pediatric/Adol escent	X	Clinical Lab		Recovery		
Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
Intermediate	X	Dietetic	_	Lineigency	_	Contract
Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services
	configuration of all buil nether by retrofit or by 061(c)(5) r: BLD-02281 Retrofit Conformir ice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate	configuration of all buildings on the nether by retrofit or by replacement 061(c)(5) r: BLD-02281 Building Na Retrofit Conforming building to ice Provided Nursing X IntensiveCare X Pediatric/Adol escent X Psychiatric Nursing X Obstetrical Ante/Postprtum Intermediate Care	configuration of all buildings on the hospital campus shownether by retrofit or by replacement and the type of service 061(c)(5) r: BLD-02281 Building Name: Replacement Face Retrofit Conforming building to NPC 4 or NPC 5 ice Provided Nursing X Surgical IntensiveCare X Anesthesia Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Dietetic	configuration of all buildings on the hospital campus showing how enether by retrofit or by replacement and the type of service that will 1061(c)(5) r: BLD-02281 Building Name: Replacement Facility Retrofit Conforming building to NPC 4 or NPC 5 ice Provided Nursing X Surgical X IntensiveCare X Anesthesia X Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging Obstetrical Ante/Postprtum X Dietetic Intermediate Care	configuration of all buildings on the hospital campus showing how each building will comply nether by retrofit or by replacement and the type of service that will be provided in each gen 061(c)(5) r: BLD-02281	configuration of all buildings on the hospital campus showing how each building will comply with the SF teither by retrofit or by replacement and the type of service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service that will be provided in each general actue of 061(c)(5) The service of the service of the service that will be provided in each general actue of 061(c)(5) The service of the service of 061(c)(5) The service of the service of 061(c)(5) The se

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	ner by retrofit or by i				ach building will comply wi be provided in each genera		
Building Number:	BLD-02282	Building Nan	ne: Replacement Boile	er House			
Configuration:	Retrofit Conformin	g building to l	NPC 4 or NPC 5				
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	stetrical		Pharmaceutical				
— Ant	te/Postprtum			Ш	Emergency	X C	entral Plant
Inte Car	ermediate re		Dietetic		Nuclear Medicine		upport
Ski	lled Nursing		Administration			5	ervices

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	ner by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-03316	Building Nar	me: 2005 Emergency	Expansio	on		
Configuration:	Retrofit Conformir	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	estetrical		Pharmaceutical				
— An	te/Postprtum			X	Emergency	C	entral Plant
Inte	ermediate ire		Dietetic		Nuclear Medicine		Support
Ski	illed Nursing		Administration			5	Services

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	her by retrofit or by				ach building will comply wi be provided in each genera		
Building Number:	BLD-03318	Building Nar	ne: Linear Accelerator				
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		recovery		
	ychiatric ırsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	ostetrical hte/Postprtum		Pharmaceutical		_		
	ermediate		Dietetic		Emergency		Central Plant
Ca			Administration		Nuclear Medicine		Support Services
Sk	illed Nursing						

lings on the hospital campus show eplacement and the type of service	ing how each building will comply that will be provided in each gene	with the SPC-5/NPC-4 or 5 eral actue care hospital building
Building Name: Canopy 1		
service by 1/1/2030		
Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Anesthesia	Obstetrical	Renal Dialysis
Clinical Lab	Recovery	
Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Pharmaceutical	- Emergency	X Central Plant
Dietetic	Emergency	Central Flam
Administration	Nuclear Medicine	Support Services
	service by 1/1/2030 Surgical Anesthesia Clinical Lab Radiological/Imaging Pharmaceutical Dietetic	service by 1/1/2030 Surgical Obstetrical Cesarean/Deliv Anesthesia Obstetrical Recovery Clinical Lab Radiological/ Newborn/ WellBaby Pharmaceutical Emergency Dietetic Nuclear Medicine

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	ner by retrofit or by r				ach building will comply wi be provided in each genera		
Building Number:	BLD-03320	Building Nar	me: Canopy 2				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	tenal Dialysis
	diatric/Adol cent		Clinical Lab		resorvery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Jurgery
☐ Ob	stetrical		Pharmaceutical				
☐ Ant	te/Postprtum				Emergency	X C	entral Plant
Inte Car	ermediate re		Dietetic	П	Nuclear Medicine		Support
Ski	illed Nursing		Administration				Services

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Report the final cor requirements wheth per Section 130061	ner by retrofit or by r	dings on the replacement	hospital campus showin and the type of service t	g how e hat will t	ach building will comply voe provided in each gene	vith the SPC ral actue car	e-5/NPC-4 or 5 e hospital building
Building Number:	BLD-05675	Building Nar	me: 2005 Emergency I	Expansio	on Canopy		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant
Int Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration				Services

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Includ 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	ng Number: BLC	D-02280	Building Na	me: 196	69 Addition							
Туре	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		Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	X	Nuclear Medicine	X	Support Services			
	Skilled Nursing	Inpatient Beds	0	X	Administration							
	Total Beds this Building		0									

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	le information on t SPC-5 per Section		of inpatient beds t	by type of \$	Service provided by b	uildings that are classified a	s SPC-2, S	SPC-3, SPC-4,
Buildi	ng Number: BLD)-02281	Building Na	ame: Re	eplacement Facility			
Туре	e of Service Prov	ided						
X	Nursing	Inpatient Beds	210	X	Surgical	X Obstetrical Cesarean/Deliv		ehabilitation nerapy
X	IntensiveCare	Inpatient Beds	32	X	Anesthesia			
X	Pediatric/Adol escent	Inpatient Beds	27	X	Clinical Lab	X Obstetrical Recovery	X Re	enal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby		utpatient urgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	65	X 	Pharmaceutical	Emergency	Ce	entral Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine		upport ervices
X	Skilled Nursing	Inpatient Beds	24	X	Administration			
	Total Beds this Building		358					

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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-02282 Building Name: Replacement Boiler House									
Type of Service Provided									
Nursing	g	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intension	veCare	Inpatient Beds	0		Anesthesia				
Pediatr escent		Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychia Nursing		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetr Ante/Po	rical ostprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
Interme Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled	Nursing	Inpatient Beds	0		Administration				
Total B Building	eds this g		0						

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Includ 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-03316 Building Name: 2005 Emergency Expansion								
Type of Service Provided								
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X 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-03318 Building Name: Linear Accelerator									
Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services	
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: BLD-03319 Building Name: Canopy 1								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtun	Inpatient n Beds	0	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: BLD-03320 Building Name: Canopy 2								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia	a				
Pediatric/Adol escent	Inpatient Beds	0	Clinical La	b Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiologic Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient n Beds	0	Pharmace	utical Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administra	ation				
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-05675 Building Name: 2005 Emergency Expansion Canopy								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtur	Inpatient n Beds	0	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	g Inpatient Beds	0	Administration					
Total Beds this Building	S	0						

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SPC-5 per Section 130061(e)								
Building Number:	LD-02281 Build	ing Name: Rep	ng Name: Replacement Facility					
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 210 Bed	Inpatient 26872 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (Exclude Nev	wborn / GYN)	Burn		Skilled Nursing				
Inpatient 65 Bed	Inpatient 7706 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 24 Bed	Inpatient 7916 Days			
Pediatric		Intensive Care Ne Nursery	wborn	Intermediate Care				
Inpatient 27 Bed	Inpatient 1294 Days	Inpatient 10 Bed	Inpatient 1391 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled				
Inpatient 14 Bed	Inpatient 2854 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Depend	ency	Total Beds this Building Per	Total Beds this Building Per			
Inpatient 8 Bed	Inpatient 1630 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 358	Service 358			

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Report Year: 2014 10919 O'Connor Hospital - San Jose San Jose Page:38 of 42 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-03316 2005 Emergency Expansion **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

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Report Year: 2014 10919 O'Connor Hospital - San Jose San Jose Page:40 of 42 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-03319 Canopy 1 **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

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