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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 Owner and Year of Report per Section 130061(e)

Facility Number:	11295
Facility Name:	Kaiser Foundation Hospital - Hayward
Address:	27400 Hesperian Boulevard
City:	Hayward
Hospital Owner/Lice	nsee: Kaiser Foundation Hospital/#14000053
Year of Repo	orting: 2014
Contact 1 e-mail Ado	lress:
Contact 2 e-mail Add	Iress:
Contact 3 e-mail Add	ress::
Name of Subr	nitter: Alan Burkett
Submission	Date: 10/24/2014 2:04:14 PM

Report \	Year: 2014 11295	Kaiser Foundation Hospital - H	layward	Hayward		Page:2 of 53
ebuild, r 30061.	retrofit or replace the build 5,for rebuild, retrofit or rep	are planned for rebuild, retrofit or rep ling to SPC2, SPC3, SPC4 or SPC5 placement of the building that the hos d per Section 130061(c)(1)(B)	per 130061(c)(1	)(A). The deadline, a	as described in S	Section 130060 or
ldg. o.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
D- 320	Clinic	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
.D- 321	Hospital	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
D- 322	Clinic Addition	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015

Report Year:	2014 1	1295 Kaiser Foundation Hospital - Ha	yward	Hayward			Page:3 of	53
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: BL	-D-01320	Clinic		Retrofit/Replace Project:	ement	Yes-Sub	mitted	]
Facility Project Number Numbe		Scope	Date In	Plan Approved S Date	tart Date	Project Complete d	Status	CEQA Review
18186 IL080370	)-0 0	PPR HAYWARD REPLACEMENT 114-917- 03	2/27/2008 12:00:00 AM	07/	14/2010	01/01/2015	PEND	No
orojected constru status and appro	iction start c vals per Sec	lanned for rebuild, retrofit or replacement, p date or dates and projected Completion da ction 130061(c)(1)(E).		Section 130061(c)	(1)(D) and	the most rec	ent project	
Building No: BL	-D-01321	Hospital		Retrofit/Replace Project:	ement	Yes-Sub	mitted	]
Facility Project Number Numbe		Scope	Date In	Plan Approved S Date	tart Date	Project Complete d	Status	CEQA Review
18186 IL080370	0-0 0	PPR HAYWARD REPLACEMENT 114-917- 03	2/27/2008 12:00:00 AM	07/	14/2010	01/01/2015	PEND	No
SHPD FDD SB49	9 Report	Data Last Update: 10/09/2014	Submissi	on Date: 10/24/2014	4 P	rinted: 10/26/2	014 6:25 A	M

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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-01322	Clinic Addition		Retrofit/Replacement Project:	Yes-Submitted	
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Start Date Date	Project Complete Status d	CEQA Review
18186 IL080370-0 0	PPR HAYWARD REPLACEMENT 114-917- 03	2/27/2008 12:00:00 AM	07/14/2010	01/01/2015 PEN	ID No
OSHED EDD SB400 Poport	Data Last Lindata: 10/00/2014	<u> </u>	on Data: 10/24/2014	Printod: 10/26/2014 6:24	

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Provide the number of inpatient	beds and patient days per type of service pe	r building per Section 130061	c)(1)(F)
Building Number: BLD-01320	Building Name: Clin	nic	
Type of Service Provided			
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical   Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration	Renal Dialysis   Outpatient
Skilled Nursing Inpatient	0 Inpatient Days 0	Services	Surgery
	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Report	Data Last Update: 10/09/2014 Su	ubmission Date: 10/24/2014	Printed: 10/26/2014 6:25 AM

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Provide the number of ir	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD-01321 Building Name: Hospital						
Type of Service Provic	ded		_			
	Inpatient 12 Beds	24 Inpatient 2085 Days	2 X Sur	gical	Obstetrical Recovery	
	Inpatient 1 Beds	16 Inpatient Days 95	0 X Ane	sthesia	Newborn/ WellBaby	
	Inpatient Beds	0 Inpatient Days	0 Clini	ical Lab	Emergency	
	Inpatient	0 Inpatient Days	0 Rad Imag	iological/	Nuclear Medicine	
	Inpatient Beds	0 Inpatient Days	0 Diet	rmaceutical	Rehabilitation Therapy	
	Inpatient Beds	0 Inpatient Days			Renal Dialysis	
	Inpatient	0 Inpatient Days	이	vices	Outpatient Surgery	
				tetrical arean/Deliv	Central Plant	
OSHPD FDD SB499 Report	Data La	st Update: 10/09/2014	Submission Dat	te: 10/24/2014 Pri	nted: 10/26/2014 6:25 AM	

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Provide the number of inpatier	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD-01322 Building Name: Clinic Addition						
Type of Service Provided						
Nursing Inpatie Beds	nt 0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare Inpatie Beds	nt 0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol Inpatie escent Beds	nt 0 Inpatient Days 0	X Clinical Lab	X Emergency			
Psychiatric Inpatie Nursing Beds	nt 0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Inpatie Ante/Postprtum Beds	nt 0 Inpatient Days 0	Pharmaceutical   Dietetic	Rehabilitation Therapy			
Intermediate Inpatie Care Beds	nt 0 Inpatient Days 0		Renal Dialysis			
Skilled Nursing Inpatie Beds	nt 0 Inpatient Days 0	Support Services	Outpatient Surgery			
	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant			
OSHPD FDD SB499 Report	Data Last Update: 10/09/2014 St	ubmission Date: 10/24/2014	Printed: 10/26/2014 6:25 AM			

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Provide the numbe	r of Inpatient beds and patier	nt days per type of unit	t per building per Sectio	on 130061(c)(1)(F)	
Building Number:	BLD-01320 Build	ling Name:	С		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0
OSHPD FDD SB499	Report Data Last U	pdate: 10/09/2014	Submission Date:	10/24/2014 Printee	d: 10/26/2014 6:25 AM

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Provide the number	r of Inpatient beds and patie	nt days per type of uni	t per building per Sect	tion 130061(c)(1)(F)	
Building Number:	BLD-01321 Build	ling Name: Hos	pital		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 94 Bed	Inpatient 1497 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 30 Bed	Inpatient 5876 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16 Bed	Inpatient 950 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	140	140

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Provide the number of Inpatient beds an	nd patient days per type of unit per building per Sec	ction 130061(c)(1)(F)
Building Number: BLD-01322	Building Name: Clinic Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0

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Kaiser Foundation Hospital - Hayward

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01320	Clinic	Rebuild
BLD-01321	Hospital	Rebuild
BLD-01322	Clinic Addition	Rebuild
BLD-01323	Storeroom	Remain
BLD-01324	West Wing Addition	Remain
BLD-01325	Central Plant	Remain
BLD-01326	East Wing, Low Rise	Remain
BLD-01327	East Wing, Tower	Remain
BLD-01328	Lobby	Remain
BLD-01329	Hospital Addition	Remain
BLD-01330	Pharmacy Addition	Remain
	R	1

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List ALL proposed new buildings to be constructed at this or another site.							
Building Number	Building Nam	ne		New Site			
N_1	Hospital 250	0 Merced Street		Х			
OSHPD FDD SB499 Re	port	Data Last Update:	10/09/2014	Submission Date	e: 10/24/2014	Printed: 10/26/2	2014 6:25 AM

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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-	O1320 Clinic		Removal 01/01/2015 Date:		
Planned Uses for the build Planned use for building:	ling to be removed from acute care servi	ice: sdiction:	7		
Other Usage:	Leadership TBD				
Inpatient services currentl	y delivered in the building:	Obstetrical	Rehabilitatio	n an	
Nursing	Surgical	Cesarean/De		11	
IntensiveCare Pediatric/Adol escent	Anesthesia	Obstetrical Recovery	Renal Dialys	sis	
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical		Central Plar	nt	
Intermediate Care	Dietetic				
Skilled Nursing	X Administration	Nuclear Medicine	Support Services		
				2/2014 C.25 AM	
OSHPD FDD SB499 Report	Data Last Update: 10/09/201	4 Submission Date	e: 10/24/2014 Printed: 10/26	6/2014 6:25 AM	

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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-01	1321	Hospital			Removal Date:	01/01/2015	]
Planned Uses for th	he buildir	ng to be remov	ved from acute ca	ire service:				
Planned use for bu	uilding:	Other		Jurisdiction:				
Other L	Jsage:	Leadership TE	BD					
Inpatient services of	currently	delivered in th	e building:		Obstatrical		Dehebilitetion	
X Nursing		X	Surgical	X	Obstetrical Cesarean/Deliv	v	Rehabilitation Therapy	
X Intensive	eCare	X	Anesthesia			_		
Pediatric escent	Adol		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
Psychiat Nursing	ric		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
Obstetric Ante/Pos		X	Pharmaceutical		Emergency	X	Central Plant	
Intermed Care	liate		Dietetic		Emergency			
Skilled N	lursing		Administration		Nuclear Medicine	X	Support Services	
OSHPD FDD SB499	Report	Data	Last Update: 10	0/09/2014	Submission Date:	10/24/2014	Printed: 10/26/2	014 6:25 AM

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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-013	22 Clinic Addition		Removal 01/01/2015 Date:		
Planned Uses for the building	to be removed from acute care service:	:			
Planned use for building:	ther Jurisdie	ction:	]		
Other Usage: Le	adership TBD				
Inpatient services currently de	livered in the building:				
Nursing	Surgical	Obstetrical Cesarean/Deli	v Rehabilitation	n	
IntensiveCare	Anesthesia	Obstetrical			
Pediatric/Adol escent	X Clinical Lab	Recovery	Renal Dialys	IS	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	X Emergency	Central Plan	t	
Intermediate Care	Dietetic	Lineigency			
Skilled Nursing	Administration	Nuclear Medicine	Support Services		
OSHPD FDD SB499 Report	Data Last Update: 10/09/2014	Submission Date:	10/24/2014 Printed: 10/26	/2014 6:25 AM	

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No data reporte	ed for Section	n 130061(c)	)(2)(D).		

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lo data reporte	ed for Sectio	n 130061(o	c)(2)(D.		

Report Year: 2014	4 11295 Kaiser Four	ndation Hospital - Hayward		Hayward		Page:18 of 53
		nd beds will be relocated to a r a Building Resolution of "Reb				responding
Building BL Number:	D-01320 Building Name:	Clinic				
Will general acute car	re services and beds will be	elocated to a new, Existing or	retrofitted b	uilding?		
Radiological/Imaging	Relocated to new building					
		nd beds will be relocated to a r a Building Resolution of "Reb				responding
Building BL Number:	D-01320 Building Name:	Clinic				
Will general acute car	re services and beds will be	elocated to a new, Existing or	retrofitted b	uilding?		
Administration	Relocated to new building					
		nd beds will be relocated to a r a Building Resolution of "Reb				responding
Building BL Number:	D-01322 Building Name:	Clinic Addition				
Will general acute car	re services and beds will be	elocated to a new, Existing or	retrofitted b	uilding?		
ClinicalLab	Relocated to new building					
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)						
Building BLD-01322 Building Name: Clinic Addition						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?					
Emergency       Relocated to new building	]					
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R						
Building BLD-01321 Building Name: Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?					
Nursing Relocated to new building	]					
	_					
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R						
Building BLD-01321 Building Name: Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?					
Intensive Care Relocated to new building	]					
OSHPD FDD SB499 Report Data Last Update: 10/09/2014 Submission Data	te: 10/24/2014 Printed: 10/24	6/2014 6:25 AM				

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)						
Building BLD-01321 Building Name: Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Surgical Relocated to new building	]					
Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R						
Building Number: BLD-01321 Building Name: Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Anesthesia Relocated to new building	]					
Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R						
Building BLD-01321 Building Name: Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Pharmaceutical Relocated to new building	]					
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)						
Building BLD-01321 Building Name: Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Support Services Relocated to new 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						
Building BLD-01321 Building Name: Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
Obstetrical Cesarean/Deliv	]					
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R						
Building BLD-01321 Building Name: Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?					
OutpatientSurgery Relocated to new building						
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)					
Building BLD-01321 Building Name: Hospital Number:					
Will general acute care services and beds will be relocated to a new, Existing or re	etrofitted building?				
Medical/Surgical (Include GYN)					
Report whether the general acute care services and beds will be relocated to a ne building sites or project numbers for buildings with a Building Resolution of "Rebu					
Building BLD-01321 Building Name: Hospital Number:					
Will general acute care services and beds will be relocated to a new, Existing or re	etrofitted building?				
Perinatal (exclude Newborn / GYN))					
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 BLD-01321 Building Name: Hospital Number:					
Will general acute care services and beds will be relocated to a new, Existing or re	etrofitted building?				
Intensive Care N/A Newborn Nursery					
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No data reporte	d for Sectio	on 130061(c	)(3).		

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Report any general per Section 130061	acute care hospital inpa (c)(4)	atient service that is provided in any g	enaral ac	ute care hospital	building t	hat is rated SPC-1
Building Number:	BLD-01320 Buildin	g Name: Clinic				
Type of Service	e Provided					
		Surgical		Dbstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesthesia				Popal Dialycia
	IntensiveCare	Clinical Lab		Dbstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X Radiological/		lewborn/ VellBaby		Outpatient Surgery
	Psychiatric Nursing	Imaging Pharmaceutical		mergency		Central Plant
	Obstetrical Ante/Postprtum			luclear ledicine		Support Services
	Intermediate Care	X Administration				
	Skilled Nursing					
OSHPD FDD SB499 Re	eport Data Las	st Update: 10/09/2014 Subm	ission Date	e: 10/24/2014	Printe	ed: 10/26/2014 6:25 AM

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Report any general per Section 130061		tient service that is provided	d in any genaral ac	cute care hospital	building that is	rated SPC-1
Building Number:	BLD-01321 Buildin	g Name: Hospital				
Type of Service	e Provided					
		X Surgical		Obstetrical Cesarean/Deliv	Reh The	abilitation rapy
X	Nursing	X Anesthesia				
X	IntensiveCare		L F	Obstetrical Recovery	Ren	al Dialysis
	Pediatric/Adol escent	Clinical Lab	۲ – T	Newborn/	X Out Sur	patient gery
	Psychiatric Nursing	Radiologica		VellBaby	—	
	-	X Pharmaceu		Emergency	Cen	tral Plant
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine	X Sup Serv	port ⁄ices
	Intermediate Care	Administrat	ion			
	Skilled Nursing					
OSHPD FDD SB499 Re	eport Data Las	t Update: 10/09/2014	Submission Dat	e: 10/24/2014	Printed: 10	/26/2014 6:25 AM

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Report any general per Section 130061		tient service that is provided in any	genaral acute care hospit	al building that is rat	ed SPC-1
Building Number:	BLD-01322 Buildin	g Name: Clinic Addition			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing	Anesthesia		Renal [	Dialysis
	IntensiveCare	_	Obstetrical Recovery		Jiaiysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surger	
	Psychiatric Nursing	Radiological/ Imaging		Central	Plant
	Obstetrical Ante/Postprtum		X Emergency	Suppor Service	t
	Intermediate Care	Administration			
	Skilled Nursing				
OSHPD FDD SB499 R	eport Data Las	t Update: 10/09/2014 Subi	mission Date: 10/24/2014	Printed: 10/26	/2014 6:25 AM

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Report the final configuration of requirements whether by retrofit per Section 130061(c)(5)	all buildings on the hospital campus show or by replacement and the type of servic	ving how each build e that will be provid	ing will comply with the S ed in each general actue	PC-5/NPC-4 or 5 care hospital building
Building Number: BLD-01320 Configuration: N/A	Building Name: Clinic			
Type of Service Provided				
Nursing	Surgical	Obstetr Cesare	ical	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetr		Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recove	ry	
Psychiatric Nursing	X Radiological/ Imaging	Newbor WellBal		Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emerge	ency	Central Plant
Intermediate Care	Dietetic		· Medicine	Support
Skilled Nursing	X Administration			Services
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	buildings on the hospital campus show by replacement and the type of service				
Building Number: BLD-01321	Building Name: Hospital				
Configuration: N/A					
Type of Service Provided					
X Nursing	X Surgical		etrical irean/Deliv	Reha Thera	bilitation apy
X IntensiveCare	X Anesthesia	Obst Reco	etrical	Rena	l Dialysis
Pediatric/Adol escent	Clinical Lab		voly		
Psychiatric Nursing	Radiological/ Imaging	Newł Welle	born/ Baby	X Outpa Surge	
Obstetrical Ante/Postprtum	X Pharmaceutical	Eme	rgency	Centr	al Plant
	Dietetic				
Care Skilled Nursing	Administration		ear Medicine	X Supp Serv	
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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-01322	Building Na	me: Clinic Addition							
Configuration:	N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy		
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis		
-	ediatric/Adol cent	X	Clinical Lab		110000	cry				
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical	x	Emerg	ency		Central Plant		
Inte Ca	ermediate are		Dietetic		Nuclea	ar Medicine		Support		
Sk	illed 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-01323	Building Na	me: Storeroom							
Configuration:	N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy		
Inte	ensiveCare		Anesthesia		Obstet Recove			Renal Dialysis		
-	ediatric/Adol cent		Clinical Lab			,				
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	ency		Central Plant		
Inte Ca	ermediate are		Dietetic		Nuclea	r Medicine	X	Support		
Sk	illed Nursing		Administration		Nuclea			Services		
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	her by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-01324	Building Na	me: West Wing Addition	on			
Configuration:	N/A						
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services
		-					
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01325	Building Na	me: Central Plant							
Configuration:	N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy		
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis		
-	ediatric/Adol cent		Clinical Lab		Recov	ery				
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	ency	X	Central Plant		
Inte Ca	ermediate are		Dietetic		Nuclea	ar Medicine		Support		
Sk	illed Nursing		Administration					Services		
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	her by retrofit or by				ach building will comply v be provided in each gene		
Building Number:	BLD-01326	Building Na	me: East Wing, Low Ri	ise			
Configuration:	N/A						
Type of Service	e Provided						
Nu Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		,		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number:	BLD-01327	Building Na	me: East Wing, Tower							
Configuration:	N/A									
Type of Service	Provided									
X Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Inte	ensiveCare		Anesthesia	Х	Obstetrical Recovery		Renal Dialysis			
-	diatric/Adol cent		Clinical Lab		Necovery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical	X	Emergency		Central Plant			
Inte Ca	ermediate		Dietetic							
_	illed Nursing		Administration		Nuclear Medicine	X	Support Services			
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)											
Building Number: BLD-01328 Building Name: Lobby											
Configuration:	N/A										
Type of Service Provided											
Nu	ırsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia			Obstetrical Recovery		Renal Dialysis			
-	ediatric/Adol cent		Clinical Lab		NCCOVELY						
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery			
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	gency		Central Plant			
Inte Ca	ermediate are		Dietetic		Nuclea	or Modicino		Support			
	illed Nursing			NUCIE	Nuclear Medicine		Services				
	Poport D		o: 10/00/2014	Submice	ion Doto	· 10/24/2014	Drintadi	10/26/2014 6:25 AM			
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)											
Building Number: BLD-01329 Building Name: Hospital Addition											
Configuration:	Configuration: N/A										
Type of Service	e Provided										
Nu Nu	ursing		Surgical		Obstetr Cesarea	ical an/Deliv		Rehabilitation Therapy			
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	ediatric/Adol scent		Clinical Lab								
	sychiatric ursing		Radiological/ Imaging		Newbor WellBat	n/ by		Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emerge	ency		Central Plant			
	termediate are		Dietetic		-						
	killed Nursing			Nuclear Medicine	X	Support Services					
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)									
Building Number:	BLD-01330	Building Na	me: Pharmacy Additior	า					
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis	
-	ediatric/Adol cent		Clinical Lab			,			
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery	
	ostetrical ite/Postprtum	X	Pharmaceutical		Emerç	gency		Central Plant	
Inte Ca	ermediate		Dietetic		Nucle	ar Medicine		Current	
	illed Nursing		Administration		NUCIE			Support Services	
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Include information on and SPC-5 per Sectior		of inpatient beds b	by type of \$	Service provided by	building	s that are classified	as SPC-2, SF	PC-3, SPC-4,
Building Number: BL	D-01323	Building Na	ame: Sto	oreroom				
Type of Service Prov	vided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		abilitation rapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Ren	al Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	Out Sur	oatient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	Cen	tral Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X Sup Serv	port <i>v</i> ices
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
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Include inform and SPC-5 p			inpatient beds	by type of S	Service provided by	ı building	s that are classified	as SPC-2, SF	PC-3, SPC-4,
Building Nun	nber: BLD-	01324	Building N	lame: We	est Wing Addition				
Type of Se	rvice Provid	ded							
Nursir		Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		nabilitation rapy
X Intens		Inpatient Beds	16		Anesthesia				
X escen		Inpatient Beds	20		Clinical Lab		Obstetrical Recovery	Rer	nal Dialysis
Psych		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		patient gery
Obste		Inpatient Beds	0		Pharmaceutical		Emergency	Cer	ntral Plant
Interm Care		Inpatient Beds	0		Dietetic		Nuclear Medicine	Sup Ser	port vices
Skilled		Inpatient Beds	0		Administration				
Total I Buildir	Beds this		36						
OSHPD FDD S	B499 Report	C	Data Last Update	: 10/09/20	14 Submis	sion Date	e: 10/24/2014	Printed: 10/2	6/2014 6:25 AM

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Include information on and SPC-5 per Sectio		f inpatient beds	by type of \$	Service provided by	buildin	gs that are classified a	as SPC-2, S	PC-3, SPC-4,
Building Number: BL	D-01325	Building N	lame: Ce	entral Plant				]
Type of Service Pro	vided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	C Re	nal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X Ce	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Ľ	Nuclear Medicine		pport rvices
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						
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	formation on t 5 per Section		inpatient beds	by type of S	Service provided by I	ouildings that are	e classified as SPC	-2, SPC	:-3, SPC-4,
Building N	Number: BLD	0-01326	Building N	Name: Ea	st Wing, Low Rise				
Type of s	Service Prov	ided							
Nur	rsing	Inpatient Beds	0		Surgical	Obstet Cesare	rical X ean/Deliv	Rehal Thera	pilitation py
Inte	ensiveCare	Inpatient Beds	0		Anesthesia				
	diatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstet Recov		Renal	Dialysis
	ychiatric rsing	Inpatient Beds	0		Radiological/ Imaging	Newbo WellBa		Outpa Surge	itient ry
	stetrical te/Postprtum	Inpatient Beds	0		Pharmaceutical	Emerg	ency	Centra	al Plant
Inte	ermediate re	Inpatient Beds	0		Dietetic	Nuclea Medici		] Suppo Servio	ort ces
Skil	illed Nursing	Inpatient Beds	0		Administration				
	tal Beds this ilding		0						
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Include infor and SPC-5			of inpatient beds	by type of S	Service provided by	y building	gs that are classified a	as SPC-2, S	SPC-3, SPC-4,
Building Nu	mber: BLD	0-01327	Building N	lame: Ea	st Wing, Tower				]
Type of Se	ervice Prov	ided							
X Nursi	ing	Inpatient Beds	34		Surgical		Obstetrical Cesarean/Deliv		ehabilitation erapy
	siveCare	Inpatient Beds	0		Anesthesia				
Pedia escer	atric/Adol nt	Inpatient Beds	0		Clinical Lab	×	Obstetrical Recovery	Re Re	enal Dialysis
Psycł Nursi	hiatric ing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient Irgery
	etrical /Postprtum	Inpatient Beds	3		Pharmaceutical	X	Emergency	Ce	entral Plant
Intern Care	nediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X Su Se	ipport prvices
Skille	ed Nursing	Inpatient Beds	0		Administration				
Total Buildi	Beds this ing		37						
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	e information on t PC-5 per <mark>Section</mark>		f inpatient beds	by type of S	Service provided by	buildings that are classified	as SPC-2, SPC	C-3, SPC-4,
Buildin	ng Number: BLC	D-01328	Building N	Name: Lo	bby			
<u>Type</u>	of Service Prov	rided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	ıl Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	ort ces
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					
OSHPD	FDD SB499 Repor	rt [	Data Last Update	: 10/09/20	014 Submise	sion Date: 10/24/2014	Printed: 10/26/	2014 6:25 AM

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Include information o and SPC-5 per Section		of inpatient beds	by type of \$	Service provided by	buildin	gs that are classified a	as SPC-2, S	PC-3, SPC-4,
Building Number: B	LD-01329	Building N	lame: Ho	ospital Addition				]
Type of Service Pro	ovided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rei	nal Dialysis
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		tpatient ·gery
Obstetrical Ante/Postprtur	Inpatient n Beds	0		Pharmaceutical		Emergency	Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Ľ	Nuclear Medicine	X Sup Ser	oport vices
Skilled Nursing	l Inpatient Beds	0		Administration				
Total Beds this Building	3	0						
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Include information and SPC-5 per Sec		of inpatient beds	by type of Service provided	by buildings that are classified	as SPC-2, SPC-3, SPC-4,
Building Number:	BLD-01330	Building N	ame: Pharmacy Addition		
Type of Service F	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCar	e Inpatient Beds	0	Anesthesia		
Pediatric/Add escent	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient um Beds	0	X Pharmaceutica	Emergency	Central Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursi	ng Inpatient Beds	0	Administration		
Total Beds th Building	nis	0			
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Include information on SPC-5 per Section 130		peds by type of unit provided by buildings the	nat are classified as SPC-2, SPC-3,	SPC-4, and
Building Number:	BLD-01323 Buil	ding Name: Storeroom		
Medical / Surgical (Ind	clude GYN)	Acute Respiratory Care	Acute Psychiatric	
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0
Perinatal (Exclude Ne	wborn / GYN)	Burn	Skilled Nursing	
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0
Pediatric		Intensive Care Newborn Nursery	Intermediate Care	
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled	,
npatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0
Coronary Care		Chemical Dependency		I Beds this ding Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	
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Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	at are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-01324 Bui	Iding Name: West Wing Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 20 Inpatient 1276 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 16 Inpatient 3850 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 36 36
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Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-01325 Bu	ilding Name: Central Plant	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit       Service         0       0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-01326 Bu	ilding Name: East Wing, Low Rise		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Total Beds this Total Be Building Per Building	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-01327 Bui	Iding Name: East Wing, Tower		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 34 Inpatient 7872 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 3 Inpatient 653 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 37 37	
OSHPD FDD SB499 Report Data Last	Jpdate: 10/09/2014 Submission Date:	10/24/2014 Printed: 10/26/2014 6:25 AM	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)		
Building Number: BLD-01328 Bu	ilding Name: Lobby	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service
OSHPD FDD SB499 Report Data Last	Update: 10/09/2014 Submission Date:	10/24/2014 Printed: 10/26/2014 6:25 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-01329 Bu	ilding Name: Hospital Addition		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days 0	Unit Service	
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-01330 Bu	ilding Name: Pharmacy Addition		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit       Service         0       0	
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