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| Office of Statewide Health<br>Planning and Development |
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| Facilities Development<br>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:                   | 10750   |   |
|------------------------------------|---|---|
| Facility Name:                     | St. Joseph's Medical Center of Stockton               |   |
| Address:                           | 1800 N California St                                  |   |
| City:                              | Stockton  | ] |
| Hospital Owner/Lice<br>Year of Rep |   | ] |
| Contact 1 e-mail Ad                | dress: [Confidential data left blank intentionally.]  | ] |
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| Name of Sub                        | mitter: Karl Wagner                                   |   |
| Submission                         | Date: 12/10/2015 1:47:45 PM                           |   |
|                                    |   |   |

| Report Y  | Year: 2015 10750 | St. Joseph's Medical Center of S | Stockton               | Stockton                        |                   | Page:2 of 79                   |  |  |
|---|------------------|----------------------------------|------------------------|---------------------------------|-------------------|--------------------------------|--|--|
| 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.<br>No.  | Building Name    | Alternate Building Address       | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |  |  |
| BLD-<br>01898   | Main Wing        | 1800 N California St             | Remove                 | N/A                             | 01/01/2015        | 12/31/2015                     |  |  |
|   |                  |                                  |                        |                                 |                   |                                |  |  |
|   |                  |                                  |                        |                                 |                   |                                |  |  |
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|   |                  |                                  |                        | - D-4 40/40/0045                |                   | N/40/0045 0.05 ANA             |  |  |

| Report Year:                                  | 2015 | 10750 | St. Joseph's Medical Center of Stockton | Stockton | Page:3 of 79 |  |  |  |
|---|------|-------|---|----------|--------------|--|--|--|
| lo data reported for Section 130061(c)(1)(C). |      |       |   |          |              |  |  |  |
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| Report Year:         2015         107  | St. Joseph's Medical Center of Stocktor | n Stockton                                 | Page:4 of 79    |  |  |  |  |
|--|---|--|-----------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) |   |  |                 |  |  |  |  |
| Building Number: BLD-018   | 98 Building Name: Ma                    | ain Wing                                   |                 |  |  |  |  |
| Type of Service Provided   |   |  |                 |  |  |  |  |
| X Nursing Inpat<br>Beds  |   | Surgical Obstetri<br>Recove                |                 |  |  |  |  |
| IntensiveCare Inpat<br>Beds  |   | Anesthesia Newbor<br>WellBat               |                 |  |  |  |  |
| Pediatric/Adol Inpat<br>escent Beds  |   | Clinical Lab                               | ncy             |  |  |  |  |
| Psychiatric Inpat<br>Nursing Beds  |   | Radiological/ Nuclear<br>Imaging           |                 |  |  |  |  |
| Obstetrical Inpat<br>Ante/Postprtum Beds   |   | Pharmaceutical     Dietetic     Dietetic   |                 |  |  |  |  |
| Intermediate Inpat<br>Care Beds  |   | Administration Renal D                     | -               |  |  |  |  |
| Skilled Nursing Inpat  |   | Services Surgery                           |                 |  |  |  |  |
|  | Total Beds this <b>27</b><br>Building   | Obstetrical     Cesarean/Deliv     Central | Plant           |  |  |  |  |
|  |   |  |                 |  |  |  |  |
| OSHPD FDD SB499 Report   | Data Last Update: 10/13/2015 Si         | ubmission Date: 12/10/2015 Printed: 12/    | 12/2015 6:25 AM |  |  |  |  |

| Report Year: 2015 10750 St. Jose  | eph's Medical Center of Stockton    | ockton Page:5 of 79  |  |  |  |  |  |
|---|-------------------------------------|--|--|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) |                                     |  |  |  |  |  |  |
| Building Number: BLD-01898 Bu   | ilding Name: Main Wing              |  |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care              | Acute Psychiatric  |  |  |  |  |  |
| Inpatient 27 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Perinatal (excluse Newborn / GYN)   | Burn                                | Skilled Nursing  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Pediatric   | intensive Care Newborn<br>Nursery   | Intermediate Card  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Intensive Care  | Rehabilitation<br>Center            | Int. Care / development<br>Disabled  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days  |  |  |  |  |  |
| Coronary Care   | Chemical<br>Dependency              | Total Beds this Total Beds this<br>Building Per Building Per<br>Unit Service |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | 27 27  |  |  |  |  |  |
|   |                                     |  |  |  |  |  |  |
| OSHPD FDD SB499 Report Data Last  | Update: 10/13/2015 Submission Date: | 12/10/2015 Printed: 12/12/2015 6:25 AM                                       |  |  |  |  |  |

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St. Joseph's Medical Center of Stockton

Stockton

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

| Building<br>Number | Building Name                        | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|--------------------------------------|--|
| BLD-01898          | Main Wing                            | Remove   |
| BLD-01899          | North Wing                           | Remain   |
| BLD-01900          | South Wing                           | Remain   |
| BLD-01901          | West Wing                            | Remain   |
| BLD-01902          | East Wing                            | Remain   |
| BLD-01903          | Administrative Wing                  | Remain   |
| BLD-01904          | Southeast Wing                       | Remain   |
| BLD-01905          | Cafeteria                            | Remain   |
| BLD-01906          | Heart Center                         | Remain   |
| BLD-01907          | Outpatient Surgery Building          | Remain   |
| BLD-01908          | Cancer Center                        | Remain   |
| BLD-01909          | Hospital Main Entrance               | Remain   |
| BLD-01910          | Emergency Generator Room             | Remain   |
| BLD-03367          | Women & Children's Pavilion Building | Remain   |
| BLD-03370          | New Generator Building               | Remain   |
| BLD-03371          | Pedestrian Corridor                  | Remain   |
| BLD-03492          | Elevator Addition                    | Remain   |
| BLD-03493          | Kitchen Remodel 1                    | Remain   |
| BLD-03494          | Kitchen Remodel 2                    | Remain   |
| BLD-03495          | Material Management Building         | Remain   |

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|--------------------|---------------|-------------------|----------------------|-----------------|--------------|----------------|--------------|
| BLD-03496          | Utility Plant |                   |                      | F               | Remain       |                |              |
|                    |               |                   |                      |                 |              |                |              |
|                    |               |                   |                      |                 |              |                |              |
|                    |               |                   |                      |                 |              |                |              |
|                    |               |                   |                      |                 |              |                |              |
|                    |               |                   |                      |                 |              |                |              |
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|                    |               |                   |                      |                 |              |                |              |
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|                    |               |                   |                      |                 |              |                |              |
|                    |               |                   |                      |                 |              |                |              |
|                    |               |                   |                      |                 |              |                |              |
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| Report Year: 2015         | 10750 St. Joseph's Medi           | cal Center of Stockton | Stockton | Page:8 of 79 |
|---------------------------|-----------------------------------|------------------------|----------|--------------|
| No proposed new buildings | s to be constructed at this or an | other site.            |          |              |
|                           |                                   |                        |          |              |
|                           |                                   |                        |          |              |
|                           |                                   |                        |          |              |
|                           |                                   |                        |          |              |
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| Report Y   | 'ear: 2015                                | 10750 St          | Joseph's Medical           | Center of Stor              | ckton                   | Stockton         |                       | Page:9 of 79 |
|--|---|-------------------|----------------------------|-----------------------------|-------------------------|------------------|-----------------------|--------------|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:<br>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<br>replaced or rebuild buildings as well.<br>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<br>replaced or rebuild buildings as well.<br>The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) |   |                   |                            |                             |                         |                  |                       |              |
| Building   | Number: BLD-(                             | 01898             | Main Win                   | g                           |                         | Removal<br>Date: | 12/31/2015            |              |
|  | Uses for the build                        | -                 | ved from acute car         | e service:<br>Jurisdiction: |                         |                  |                       |              |
| 1 Idiniod  | Other Usage:                              | Administration    |                            |                             |                         |                  |                       |              |
| Inpatient  | services currently                        | v delivered in th | e building:                | Г                           | Obstetrical             |                  | Rehabilitation        |              |
| X  | Nursing                                   |                   | Surgical                   | L                           | Cesarean/D              | eliv             | Therapy               | I            |
|  | IntensiveCare<br>Pediatric/Adol<br>escent |                   | Anesthesia<br>Clinical Lab |                             | Obstetrical<br>Recovery | I                | Renal Dialysi         | S            |
|  | Psychiatric<br>Nursing                    |                   | Radiological/<br>Imaging   |                             | Newborn/<br>WellBaby    |                  | Outpatient<br>Surgery |              |
|  | Obstetrical<br>Ante/Postprtum             |                   | Pharmaceutical             | Г                           | -<br>-                  |                  | Central Plant         |              |
|  | Intermediate<br>Care                      |                   | Dietetic                   |                             | ☐ Emergency             |                  |                       |              |
|  | Skilled Nursing                           |                   | Administration             |                             | Nuclear<br>Medicine     |                  | Support<br>Services   |              |
|  |   |                   |                            |                             |                         |                  |                       |              |
| OSHPD F  | DD SB499 Report                           | Data              | Last Update: 10            | /13/2015                    | Submission Dat          | e: 12/10/2015    | Printed: 12/12/       | 2015 6:25 AM |

| Report Year:         2015         10750         St. Jos   | eph's Medical Center of Stockton   | Stockton                                | Page:10 of 79 |  |  |  |  |  |
|---|------------------------------------|---|---------------|--|--|--|--|--|
| Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |                                    |   |               |  |  |  |  |  |
| Building Nbr: BLD-01898 Building Name:  | Main Wing                          | Year of Information: 2012               | 2             |  |  |  |  |  |
| Unit Type Information Current As Of:  |                                    |   |               |  |  |  |  |  |
| Medical/Surgical (include GYN)  | Acute Respiratory Care             | Acute Psychiatric                       |               |  |  |  |  |  |
| Inpatient 6 Patient 1230<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                               | Skilled Nursing                         |               |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days | Inpatient 21 Patient<br>Beds Days       | 2987          |  |  |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery     | Intermediate Care                       |               |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |
| Intensive Care  | Rehabilitation Center              | Int. Care/Developmentally Dis           | abled         |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |
| Coronary Care   | Chemical Dependency                | Total Beds this                         |               |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days |   | 27            |  |  |  |  |  |
| Dous Days   | Dous Days                          | Total Beds this<br>Building per Service | 27            |  |  |  |  |  |
|   |                                    |   |               |  |  |  |  |  |
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| Report Year: 2015 10750 St. Jos   | seph's Medical Center of Stockton    | Stockton                                | Page:11 of 79 |  |  |  |  |  |  |
|---|--------------------------------------|---|---------------|--|--|--|--|--|--|
| Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |                                      |   |               |  |  |  |  |  |  |
| Building Nbr:       BLD-01898       Building Name:       Main Wing       Year of Information:       2013  |                                      |   |               |  |  |  |  |  |  |
| Unit Type Information Current As Of:  |                                      |   |               |  |  |  |  |  |  |
| Medical/Surgical (include GYN) Acute Respiratory Care Acute Psychiatric   |                                      |   |               |  |  |  |  |  |  |
| Inpatient 27 Patient 4850<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                                 | Skilled Nursing                         |               |  |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery       | Intermediate Care                       |               |  |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |  |
| Intensive Care  | Rehabilitation Center                | Int. Care/Developmentally Dis           | abled         |  |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |  |
| Coronary Care   | Chemical Dependency                  | Total Beds this                         |               |  |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days   | Building per Unit                       | 27            |  |  |  |  |  |  |
|   |                                      | Total Beds this<br>Building per Service | 27            |  |  |  |  |  |  |
|   |                                      |   |               |  |  |  |  |  |  |
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| Report Year: 2015 10750 St. Jos   | seph's Medical Center of Stockton     | Stockton                                | Page:12 of 79 |  |  |  |  |  |  |
|---|---------------------------------------|---|---------------|--|--|--|--|--|--|
| Provide the number of inpatient and patient days per unit for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |                                       |   |               |  |  |  |  |  |  |
| Building Nbr:       BLD-01898       Building Name:       Main Wing       Year of Information:       2014  |                                       |   |               |  |  |  |  |  |  |
| Unit Type Information Current As Of:  |                                       |   |               |  |  |  |  |  |  |
| Medical/Surgical (include GYN) Acute Respiratory Care Acute Psychiatric   |                                       |   |               |  |  |  |  |  |  |
| Inpatient 27 Patient 0<br>Beds Days   | Inpatient 0 Patient 0<br>Beds Days    | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                                  | Skilled Nursing                         |               |  |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery        | Intermediate Care                       |               |  |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |  |
| Intensive Care  | Rehabilitation Center                 | Int. Care/Developmentally Dis           | abled         |  |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Inpatient 0 Patient<br>Beds Days        | 0             |  |  |  |  |  |  |
| Coronary Care   | Chemical Dependency                   | Total Beds this                         | 27            |  |  |  |  |  |  |
| Inpatient 0 Patient 0<br>Beds Days  | Inpatient 0 Patient 0<br>Beds Days    | Building per Unit                       | 21            |  |  |  |  |  |  |
|   | ,                                     | Total Beds this<br>Building per Service | 27            |  |  |  |  |  |  |
|   |                                       |   |               |  |  |  |  |  |  |
|   |                                       |   |               |  |  |  |  |  |  |
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| OSHPD FDD SB499 Report Data Las   | t Update: 10/13/2015 Submission Date: | 12/10/2015 Printed: 12/12/              | 2015 6:25 AM  |  |  |  |  |  |  |

|  | or the three years prior to the reporting year for buildings to be |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |  |  |  |  |  |  |  |  |  |  |
| Building Nbr: BLD-01898 Building Main Wing Name:   | Year of Information: 2012  |  |  |  |  |  |  |  |  |  |
| <u>Type of Services</u><br><u>Provided</u>   | Information Current As 07/23/2014<br>Of:                           |  |  |  |  |  |  |  |  |  |
| X Nursing Inpatient 6 Patient 1230<br>Beds Days  | Surgical Obstetrical Rehabilitation<br>Cesarean/Deliv Therapy      |  |  |  |  |  |  |  |  |  |
| IntensiveCare Inpatient 0 Patient 0<br>Beds Days   | Anesthesia   |  |  |  |  |  |  |  |  |  |
| Pediatric/AdolInpatient0Patient0escentBedsDays   | Clinical Lab   |  |  |  |  |  |  |  |  |  |
| PsychiatricInpatient0Patient0NursingBedsDays   | Radiological/ Newborn/ Outpatient<br>Imaging WellBaby Surgery      |  |  |  |  |  |  |  |  |  |
| Obstetrical Inpatient 0 Patient 0<br>Ante/Postprtum Beds Days  | Pharmaceutical Emergency Central Plant                             |  |  |  |  |  |  |  |  |  |
| Intermediate Inpatient 0 Patient 0<br>Care Beds Days   | Dietetic Nuclear Support<br>Medicine Services                      |  |  |  |  |  |  |  |  |  |
| X Skilled Nursing Inpatient 21 Patient 2897<br>Beds Days   | Administration   |  |  |  |  |  |  |  |  |  |
| Total Beds this Building per service 27  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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| OSHPD FDD SB499 Report Data Last Update: 10/13/2015  | Submission Date: 12/10/2015 Printed: 12/12/2015 6:25 AM            |  |  |  |  |  |  |  |  |  |

| Report Year: 201   | 5 10750 St. Jos      | eph's Medical Center of St | ockton                  | Stockton                      | Page:14 of 79             |  |  |  |  |
|--|----------------------|----------------------------|-------------------------|-------------------------------|---------------------------|--|--|--|--|
| Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be |                      |                            |                         |                               |                           |  |  |  |  |
| removed from acute care services per Section 130061(c)(2)(D). Building Nbr: BLD-01898 Building Main Wing Year of Information: 2013       |                      |                            |                         |                               |                           |  |  |  |  |
| Name:  |                      |                            |                         |                               |                           |  |  |  |  |
| Type of Services     Of:     07/23/2014       Provided     Of:   |                      |                            |                         |                               |                           |  |  |  |  |
| X Nursing  | Inpatient 27<br>Beds | Patient 4850<br>Days       | Surgical                | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |  |
| IntensiveCare  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Anesthesia              | Obstetrical X                 | Renal Dialysis            |  |  |  |  |
| Pediatric/Adol<br>escent   | Inpatient 0<br>Beds  | Patient 0<br>Days          | Clinical Lab            | Recovery E                    | ] ,                       |  |  |  |  |
| Psychiatric<br>Nursing   | Inpatient 0<br>Beds  | Patient 0<br>Days          | Radiological<br>Imaging | / Newborn/ WellBaby           | Outpatient<br>Surgery     |  |  |  |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Pharmaceut              | ical Emergency                | Central Plant             |  |  |  |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds  | Patient 0<br>Days          | Dietetic                | Nuclear<br>Medicine           | Support<br>Services       |  |  |  |  |
| Skilled Nursing  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Administratio           | on                            |                           |  |  |  |  |
| Total Beds this B  | Building per service | 27                         |                         |                               |                           |  |  |  |  |
|  |                      |                            |                         |                               |                           |  |  |  |  |
|  |                      |                            |                         |                               |                           |  |  |  |  |
|  |                      |                            |                         |                               |                           |  |  |  |  |
| OSHPD FDD SB499 Re   | eport Data Last      | Update: 10/13/2015         | Submission Date         | e: 12/10/2015 Printed: 12     | 2/12/2015 6:25 AM         |  |  |  |  |

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|--|----------------------|----------------------------|------------------------|-------------------------------|---------------------------|--|--|--|--|
| Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D). |                      |                            |                        |                               |                           |  |  |  |  |
| Building Nbr: BLD-01898 Building Name: Main Wing Year of Information: 2014   |                      |                            |                        |                               |                           |  |  |  |  |
| Type of Services     Of:       Provided     Information Current As   |                      |                            |                        |                               |                           |  |  |  |  |
| X Nursing  | Inpatient 27<br>Beds | Patient 0<br>Days          | Surgical               | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |  |  |
| IntensiveCare  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Anesthesia             | Obstetrical                   | X Renal Dialysis          |  |  |  |  |
| Pediatric/Adol<br>escent   | Inpatient 0<br>Beds  | Patient 0<br>Days          | Clinical Lab           |                               |                           |  |  |  |  |
| Psychiatric<br>Nursing   | Inpatient 0<br>Beds  | Patient 0<br>Days          | Radiologica<br>Imaging | I/ Newborn/<br>WellBaby       | Outpatient<br>Surgery     |  |  |  |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Pharmaceu              | tical Emergency               | Central Plant             |  |  |  |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds  | Patient 0<br>Days          | Dietetic               | Nuclear<br>Medicine           | Support<br>Services       |  |  |  |  |
| Skilled Nursing  | Inpatient 0<br>Beds  | Patient 0<br>Days          | Administrat            | ion                           |                           |  |  |  |  |
| Total Beds this B  | Building per service | 27                         |                        |                               |                           |  |  |  |  |
|  |                      |                            |                        |                               |                           |  |  |  |  |
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| OSHPD FDD SB499 Re   | eport Data Last      | Update: 10/13/2015         | Submission Dat         | e: 12/10/2015 Printed:        | 12/12/2015 6:25 AM        |  |  |  |  |

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|-----------------|----------------|--------------|---------------------|--|-------------------|--------------------|-----------------------|-------------------------|--|
| No data reporte | ed for whethe  | er the gener | ral acute care serv | rices and beds will<br>ngs with a Building | be relocated to a | new, existing or r | etrofitted building a | and any $2061(c)(2)(E)$ |  |
| corresponding   | building sites | s or project |                     | ngs with a building                        |                   | ebulia of Replac   |                       | JUUT(C)(Z)(⊏).          |  |
|                 |                |              |                     |  |                   |                    |                       |                         |  |
|                 |                |              |                     |  |                   |                    |                       |                         |  |
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|---|------------------------------|----------|---------------|--|--|--|--|--|--|
| Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3) |                              |          |               |  |  |  |  |  |  |
| Building BLD-01898 Building Name:   | Main Wing                    |          |               |  |  |  |  |  |  |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?   |                              |          |               |  |  |  |  |  |  |
| Nursing Removed from hospital se  | ervices                      |          |               |  |  |  |  |  |  |
|   |                              |          |               |  |  |  |  |  |  |
|   |                              |          |               |  |  |  |  |  |  |
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|   |                              |          |               |  |  |  |  |  |  |
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|   |                              |          |               |  |  |  |  |  |  |
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|   |                              |          |               |  |  |  |  |  |  |
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|   |                              |          |               |  |  |  |  |  |  |
|   |                              |          |               |  |  |  |  |  |  |
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|   |                              |          |               |  |  |  |  |  |  |
|   |                              |          |               |  |  |  |  |  |  |
|   |                              |          |               |  |  |  |  |  |  |

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|--|-------------------------------|--------------------------------|------------|-----------------------------|--------------|--------------------|--|--|--|--|
| Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4) |                               |                                |            |                             |              |                    |  |  |  |  |
| Building Number: BLD-01898 Building Name: Main Wing  |                               |                                |            |                             |              |                    |  |  |  |  |
| Type of Service Provided   |                               |                                |            |                             |              |                    |  |  |  |  |
|  |                               | Surgical                       |            | bstetrical<br>esarean/Deliv | Reha<br>Ther | abilitation<br>apy |  |  |  |  |
| X N  | lursing                       | Anesthesia                     | <b>—</b> . |                             |              |                    |  |  |  |  |
| l In   | ntensiveCare                  | Clinical Lab                   |            | bstetrical<br>ecovery       | L Rena       | al Dialysis        |  |  |  |  |
|  | ediatric/Adol<br>scent        | Radiological/                  |            | ewborn/<br>/ellBaby         | Outp<br>Surg | atient<br>ery      |  |  |  |  |
|  | Psychiatric<br>Iursing        | Imaging Pharmaceutical         |            | mergency                    |              | ral Plant          |  |  |  |  |
|  | Dbstetrical<br>.nte/Postprtum |                                |            | uclear<br>edicine           | Supr<br>Serv | port               |  |  |  |  |
|  | ntermediate<br>Care           | Administration                 |            |                             |              |                    |  |  |  |  |
| SI   | killed Nursing                |                                |            |                             |              |                    |  |  |  |  |
|  |                               |                                |            |                             |              |                    |  |  |  |  |
|  |                               |                                |            |                             |              |                    |  |  |  |  |
| OSHPD FDD SB499 Repor  | rt Data Last Up               | odate: 10/13/2015 Submi        | ssion Date | : 12/10/2015                | Printed: 12/ | 12/2015 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 acute care hospital building per Section 130061(c)(5) |                                    |                       |                    |                           |  |  |  |  |  |  |
| Building Number: BLD-01898  | Building Name: Main Wing           |                       |                    |                           |  |  |  |  |  |  |
| Configuration: Remove from  | n GAC service by 1/1/2015          |                       |                    |                           |  |  |  |  |  |  |
| Type of Service Provided  |                                    |                       |                    |                           |  |  |  |  |  |  |
| Nursing   | Surgical                           | Obstetric<br>Cesarear |                    | Rehabilitation<br>Therapy |  |  |  |  |  |  |
| IntensiveCare   | Anesthesia                         | Obstetric<br>Recovery |                    | Renal Dialysis            |  |  |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                       | Receivery             |                    |                           |  |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging           | Newborn<br>WellBaby   |                    | Outpatient<br>Surgery     |  |  |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical                     | Emergen               | cv 🗌               | Central Plant             |  |  |  |  |  |  |
| Intermediate<br>Care  | Dietetic                           |                       |                    |                           |  |  |  |  |  |  |
| Skilled Nursing   | X Administration                   | Nuclear N             | Aedicine           | Support<br>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 acute care hospital building per Section 130061(c)(5) |                |  |              |                           |                |                    |  |  |  |  |
| Building Number: BLD-   | -01899 Buildir | ng Name: North Wing                              |              |                           |                |                    |  |  |  |  |
| Configuration: Remove from GAC service by 1/1/2030  |                |  |              |                           |                |                    |  |  |  |  |
| Type of Service Prov  | ided           |  |              |                           |                |                    |  |  |  |  |
| X Nursing   | [              | Surgical   |              | stetrical<br>sarean/Deliv | Reha           | abilitation<br>apy |  |  |  |  |
| Intensive   | eCare [        | Anesthesia                                       |              | stetrical<br>covery       | Rena           | al Dialysis        |  |  |  |  |
| Pediatric<br>escent   | c/Adol [       | Clinical Lab                                     |              |                           |                |                    |  |  |  |  |
| Psychiat<br>Nursing   | ric [          | Radiological/<br>Imaging                         |              | wborn/<br>ellBaby         | Outp<br>Surg   | atient<br>ery      |  |  |  |  |
| Obstetric<br>Ante/Pos   |                | Pharmaceutical                                   | Em Em        | nergency                  | Cent           | ral Plant          |  |  |  |  |
| Intermec<br>Care  | liate          | X Dietetic                                       |              | clear Medicine            | Sup            | port               |  |  |  |  |
| Skilled N   | lursing        | Administration                                   |              |                           |                | vices              |  |  |  |  |
|   |                |  |              |                           |                |                    |  |  |  |  |
|   |                |  |              |                           |                |                    |  |  |  |  |
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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 acute care hospital building per Section 130061(c)(5) |                             |                |  |         |                               |          |                           |  |  |  |
| Building Number:  | BLD-01900                   | Building Na    | me: South Wing                                   |         |                               |          |                           |  |  |  |
| Configuration:  | Remove from GA              | C service by   | 1/1/2030   |         |                               |          |                           |  |  |  |
| Type of Service   | e Provided                  |                |  |         |                               |          |                           |  |  |  |
| Nu  | ursing                      | X              | Surgical   |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |  |  |
| Int   | tensiveCare                 | X              | Anesthesia                                       |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |  |  |
|   | ediatric/Adol<br>scent      | X              | Clinical Lab                                     |         |                               |          |                           |  |  |  |
|   | sychiatric<br>ursing        |                | Radiological/<br>Imaging                         |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |  |  |
|   | ostetrical<br>hte/Postprtum |                | Pharmaceutical                                   |         | Emergency                     |          | Central Plant             |  |  |  |
|   | termediate<br>are           |                | Dietetic   |         |                               |          |                           |  |  |  |
|   | killed Nursing              |                | Administration                                   |         | Nuclear Medicine              |          | Support<br>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 acute care hospital building per Section 130061(c)(5) |                             |  |                          |         |                               |          |                           |  |  |  |
| Building Number:  | BLD-01901                   | Building Na                                      | me: West Wing            |         |                               |          |                           |  |  |  |
| Configuration:  | Remove from GAG             | C service by                                     | 1/1/2030                 |         |                               |          |                           |  |  |  |
| Type of Service   | e Provided                  |  |                          |         |                               |          |                           |  |  |  |
| X Nu  | ursing                      |  | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |  |  |
| Int   | tensiveCare                 |  | Anesthesia               |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |  |  |
|   | ediatric/Adol<br>scent      |  | Clinical Lab             |         |                               |          |                           |  |  |  |
|   | sychiatric<br>ursing        |  | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |  |  |
|   | ostetrical<br>hte/Postprtum | X  | Pharmaceutical           |         | Emergency                     |          | Central Plant             |  |  |  |
|   | termediate                  |  | Dietetic                 |         |                               |          |                           |  |  |  |
|   | are<br>killed Nursing       | X  | Administration           |         | Nuclear Medicine              |          | Support<br>Services       |  |  |  |
|   |                             |  |                          |         |                               |          |                           |  |  |  |
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|--|---|----------------|------------------------|----------|---------------------------|--|--|--|--|
|  | buildings on the hospital campus show<br>by replacement and the type of service |                |                        |          |                           |  |  |  |  |
| Building Number: BLD-01902                         | Building Name: East Wing  |                |                        |          |                           |  |  |  |  |
| Configuration: Remove from GAC service by 1/1/2030 |   |                |                        |          |                           |  |  |  |  |
| Type of Service Provided                           |   |                |                        |          |                           |  |  |  |  |
| X Nursing  | Surgical  |                | etrical<br>irean/Deliv |          | Rehabilitation<br>Therapy |  |  |  |  |
| X IntensiveCare                                    | Anesthesia  | Obsta<br>Reco  | etrical                |          | Renal Dialysis            |  |  |  |  |
| Pediatric/Adol<br>escent                           | Clinical Lab  |                |                        |          |                           |  |  |  |  |
| Psychiatric<br>Nursing                             | Radiological/<br>Imaging  | Newl<br>Well   |                        |          | Outpatient<br>Surgery     |  |  |  |  |
| Obstetrical<br>Ante/Postprtum                      | Pharmaceutical  | Emei           | rgency                 |          | Central Plant             |  |  |  |  |
|  | Dietetic  |                |                        |          |                           |  |  |  |  |
| Care Skilled Nursing                               | Administration  | X Nucle        | ear Medicine           | X        | Support<br>Services       |  |  |  |  |
|  |   |                |                        |          |                           |  |  |  |  |
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|   | uildings on the hospital campus showi<br>by replacement and the type of service |                 |                       |               |                    |
| Building Number: BLD-01903              | Building Name: Administrative Wi  | ng              |                       |               |                    |
| Configuration: Retrofit Conform         | ning building to NPC 4 or NPC 5   |                 |                       |               |                    |
| Type of Service Provided                |   |                 |                       |               |                    |
| Nursing                                 | Surgical  | Obste<br>Cesa   | etrical<br>rean/Deliv | Reha          | abilitation<br>apy |
| IntensiveCare                           | Anesthesia  | Obste<br>Reco   |                       | Rena          | al Dialysis        |
| Pediatric/Adol<br>escent                | Clinical Lab  | 1000            | vory                  |               |                    |
| Psychiatric<br>Nursing                  | Radiological/<br>Imaging  | Newb<br>WellE   |                       | Outp<br>Surge | atient<br>ery      |
| Obstetrical<br>Ante/Postprtum           | Pharmaceutical  | Emer            | gency                 | Cent          | ral Plant          |
| Intermediate<br>Care                    | Dietetic  |                 |                       |               |                    |
| Skilled Nursing                         | X Administration  |                 | ear Medicine          | Sup<br>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 acute care hospital building per Section 130061(c)(5) |                                      |                 |   |               |                       |  |  |  |  |
| Building Number: BLD-01904  | Building Name: Southeast Wing        |                 |   |               |                       |  |  |  |  |
| Configuration: Retrofit Conform   | ning building to NPC 4 or NPC 5      |                 |   |               |                       |  |  |  |  |
| Type of Service Provided  |                                      |                 |   |               |                       |  |  |  |  |
| Nursing   | Surgical                             |                 | etrical<br>rean/Deliv   |               | habilitation<br>erapy |  |  |  |  |
| X IntensiveCare   | Anesthesia                           | Obste<br>Reco   | etrical   | Re            | nal Dialysis          |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                         | 1000            | , in the second s |               |                       |  |  |  |  |
| Psychiatric<br>Nursing  | X Radiological/<br>Imaging           | Newb<br>WellE   |   |               | tpatient<br>rgery     |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical                       | X Emer          | gency   | Ce            | ntral Plant           |  |  |  |  |
| Intermediate<br>Care  | Dietetic                             |                 | ear Medicine  |               | upport                |  |  |  |  |
| Skilled Nursing   | Administration                       |                 |   |               | pport<br>ervices      |  |  |  |  |
|   |                                      |                 |   |               |                       |  |  |  |  |
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|-------------------|----------------------------|----------------|---|---------|---|----------|---------------------------|
|                   | her by retrofit or by r    |                |   |         | ach building will comply w<br>be provided in each gener |          |                           |
| Building Number:  | BLD-01905                  | Building Na    | me: Cafeteria                                   |         |   |          |                           |
| Configuration:    | Retrofit Conformin         | g building to  | NPC 4 or NPC 5                                  |         |   |          |                           |
| Type of Service   | Provided                   |                |   |         |   |          |                           |
| Nu                | ırsing                     |                | Surgical  |         | Obstetrical<br>Cesarean/Deliv                           |          | Rehabilitation<br>Therapy |
|                   | ensiveCare                 |                | Anesthesia                                      |         | Obstetrical<br>Recovery                                 |          | Renal Dialysis            |
|                   | diatric/Adol<br>cent       |                | Clinical Lab                                    |         |   |          |                           |
|                   | ychiatric<br>Irsing        |                | Radiological/<br>Imaging                        |         | Newborn/<br>WellBaby                                    |          | Outpatient<br>Surgery     |
|                   | ostetrical<br>te/Postprtum |                | Pharmaceutical                                  |         | Emergency   |          | Central Plant             |
| Inte<br>Ca        | ermediate<br>ire           | X              | Dietetic  |         | Nuclear Medicine  |          | Support                   |
| Sk                | illed Nursing              |                | Administration                                  |         |   |          | Services                  |
|                   |                            |                |   |         |   |          |                           |
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|---|----------------------------|----------------|---|---------|-------------------------------|--------------|---------------------------|-------|--|
|   | her by retrofit or by      |                | hospital campus showin<br>and the type of service t |         |                               |              |                           | g     |  |
| Building Number:  | BLD-01906                  | Building Na    | me: Heart Center                                    |         |                               |              |                           |       |  |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 |                            |                |   |         |                               |              |                           |       |  |
| Type of Service   | Provided                   |                |   |         |                               |              |                           |       |  |
| Nu  | irsing                     | X              | Surgical  |         | Obstetrical<br>Cesarean/Deliv |              | Rehabilitation<br>Therapy |       |  |
|   | ensiveCare                 | X              | Anesthesia  |         | Obstetrical<br>Recovery       |              | Renal Dialysis            |       |  |
|   | diatric/Adol<br>cent       |                | Clinical Lab  |         |                               |              |                           |       |  |
|   | ychiatric<br>Irsing        | X              | Radiological/<br>Imaging                            |         | Newborn/<br>WellBaby          |              | Outpatient<br>Surgery     |       |  |
|   | ostetrical<br>te/Postprtum |                | Pharmaceutical                                      | X       | Emergency                     |              | Central Plant             |       |  |
| Inte<br>Ca  | ermediate<br>are           |                | Dietetic  |         | Nuclear Medicin               | ie 🗌         | Support                   |       |  |
| Sk  | illed Nursing              |                | Administration                                      |         |                               |              | Services                  |       |  |
|   |                            |                |   |         |                               |              |                           |       |  |
| OSHPD FDD SB499 F   | Report Da                  | ata Last Updat | e: 10/13/2015                                       | Submiss | on Date: 12/10/2              | 015 Printed: | 12/12/2015 6:25 AM        | Л     |  |

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|   | buildings on the hospital campus showi<br>by replacement and the type of service |                 |                       |                |                     |
| Building Number: BLD-01907              | Building Name: Outpatient Surge  | ry Building     |                       |                |                     |
| Configuration: Retrofit Conform         | ning building to NPC 4 or NPC 5  |                 |                       |                |                     |
| Type of Service Provided                |  |                 |                       |                |                     |
| Nursing                                 | Surgical   |                 | etrical<br>rean/Deliv | Reh<br>The     | abilitation<br>rapy |
| IntensiveCare                           | Anesthesia   | Obste<br>Reco   | etrical               | Ren            | al Dialysis         |
| Pediatric/Adol<br>escent                | Clinical Lab   | Reco            | very                  |                |                     |
| Psychiatric<br>Nursing                  | Radiological/<br>Imaging   | News<br>Well    |                       | X Outp<br>Surg | patient<br>gery     |
| Obstetrical<br>Ante/Postprtum           | Pharmaceutical   | Emer            | gency                 | Cen            | tral Plant          |
| Intermediate<br>Care                    | Dietetic   |                 |                       |                |                     |
| Skilled Nursing                         | Administration   |                 | ear Medicine          |                | oport<br>vices      |
|   |  |                 |                       |                |                     |
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|-------------------|-----------------------------|------------------|--|---------|---|----------|---------------------------|
|                   | her by retrofit or by       |                  |  |         | ach building will comply w<br>be provided in each gener |          |                           |
| Building Number:  | BLD-01908                   | Building Na      | me: Cancer Center                                |         |   |          |                           |
| Configuration:    | Retrofit Conform            | ing building to  | NPC 4 or NPC 5                                   |         |   |          |                           |
| Type of Service   | e Provided                  |                  |  |         |   |          |                           |
| Nu                | ursing                      |                  | Surgical   |         | Obstetrical<br>Cesarean/Deliv                           | X        | Rehabilitation<br>Therapy |
|                   | ensiveCare                  |                  | Anesthesia                                       |         | Obstetrical<br>Recovery                                 |          | Renal Dialysis            |
|                   | ediatric/Adol<br>cent       |                  | Clinical Lab                                     | _       |   | _        |                           |
|                   | sychiatric<br>ursing        | X                | Radiological/<br>Imaging                         |         | Newborn/<br>WellBaby                                    |          | Outpatient<br>Surgery     |
|                   | ostetrical<br>hte/Postprtum |                  | Pharmaceutical                                   |         | Emergency   |          | Central Plant             |
| Int<br>Ca         | ermediate<br>are            |                  | Dietetic   |         | Nuclear 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 acute care hospital building per Section 130061(c)(5) |                                     |                 |                       |                |                     |  |  |  |  |
| Building Number: BLD-01909  | Building Name: Hospital Main En     | trance          |                       |                |                     |  |  |  |  |
| Configuration: Retrofit Confor  | ming building to NPC 4 or NPC 5     |                 |                       |                |                     |  |  |  |  |
| Type of Service Provided  |                                     |                 |                       |                |                     |  |  |  |  |
| Nursing   | Surgical                            |                 | etrical<br>rean/Deliv | Reha           | abilitation<br>rapy |  |  |  |  |
| IntensiveCare   | Anesthesia                          | Obste<br>Reco   | etrical               | Rena           | al Dialysis         |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                        | Neco            | very                  |                |                     |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging            | Newb<br>WellE   |                       | Outp<br>Surg   | patient<br>jery     |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical                      | Emer            | gency                 | Cent           | tral Plant          |  |  |  |  |
|   | Dietetic                            |                 | <u></u>               |                |                     |  |  |  |  |
| Care Skilled Nursing  | Administration                      | Nucle           | ear Medicine          |                | oport<br>vices      |  |  |  |  |
|   |                                     |                 |                       |                |                     |  |  |  |  |
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|-------------------|-----------------------------|---|--------------------------|----------|---|----------|---------------------------|--|
|                   | her by retrofit or by I     |   |                          |          | ach building will comply wi<br>be provided in each genera |          |                           |  |
| Building Number:  | BLD-01910                   | Building Na                                     | me: Emergency Gener      | ator Roo | pm  |          |                           |  |
| Configuration:    | Remove from GAC             | Service by                                      | 1/1/2015                 |          |   |          |                           |  |
| Type of Service   | Provided                    |   |                          |          |   |          |                           |  |
| Nu                | ırsing                      |   | Surgical                 |          | Obstetrical<br>Cesarean/Deliv                             |          | Rehabilitation<br>Therapy |  |
| Inte              | ensiveCare                  |   | Anesthesia               |          | Obstetrical<br>Recovery                                   |          | Renal Dialysis            |  |
|                   | ediatric/Adol<br>cent       |   | Clinical Lab             |          | Receivery   |          |                           |  |
|                   | ychiatric<br>Irsing         |   | Radiological/<br>Imaging |          | Newborn/<br>WellBaby                                      |          | Outpatient<br>Surgery     |  |
|                   | ostetrical<br>ite/Postprtum |   | Pharmaceutical           |          | Emergency   |          | Central Plant             |  |
| Inte<br>Ca        | ermediate<br>are            |   | Dietetic                 |          | Nuclear 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 acute care hospital building per Section 130061(c)(5) |                                     |                |                        |               |                           |  |  |  |  |  |
| Building Number: BLD-03367 Building Name: Women & Children's Pavilion Building  |                                     |                |                        |               |                           |  |  |  |  |  |
| Configuration: N/A  |                                     |                |                        |               |                           |  |  |  |  |  |
| Type of Service Provided  |                                     |                |                        |               |                           |  |  |  |  |  |
| X Nursing   | Surgical                            |                | etrical<br>arean/Deliv |               | Rehabilitation<br>Therapy |  |  |  |  |  |
| X IntensiveCare   | Anesthesia                          | X Obst<br>Reco | etrical<br>overv       |               | Renal Dialysis            |  |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                        |                |                        |               |                           |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging            | X Newl<br>Well |                        |               | Outpatient<br>Surgery     |  |  |  |  |  |
| X Obstetrical<br>Ante/Postprtum   | Pharmaceutical                      | Eme            | rgency                 | X             | Central Plant             |  |  |  |  |  |
| Intermediate<br>Care  | Dietetic                            |                | ear Medicine           |               | Support                   |  |  |  |  |  |
| Skilled Nursing   | Administration                      |                |                        |               | Services                  |  |  |  |  |  |
|   |                                     |                |                        |               |                           |  |  |  |  |  |
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|-------------------|-----------------------------|-----------------|---|---------|--|----------|---------------------------|
|                   | her by retrofit or by       |                 |   |         | ach building will comply<br>be provided in each gene |          |                           |
| Building Number:  | BLD-03370                   | Building Na     | me: New Generator B                             | uilding |  |          |                           |
| Configuration:    | N/A                         |                 |   |         |  |          |                           |
| Type of Service   | Provided                    |                 |   |         |  |          |                           |
| Nu                | ırsing                      |                 | Surgical  |         | Obstetrical<br>Cesarean/Deliv                        |          | Rehabilitation<br>Therapy |
|                   | ensiveCare                  |                 | Anesthesia                                      |         | Obstetrical<br>Recovery                              |          | Renal Dialysis            |
|                   | ediatric/Adol<br>cent       |                 | Clinical Lab                                    |         | ,  |          |                           |
|                   | ychiatric<br>Irsing         |                 | Radiological/<br>Imaging                        |         | Newborn/<br>WellBaby                                 |          | Outpatient<br>Surgery     |
|                   | ostetrical<br>ite/Postprtum |                 | Pharmaceutical                                  |         | Emergency  | X        | Central Plant             |
| Inte<br>Ca        | ermediate                   |                 | Dietetic  |         |  |          | •                         |
|                   | illed Nursing               |                 | Administration                                  |         | Nuclear Medicine                                     |          | Support<br>Services       |
|                   |                             |                 |   |         |  |          |                           |
|                   |                             |                 |   |         |  |          |                           |
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|                   | her by retrofit or by       |                 | hospital campus showin<br>and the type of service t |         |                               |          |                           |
| Building Number:  | BLD-03371                   | Building Na     | me: Pedestrian Corrido                              | or      |                               |          |                           |
| Configuration:    | N/A                         |                 |   |         |                               |          |                           |
| Type of Service   | Provided                    |                 |   |         |                               |          |                           |
| Nu                | ursing                      |                 | Surgical  |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |
| Int               | ensiveCare                  |                 | Anesthesia  |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |
|                   | ediatric/Adol<br>cent       |                 | Clinical Lab  |         |                               |          |                           |
|                   | sychiatric<br>ursing        |                 | Radiological/<br>Imaging                            |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |
|                   | ostetrical<br>hte/Postprtum |                 | Pharmaceutical                                      |         | Emergency                     |          | Central Plant             |
| Int<br>Ca         | ermediate                   |                 | Dietetic  |         |                               |          |                           |
|                   | illed Nursing               |                 | Administration                                      |         | Nuclear Medicine              |          | Support<br>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 acute care hospital building per Section 130061(c)(5) |                                     |                |                           |         |                               |          |                           |  |  |  |  |
| Building Number: BLD-03492 Building Name: Elevator Addition   |                                     |                |                           |         |                               |          |                           |  |  |  |  |
| Configuration:  | Remove from GAC service by 1/1/2030 |                |                           |         |                               |          |                           |  |  |  |  |
| Type of Service   | Provided                            |                |                           |         |                               |          |                           |  |  |  |  |
| Nu  | ırsing                              |                | Surgical                  |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |  |  |  |
|   | ensiveCare                          |                | Anesthesia                |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |  |  |  |
|   | ediatric/Adol<br>cent               | Clinic         | Clinical Lab              |         |                               |          |                           |  |  |  |  |
|   | ychiatric<br>Irsing                 |                | Radiological/<br>Imaging  |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |  |  |  |
|   | ostetrical<br>ite/Postprtum         |                | Pharmaceutical            |         | Emergency                     |          | Central Plant             |  |  |  |  |
| Inte<br>Ca  | ermediate<br>are                    |                | Dietetic                  |         | Nuclear 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 acute care hospital building per Section 130061(c)(5) |  |                |                          |         |                               |          |                           |  |  |  |  |  |
| Building Number: BLD-03493 Building Name: Kitchen Remodel 1   |  |                |                          |         |                               |          |                           |  |  |  |  |  |
| Configuration:  | Retrofit Conforming building to NPC 4 or NPC 5 |                |                          |         |                               |          |                           |  |  |  |  |  |
| Type of Service   | Provided                                       |                |                          |         |                               |          |                           |  |  |  |  |  |
| Nu  | ırsing   |                | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |  |  |  |  |
|   | ensiveCare                                     |                | Anesthesia               |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |  |  |  |  |
|   | diatric/Adol<br>cent                           |                | Clinical Lab             |         | 10001019                      |          |                           |  |  |  |  |  |
|   | ychiatric<br>Irsing                            |                | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |  |  |  |  |
|   | ostetrical<br>te/Postprtum                     |                | Pharmaceutical           |         | Emergency                     |          | Central Plant             |  |  |  |  |  |
| Inte<br>Ca  | ermediate<br>are                               | X              | Dietetic                 |         | Nuclear Medicine              |          | Support                   |  |  |  |  |  |
| Sk  | illed Nursing                                  |                | Administration           |         |                               |          | Services                  |  |  |  |  |  |
|   |  |                |                          |         |                               |          |                           |  |  |  |  |  |
| OSHPD FDD SB499 R   | Report Da                                      | ta Last Update | e: 10/13/2015            | Submiss | ion Date: 12/10/2015          | Printed: | 12/12/2015 6:25 AM        |  |  |  |  |  |

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|   | uildings on the hospital campus showing replacement and the type of service |                     |                    |                           |
| Building Number: BLD-03494              | Building Name: Kitchen Remodel  | 2                   |                    |                           |
| Configuration: Retrofit Conform         | ning building to NPC 4 or NPC 5   |                     |                    |                           |
| Type of Service Provided                |   |                     |                    |                           |
| Nursing                                 | Surgical  | Obstetri<br>Cesarea |                    | Rehabilitation<br>Therapy |
| IntensiveCare                           | Anesthesia  | Obstetr<br>Recove   |                    | Renal Dialysis            |
| Pediatric/Adol<br>escent                | Clinical Lab  |                     | ' y                |                           |
| Psychiatric<br>Nursing                  | Radiological/<br>Imaging  | Newbor<br>WellBal   |                    | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum           | Pharmaceutical  | Emerge              | ency               | Central Plant             |
| Intermediate<br>Care                    | X Dietetic  |                     |                    |                           |
| Skilled Nursing                         | Administration  |                     | Medicine           | Support<br>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 acute care hospital building per Section 130061(c)(5) |                                      |                      |                    |                           |  |  |  |  |  |  |  |  |  |
| Building Number: BLD-03495  | Building Name: Material Manage       | ment Building        |                    |                           |  |  |  |  |  |  |  |  |  |
| Configuration: Retrofit Confo   | rming building to NPC 4 or NPC 5     |                      |                    |                           |  |  |  |  |  |  |  |  |  |
| Type of Service Provided  |                                      |                      |                    |                           |  |  |  |  |  |  |  |  |  |
| Nursing   | Surgical                             | Obstetric<br>Cesarea |                    | Rehabilitation<br>Therapy |  |  |  |  |  |  |  |  |  |
| IntensiveCare   | Anesthesia                           | Obstetric<br>Bosover |                    | Renal Dialysis            |  |  |  |  |  |  |  |  |  |
| Pediatric/Adol<br>escent  | Clinical Lab                         | Recover              | y                  |                           |  |  |  |  |  |  |  |  |  |
| Psychiatric<br>Nursing  | Radiological/<br>Imaging             | Newborr<br>WellBab   |                    | Outpatient<br>Surgery     |  |  |  |  |  |  |  |  |  |
| Obstetrical<br>Ante/Postprtum   | Pharmaceutical                       | Emerger              | псу                | Central Plant             |  |  |  |  |  |  |  |  |  |
| Intermediate<br>Care  | Dietetic                             |                      |                    | Quantat                   |  |  |  |  |  |  |  |  |  |
| Skilled Nursing   | Administration                       | Nuclear              | Medicine X         | Support<br>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 acute care hospital building per Section 130061(c)(5) |                            |                |                          |         |                               |          |                           |  |  |  |  |  |
| Building Number:  | BLD-03496                  | Building Na    | me: Utility Plant        |         |                               |          |                           |  |  |  |  |  |
| Configuration:  | Retrofit Conformin         | g building to  | NPC 4 or NPC 5           |         |                               |          |                           |  |  |  |  |  |
| Type of Service   | Provided                   |                |                          |         |                               |          |                           |  |  |  |  |  |
| Nu  | ırsing                     |                | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |  |  |  |  |  |
|   | ensiveCare                 |                | Anesthesia               |         | Obstetrical<br>Recovery       |          | Renal Dialysis            |  |  |  |  |  |
|   | diatric/Adol<br>cent       |                | Clinical Lab             |         |                               |          |                           |  |  |  |  |  |
|   | ychiatric<br>Irsing        |                | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |          | Outpatient<br>Surgery     |  |  |  |  |  |
|   | ostetrical<br>te/Postprtum |                | Pharmaceutical           |         | Emergency                     | X        | Central Plant             |  |  |  |  |  |
| Inte<br>Ca  | ermediate<br>are           |                | Dietetic                 |         | Nuclear Medicine              |          | Support                   |  |  |  |  |  |
| Sk  | illed Nursing              |                | Administration           |         |                               |          | Services                  |  |  |  |  |  |
|   |                            |                |                          |         |                               |          |                           |  |  |  |  |  |
| OSHPD FDD SB499 R   | Report Da                  | ta Last Update | e: 10/13/2015            | Submiss | ion Date: 12/10/2015          | Printed: | 12/12/2015 6:25 AM        |  |  |  |  |  |

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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-01899 Building Name: North Wing   |                   |                   |            |                          |                               |                 |                   |  |  |  |  |  |
| Type of Service Pro  | vided             |                   |            |                          |                               |                 |                   |  |  |  |  |  |
| X Nursing  | Inpatient<br>Beds | 62                |            | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha            | bilitation<br>apy |  |  |  |  |  |
| IntensiveCare  | Inpatient<br>Beds | 0                 |            | Anesthesia               |                               |                 |                   |  |  |  |  |  |
| Pediatric/Adol   | Inpatient<br>Beds | 0                 |            | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |  |  |  |  |  |
| Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                 |            | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outp<br>Surge   | atient<br>ery     |  |  |  |  |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0                 |            | Pharmaceutical           | Emergency                     | Cent            | ral Plant         |  |  |  |  |  |
| Intermediate   | Inpatient<br>Beds | 0                 | X          | Dietetic                 | Nuclear<br>Medicine           | X Supp<br>Servi | ort<br>ces        |  |  |  |  |  |
| Skilled Nursing  | Inpatient<br>Beds | 0                 |            | Administration           |                               |                 |                   |  |  |  |  |  |
| Total Beds this<br>Building  |                   | 62                |            |                          |                               |                 |                   |  |  |  |  |  |
|  |                   |                   |            |                          |                               |                 |                   |  |  |  |  |  |
| OSHPD FDD SB499 Repo   | ort               | Data Last Update: | 10/13/20   | 015 Submiss              | ion Date: 12/10/2015          | Printed: 12/12/ | 2015 6:25 AM      |  |  |  |  |  |

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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-01900 Building Name: South Wing   |                   |                           |                               |                             |  |  |  |  |  |  |  |  |  |
| Type of Service Provided   |                   |                           |                               |                             |  |  |  |  |  |  |  |  |  |
| Nursing Inpatient<br>Beds  | 0                 | X Surgical                | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy   |  |  |  |  |  |  |  |  |  |
| IntensiveCare Inpatient<br>Beds  | 0                 | X Anesthesia              |                               |                             |  |  |  |  |  |  |  |  |  |
| Pediatric/Adol Inpatient   | 0                 | X Clinical Lab            | Obstetrical<br>Recovery       | Renal Dialysis              |  |  |  |  |  |  |  |  |  |
| Psychiatric Inpatient  | 0                 | Radiological/<br>Imaging  | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |  |  |  |  |  |  |  |  |  |
| Obstetrical Inpatient<br>Ante/Postprtum Beds   | 0                 | Pharmaceutical            | Emergency                     | Central Plant               |  |  |  |  |  |  |  |  |  |
| Intermediate Inpatient   | 0                 | Dietetic                  | Nuclear<br>Medicine           | Support<br>Services         |  |  |  |  |  |  |  |  |  |
| Skilled Nursing<br>Inpatient<br>Beds   | 0                 | Administration            |                               |                             |  |  |  |  |  |  |  |  |  |
| Total Beds this<br>Building  | 0                 |                           |                               |                             |  |  |  |  |  |  |  |  |  |
| OSHPD FDD SB499 Report   | Data Last Update: | 10/13/2015 Submissi       | on Date: 12/10/2015           | Printed: 12/12/2015 6:25 AM |  |  |  |  |  |  |  |  |  |

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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) |   |                   |                  |              |                          |                  |                         |              |                    |  |  |  |  |
| Buildin  | Building Number: BLD-01901 Building Name: West Wing |                   |                  |              |                          |                  |                         |              |                    |  |  |  |  |
| Туре   | Type of Service Provided                            |                   |                  |              |                          |                  |                         |              |                    |  |  |  |  |
| X  | Nursing   | Inpatient<br>Beds | 87               |              | Surgical                 | Obste<br>Cesa    | etrical [<br>rean/Deliv | Reha         | abilitation<br>apy |  |  |  |  |
|  | IntensiveCare                                       | Inpatient<br>Beds | 0                |              | Anesthesia               |                  |                         |              |                    |  |  |  |  |
|  | Pediatric/Adol<br>escent                            | Inpatient<br>Beds | 13               |              | Clinical Lab             | Obste<br>Reco    |                         | Rena         | al Dialysis        |  |  |  |  |
|  | Psychiatric<br>Nursing                              | Inpatient<br>Beds | 0                |              | Radiological/<br>Imaging | Newb<br>WellE    |                         | Outp<br>Surg | patient<br>Jery    |  |  |  |  |
|  | Obstetrical<br>Ante/Postprtum                       | Inpatient<br>Beds | 0                | X            | Pharmaceutical           | Emer             | gency                   | Cent         | tral Plant         |  |  |  |  |
|  | Intermediate<br>Care                                | Inpatient<br>Beds | 0                |              | Dietetic                 | Nucle<br>Medic   |                         | Supp<br>Serv | port<br>ices       |  |  |  |  |
|  | Skilled Nursing                                     | Inpatient<br>Beds | 0                | X            | Administration           |                  |                         |              |                    |  |  |  |  |
|  | Total Beds this<br>Building                         |                   | 100              |              |                          |                  |                         |              |                    |  |  |  |  |
|  |   |                   |                  |              |                          |                  |                         |              |                    |  |  |  |  |
| OSHPD I  | FDD SB499 Repor                                     | t                 | Data Last Update | 10/13/20     | )15 Submis               | sion Date: 12/10 | )/2015 Printe           | d: 12/12     | /2015 6:25 AM      |  |  |  |  |

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|--------|--|-------------------|------------------|--------------|--------------------------|-------------------------------|-----------------|-------------------|--|--|--|--|--|--|
|        | Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) |                   |                  |              |                          |                               |                 |                   |  |  |  |  |  |  |
| Buildi | Building Number: BLD-01902 Building Name: East Wing  |                   |                  |              |                          |                               |                 |                   |  |  |  |  |  |  |
| Тур    | Type of Service Provided   |                   |                  |              |                          |                               |                 |                   |  |  |  |  |  |  |
| X      | Nursing  | Inpatient<br>Beds | 79               |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera   | bilitation<br>apy |  |  |  |  |  |  |
| X      | IntensiveCare  | Inpatient<br>Beds | 9                |              | Anesthesia               |                               |                 |                   |  |  |  |  |  |  |
|        | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0                |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | Il Dialysis       |  |  |  |  |  |  |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outp<br>Surg    | atient<br>ery     |  |  |  |  |  |  |
|        | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0                |              | Pharmaceutical           | Emergency                     | Cent            | ral Plant         |  |  |  |  |  |  |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0                |              | Dietetic                 | X Nuclear<br>Medicine         | X Supp<br>Servi | ort<br>ces        |  |  |  |  |  |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0                |              | Administration           |                               |                 |                   |  |  |  |  |  |  |
|        | Total Beds this<br>Building  |                   | 88               |              |                          |                               |                 |                   |  |  |  |  |  |  |
|        |  |                   |                  |              |                          |                               |                 |                   |  |  |  |  |  |  |
| OSHPE  | D FDD SB499 Repo   | rt                | Data Last Update | : 10/13/20   | 015 Submiss              | sion Date: 12/10/2015         | Printed: 12/12/ | 2015 6:25 AM      |  |  |  |  |  |  |

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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) |                   |                 |              |                          |                               |                 |                   |  |  |  |  |  |
| Buildir  | ng Number: BLE   | D-01903           | Building N      | lame: Ad     | ministrative Wing        |                               |                 |                   |  |  |  |  |  |
| Туре     | Type of Service Provided   |                   |                 |              |                          |                               |                 |                   |  |  |  |  |  |
|          | Nursing  | Inpatient<br>Beds | 0               |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera   | bilitation<br>apy |  |  |  |  |  |
|          | IntensiveCare  | Inpatient<br>Beds | 0               |              | Anesthesia               |                               |                 |                   |  |  |  |  |  |
|          | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0               |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |  |  |  |  |  |
|          | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0               |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge  | atient<br>ery     |  |  |  |  |  |
|          | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0               |              | Pharmaceutical           | Emergency                     | Centr           | al Plant          |  |  |  |  |  |
|          | Intermediate<br>Care   | Inpatient<br>Beds | 0               |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   | ort<br>ces        |  |  |  |  |  |
|          | Skilled Nursing  | Inpatient<br>Beds | 0               | X            | Administration           |                               |                 |                   |  |  |  |  |  |
|          | Total Beds this<br>Building  |                   | 0               |              |                          |                               |                 |                   |  |  |  |  |  |
|          |  |                   |                 |              |                          |                               |                 |                   |  |  |  |  |  |
| OSHPD    | FDD SB499 Repor  | rt D              | ata Last Update | : 10/13/20   | )15 Submiss              | ion Date: 12/10/2015          | Printed: 12/12/ | 2015 6:25 AM      |  |  |  |  |  |

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|--------|--|-------------------|------------------|--------------|--------------------------|-------------------------------|-----------------|-------------------|--|--|--|--|--|--|
|        | Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) |                   |                  |              |                          |                               |                 |                   |  |  |  |  |  |  |
| Buildi | Building Number: BLD-01904 Building Name: Southeast Wing   |                   |                  |              |                          |                               |                 |                   |  |  |  |  |  |  |
| Тур    | Type of Service Provided   |                   |                  |              |                          |                               |                 |                   |  |  |  |  |  |  |
|        | Nursing  | Inpatient<br>Beds | 0                |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera   | bilitation<br>apy |  |  |  |  |  |  |
| X      | IntensiveCare  | Inpatient<br>Beds | 10               |              | Anesthesia               |                               |                 |                   |  |  |  |  |  |  |
|        | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0                |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |  |  |  |  |  |  |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                | X            | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outp<br>Surge   | atient<br>ery     |  |  |  |  |  |  |
|        | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0                |              | Pharmaceutical           | X Emergency                   | Cent            | ral Plant         |  |  |  |  |  |  |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0                |              | Dietetic                 | Nuclear<br>Medicine           | X Supp<br>Servi | ort<br>ces        |  |  |  |  |  |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0                |              | Administration           |                               |                 |                   |  |  |  |  |  |  |
|        | Total Beds this<br>Building  |                   | 10               |              |                          |                               |                 |                   |  |  |  |  |  |  |
|        |  |                   |                  |              |                          |                               |                 |                   |  |  |  |  |  |  |
| OSHPE  | FDD SB499 Repo   | rt                | Data Last Update | : 10/13/20   | 015 Submiss              | sion Date: 12/10/2015         | Printed: 12/12/ | 2015 6:25 AM      |  |  |  |  |  |  |

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|                       | tion on the number o<br>Section 130061(e) | f inpatient beds  | by type of § | Service provided by      | buildings that are classified | as SPC-2, SPC   | C-3, SPC-4,       |
| Building Numbe        | er: BLD-01905                             | Building N        | ame: Ca      | feteria                  |                               |                 |                   |
| Type of Servie        | ce Provided                               |                   |              |                          |                               |                 |                   |
| Nursing               | Inpatient<br>Beds                         | 0                 |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera   | bilitation<br>apy |
| Intensive             | Care Inpatient<br>Beds                    | 0                 |              | Anesthesia               | _                             |                 |                   |
| Pediatric,<br>escent  | /Adol Inpatient<br>Beds                   | 0                 |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |
| Psychiatr             | ric Inpatient<br>Beds                     | 0                 |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge  | atient<br>ery     |
| Obstetric<br>Ante/Pos |   | 0                 |              | Pharmaceutical           | Emergency                     | Centi           | al Plant          |
| Intermed<br>Care      | iate Inpatient<br>Beds                    | 0                 | X            | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   | ort<br>ces        |
| Skilled N             | ursing<br>Inpatient<br>Beds               | 0                 |              | Administration           |                               |                 |                   |
| Total Beo<br>Building | ds this                                   | 0                 |              |                          |                               |                 |                   |
|                       |   |                   |              |                          |                               |                 |                   |
| OSHPD FDD SB49        | 99 Report                                 | Data Last Update: | 10/13/20     | 015 Submiss              | ion Date: 12/10/2015          | Printed: 12/12/ | 2015 6:25 AM      |

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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-01906 Building Name: Heart Center   |                               |                   |                 |              |                          |                               |                 |                   |  |  |  |  |  |
| Type of Service Provided   |                               |                   |                 |              |                          |                               |                 |                   |  |  |  |  |  |
|  | Nursing                       | Inpatient<br>Beds | 0               | X            | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha            | bilitation<br>apy |  |  |  |  |  |
|  | IntensiveCare                 | Inpatient<br>Beds | 0               | X            | Anesthesia               |                               |                 |                   |  |  |  |  |  |
|  | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0               |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |  |  |  |  |  |
|  | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0               | X            | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outp<br>Surge   | atient<br>ery     |  |  |  |  |  |
|  | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0               |              | Pharmaceutical           | X Emergency                   | Cent            | al Plant          |  |  |  |  |  |
|  | Intermediate<br>Care          | Inpatient<br>Beds | 0               |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   |                   |  |  |  |  |  |
|  | Skilled Nursing               | Inpatient<br>Beds | 0               |              | Administration           |                               |                 |                   |  |  |  |  |  |
|  | Total Beds this<br>Building   |                   | 0               |              |                          |                               |                 |                   |  |  |  |  |  |
|  |                               |                   |                 |              |                          |                               |                 |                   |  |  |  |  |  |
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|--------|---|-------------------|------------------|--------------|--------------------------|-------------------------------|-----------------|--------------------|--|--|--|--|--|
|        | de information on<br>SPC-5 per Section                                |                   | f inpatient beds | by type of S | Service provided by      | buildings that are classifie  | ed as SPC-2, SP | C-3, SPC-4,        |  |  |  |  |  |
| Build  | Building Number: BLD-01907 Building Name: Outpatient Surgery Building |                   |                  |              |                          |                               |                 |                    |  |  |  |  |  |
| Тур    | Type of Service Provided  |                   |                  |              |                          |                               |                 |                    |  |  |  |  |  |
|        | Nursing   | Inpatient<br>Beds | 0                |              | Surgical                 | Obstetrical<br>Cesarean/Deliv |                 | abilitation<br>apy |  |  |  |  |  |
|        | IntensiveCare   | Inpatient<br>Beds | 0                |              | Anesthesia               | _                             | _               |                    |  |  |  |  |  |
|        | Pediatric/Adol<br>escent  | Inpatient<br>Beds | 0                |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | al Dialysis        |  |  |  |  |  |
|        | Psychiatric<br>Nursing  | Inpatient<br>Beds | 0                |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | X Outp<br>Surg  | atient<br>ery      |  |  |  |  |  |
|        | Obstetrical<br>Ante/Postprtum   | Inpatient<br>Beds | 0                |              | Pharmaceutical           | Emergency                     | Cent            | ral Plant          |  |  |  |  |  |
|        | Intermediate<br>Care  | Inpatient<br>Beds | 0                |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Serv    | port<br>ices       |  |  |  |  |  |
|        | Skilled Nursing   | Inpatient<br>Beds | 0                |              | Administration           |                               |                 |                    |  |  |  |  |  |
|        | Total Beds this<br>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) |                   |                 |              |                          |                               |                 |                   |
| Buildin                  | ng Number: BLC   | 0-01908           | Building N      | lame: Ca     | ncer Center              |                               |                 |                   |
| Type of Service Provided |  |                   |                 |              |                          |                               |                 |                   |
|                          | Nursing  | Inpatient<br>Beds | 0               |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | X Reha<br>Thera | bilitation<br>apy |
|                          | IntensiveCare  | Inpatient<br>Beds | 0               |              | Anesthesia               | _                             |                 |                   |
|                          | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0               |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | Il Dialysis       |
|                          | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0               | X            | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outp<br>Surge   | atient<br>ery     |
|                          | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0               |              | Pharmaceutical           | Emergency                     | Cent            | ral Plant         |
|                          | Intermediate<br>Care   | Inpatient<br>Beds | 0               |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   | ort<br>ces        |
|                          | Skilled Nursing  | Inpatient<br>Beds | 0               |              | Administration           |                               |                 |                   |
|                          | Total Beds this<br>Building  |                   | 0               |              |                          |                               |                 |                   |
|                          |  |                   |                 |              |                          |                               |                 |                   |
| OSHPD                    | FDD SB499 Repor  | rt D              | ata Last Update | : 10/13/20   | )15 Submiss              | ion Date: 12/10/2015          | Printed: 12/12/ | 2015 6:25 AM      |

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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) |                   |                  |              |                          |                               |                  |                   |  |
| Build      | ing Number: BL   | D-01909           | Building N       | lame: Ho     | spital Main Entrance     | )                             |                  |                   |  |
| <u>Тур</u> | Type of Service Provided   |                   |                  |              |                          |                               |                  |                   |  |
|            | Nursing  | Inpatient<br>Beds | 0                |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera    | bilitation<br>apy |  |
|            | IntensiveCare  | Inpatient<br>Beds | 0                |              | Anesthesia               |                               |                  |                   |  |
|            | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0                |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena             | l Dialysis        |  |
|            | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge   |                   |  |
|            | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0                |              | Pharmaceutical           | Emergency                     | Centr            | al Plant          |  |
|            | Intermediate<br>Care   | Inpatient<br>Beds | 0                |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi    | ort<br>ces        |  |
|            | Skilled Nursing  | Inpatient<br>Beds | 0                | X            | Administration           |                               |                  |                   |  |
|            | Total Beds this<br>Building  |                   | 0                |              |                          |                               |                  |                   |  |
|            |  |                   |                  |              |                          |                               |                  |                   |  |
| OSHP       | D FDD SB499 Repo   | rt D              | Data Last Update | 10/13/20     | 015 Submissi             | on Date: 12/10/2015           | Printed: 12/12/2 | 2015 6:25 AM      |  |

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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-01910         Building Name:       Emergency Generator Room   |                               |                   |                |              |                          |                               |              |                    |
| Type of Service Provided   |                               |                   |                |              |                          |                               |              |                    |
| 1  | Nursing                       | Inpatient<br>Beds | 0              |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Ther | abilitation<br>apy |
| ı []   | ntensiveCare                  | Inpatient<br>Beds | 0              |              | Anesthesia               |                               | _            |                    |
|  | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0              |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena         | al Dialysis        |
|  | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0              |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outp<br>Surg | atient<br>ery      |
|  | Dbstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0              |              | Pharmaceutical           | Emergency                     | X Cent       | ral Plant          |
|  | ntermediate<br>Care           | Inpatient<br>Beds | 0              |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Serv |                    |
|  | Skilled Nursing               | Inpatient<br>Beds | 0              |              | Administration           |                               |              |                    |
|  | Fotal Beds this<br>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) |                               |                   |                |             |                          |         |                               |       |                       |
| Buildi   | ng Number: BLC                | D-03367           | Building N     | ame: Wo     | omen & Children's F      | avilion | Building                      |       | ]                     |
| Type of Service Provided   |                               |                   |                |             |                          |         |                               |       |                       |
| Х  | Nursing                       | Inpatient<br>Beds | 20             |             | Surgical                 | X       | Obstetrical<br>Cesarean/Deliv |       | habilitation<br>erapy |
| Х  | IntensiveCare                 | Inpatient<br>Beds | 32             |             | Anesthesia               |         |                               |       |                       |
|  | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0              |             | Clinical Lab             | X       | Obstetrical<br>Recovery       | Re Re | enal Dialysis         |
|  | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0              |             | Radiological/<br>Imaging | X       | Newborn/<br>WellBaby          |       | itpatient<br>irgery   |
| X  | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 27             |             | Pharmaceutical           |         | Emergency                     | X Ce  | entral Plant          |
|  | Intermediate<br>Care          | Inpatient<br>Beds | 0              |             | Dietetic                 |         | Nuclear<br>Medicine           |       | pport<br>rvices       |
|  | Skilled Nursing               | Inpatient<br>Beds | 0              |             | Administration           |         |                               |       |                       |
|  | Total Beds this<br>Building   |                   | 79             |             |                          |         |                               |       |                       |
|  |                               |                   |                |             |                          |         |                               |       |                       |
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|--------|--|-------------------|-----------------|--------------|--------------------------|-------------------------------|-----------------|-------------------|
|        | Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) |                   |                 |              |                          |                               |                 |                   |
| Build  | ing Number: BL   | D-03370           | Building N      | lame: Ne     | w Generator Building     | 9                             |                 |                   |
| Тур    | e of Service Prov  | vided             |                 |              |                          |                               |                 |                   |
|        | Nursing  | Inpatient<br>Beds | 0               |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera   | bilitation<br>apy |
|        | IntensiveCare  | Inpatient<br>Beds | 0               |              | Anesthesia               |                               |                 |                   |
|        | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0               |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0               |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge  | atient<br>ery     |
|        | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0               |              | Pharmaceutical           | Emergency                     | X Centr         | al Plant          |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0               |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   | ort<br>ces        |
|        | Skilled Nursing  | Inpatient<br>Beds | 0               |              | Administration           |                               |                 |                   |
|        | Total Beds this<br>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) |                   |                |              |                          |                               |                |                   |  |
| Buildi | ng Number: BLI   | 0-03371           | Building N     | Name: Pe     | destrian Corridor        |                               |                |                   |  |
| Туре   | Type of Service Provided   |                   |                |              |                          |                               |                |                   |  |
|        | Nursing  | Inpatient<br>Beds | 0              |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera  | bilitation<br>apy |  |
|        | IntensiveCare  | Inpatient<br>Beds | 0              |              | Anesthesia               |                               |                |                   |  |
|        | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0              |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena           | l Dialysis        |  |
|        | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0              |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge |                   |  |
|        | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0              |              | Pharmaceutical           | Emergency                     | Centr          | al Plant          |  |
|        | Intermediate<br>Care   | Inpatient<br>Beds | 0              |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi  | ort<br>ces        |  |
|        | Skilled Nursing  | Inpatient<br>Beds | 0              |              | Administration           |                               |                |                   |  |
|        | Total Beds this 0<br>Building  |                   |                |              |                          |                               |                |                   |  |
|        |  |                   |                |              |                          |                               |                |                   |  |
| OSHPD  | OSHPD FDD SB499 Report Data Last Update: 10/13/2015 Submission Date: 12/10/2015 Printed: 12/12/2015 6:25 AM  |                   |                |              |                          |                               |                |                   |  |

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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) |                   |                 |              |                          |                               |                 |                   |  |
| Buildir                  | ng Number: BLE   | 0-03492           | Building N      | Name: Ele    | evator Addition          |                               |                 |                   |  |
| Type of Service Provided |  |                   |                 |              |                          |                               |                 |                   |  |
|                          | Nursing  | Inpatient<br>Beds | 0               |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha            | bilitation<br>apy |  |
|                          | IntensiveCare  | Inpatient<br>Beds | 0               |              | Anesthesia               |                               |                 |                   |  |
|                          | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0               |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |  |
|                          | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0               |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge  | atient<br>ery     |  |
|                          | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0               |              | Pharmaceutical           | Emergency                     | Centr           | al Plant          |  |
|                          | Intermediate<br>Care   | Inpatient<br>Beds | 0               |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   | ort<br>ces        |  |
|                          | Skilled Nursing  | Inpatient<br>Beds | 0               |              | Administration           |                               |                 |                   |  |
|                          | Total Beds this 0<br>Building  |                   |                 |              |                          |                               |                 |                   |  |
|                          |  |                   |                 |              |                          |                               |                 |                   |  |
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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 Nun  | nber: BLD-0  | 3493             | Building Na   | ame: Kito   | chen Remodel 1           |                               |               |                   |
| Type of Service Provided  |  |                  |               |             |                          |                               |               |                   |
| Nursir  |  | npatient<br>eds  | 0             |             | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera | bilitation<br>apy |
| Intens  |  | npatient<br>seds | 0             |             | Anesthesia               | _                             |               |                   |
| Pediat<br>escen   |  | npatient<br>eds  | 0             |             | Clinical Lab             | Obstetrical<br>Recovery       | Rena          | l Dialysis        |
| Psych   |  | npatient<br>eds  | 0             |             | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outp<br>Surg  | atient<br>ery     |
| Obste   |  | npatient<br>eds  | 0             |             | Pharmaceutical           | Emergency                     | Cent          | ral Plant         |
| Interm<br>Care  |  | npatient<br>eds  | 0             | X           | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi | ort<br>ces        |
| Skilled   |  | npatient<br>eds  | 0             |             | Administration           |                               |               |                   |
| Total I<br>Buildir  | Beds this  |                  | 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) |                   |                 |              |                          |                               |                 |                   |  |
| Buildir | ng Number: BLI   | D-03494           | Building N      | Name: Kit    | chen Remodel 2           |                               |                 |                   |  |
| Туре    | Type of Service Provided   |                   |                 |              |                          |                               |                 |                   |  |
|         | Nursing  | Inpatient<br>Beds | 0               |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha<br>Thera   | bilitation<br>apy |  |
|         | IntensiveCare  | Inpatient<br>Beds | 0               |              | Anesthesia               |                               |                 |                   |  |
|         | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0               |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |  |
|         | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0               |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge  |                   |  |
|         | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0               |              | Pharmaceutical           | Emergency                     | Centr           | al Plant          |  |
|         | Intermediate<br>Care   | Inpatient<br>Beds | 0               | X            | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   | ort<br>ces        |  |
|         | Skilled Nursing  | Inpatient<br>Beds | 0               |              | Administration           |                               |                 |                   |  |
|         | Total Beds this<br>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-03495 Building Name: Material Management Building   |                               |                   |                |             |                          |  |                               |   |                           |
| Type of Service Provided   |                               |                   |                |             |                          |  |                               |   |                           |
|  | Nursing                       | Inpatient<br>Beds | 0              |             | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|  | IntensiveCare                 | Inpatient<br>Beds | 0              |             | Anesthesia               |  |                               |   |                           |
|  | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0              |             | Clinical Lab             |  | Obstetrical<br>Recovery       | R | Renal Dialysis            |
|  | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0              |             | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |   | Dutpatient<br>Surgery     |
|  | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0              |             | Pharmaceutical           |  | Emergency                     |   | Central Plant             |
|  | Intermediate<br>Care          | Inpatient<br>Beds | 0              |             | Dietetic                 |  | Nuclear<br>Medicine           |   | Support<br>Services       |
|  | Skilled Nursing               | Inpatient<br>Beds | 0              |             | Administration           |  |                               |   |                           |
|  | Total Beds this 0<br>Building |                   |                |             |                          |  |                               |   |                           |
|  |                               |                   |                |             |                          |  |                               |   |                           |
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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) |                   |                   |              |                          |                               |                 |                   |  |
| Buildir | ng Number: BLC   | 0-03496           | Building N        | lame: Uti    | lity Plant               |                               |                 |                   |  |
| Туре    | Type of Service Provided   |                   |                   |              |                          |                               |                 |                   |  |
|         | Nursing  | Inpatient<br>Beds | 0                 |              | Surgical                 | Obstetrical<br>Cesarean/Deliv | Reha            | bilitation<br>apy |  |
|         | IntensiveCare  | Inpatient<br>Beds | 0                 |              | Anesthesia               |                               |                 |                   |  |
|         | Pediatric/Adol<br>escent   | Inpatient<br>Beds | 0                 |              | Clinical Lab             | Obstetrical<br>Recovery       | Rena            | l Dialysis        |  |
|         | Psychiatric<br>Nursing   | Inpatient<br>Beds | 0                 |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpa<br>Surge  | atient<br>ery     |  |
|         | Obstetrical<br>Ante/Postprtum  | Inpatient<br>Beds | 0                 |              | Pharmaceutical           | Emergency                     | X Centr         | al Plant          |  |
|         | Intermediate<br>Care   | Inpatient<br>Beds | 0                 |              | Dietetic                 | Nuclear<br>Medicine           | Supp<br>Servi   | ort<br>ces        |  |
|         | Skilled Nursing  | Inpatient<br>Beds | 0                 |              | Administration           |                               |                 |                   |  |
|         | Total Beds this 0<br>Building  |                   |                   |              |                          |                               |                 |                   |  |
|         |  |                   |                   |              |                          |                               |                 |                   |  |
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|---|--|---|----------------------|--|--|--|--|--|--|
| Include information on the number of inpatient b<br>SPC-5 per Section 130061(e)                             | eds by type of unit provided by buildings that a | are classified as SPC-2, SPC-3,         | SPC-4, and           |  |  |  |  |  |  |
| Building Number: BLD-01899 Build  | ding Name: North Wing                            |   |                      |  |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                           | Acute Psychiatric                       |                      |  |  |  |  |  |  |
| Inpatient 62 Inpatient 12893<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days              | Inpatient 0 Inpatien<br>Bed Days        | t 0                  |  |  |  |  |  |  |
| Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing  |  |   |                      |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days              | Inpatient 0 Inpatien<br>Bed Days        | t 0                  |  |  |  |  |  |  |
| Pediatric   | Intensive Care Newborn<br>Nursery                | Intermediate Care                       |                      |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days              | Inpatient 0 Inpatien<br>Bed Days        | t 0                  |  |  |  |  |  |  |
| Intensive Care  | Rehabilitation<br>Center                         | Int. Care / Developmentally<br>Disabled |                      |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days              | Inpatient 0 Inpatien<br>Bed Days        | t 0                  |  |  |  |  |  |  |
| Coronary Care   | Chemical Dependency                              |   | Beds this<br>ing Per |  |  |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days              | Unit Servi                              | 62                   |  |  |  |  |  |  |
|   |  |   |                      |  |  |  |  |  |  |
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|--|--|--|
| Include information on the number of inpa<br>SPC-5 per Section 130061(e) | atient beds by type of unit provided by buildings that | are classified as SPC-2, SPC-3, SPC-4, and             |
| Building Number: BLD-01900   | Building Name: South Wing                              |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care                                 | Acute Psychiatric                                      |
| Inpatient 0 Inpatient Days   | 0 Inpatient 0 Inpatient 0<br>Bed Days                  | Inpatient 0<br>Bed Days                                |
| Perinatal (Exclude Newborn / GYN)  | Burn   | Skilled Nursing  |
| Inpatient 0 Inpatient Days   | 0 Inpatient 0 Inpatient 0<br>Bed Days                  | Inpatient 0<br>Bed Days                                |
| Pediatric  | Intensive Care Newborn<br>Nursery                      | Intermediate Care                                      |
| Inpatient 0 Inpatient Days   | 0 Inpatient 0 Inpatient 0<br>Bed Days                  | Inpatient 0 Inpatient 0<br>Bed Days                    |
| Intensive Care   | Rehabilitation<br>Center                               | Int. Care / Developmentally<br>Disabled                |
| Inpatient 0 Inpatient Days   | 0 Inpatient 0 Inpatient 0<br>Bed Days                  | Inpatient 0 Inpatient 0<br>Bed Days                    |
| Coronary Care  | Chemical Dependency                                    | Total Beds thisTotal Beds thisBuilding PerBuilding Per |
| Inpatient 0 Inpatient Days   | 0 Inpatient 0 Inpatient 0<br>Bed Days                  | 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-01901 Build  | ing Name: West Wing                 |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care              | Acute Psychiatric                                      |  |
| Inpatient 87 Inpatient 15823<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                    |  |
| Perinatal (Exclude Newborn / GYN)   | Burn                                | Skilled Nursing  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                    |  |
| Pediatric   | Intensive Care Newborn<br>Nursery   | Intermediate Care                                      |  |
| Inpatient 13 Inpatient 1239<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                    |  |
| Intensive Care  | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled                |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                    |  |
| Coronary Care   | Chemical Dependency                 | Total Beds thisTotal Beds thisBuilding PerBuilding Per |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Unit         Service           100         100         |  |
|   |                                     |  |  |
|   |                                     |  |  |

| Report Year:   2015   10750   St. Joseph  | n's Medical Center of Stockton          | tockton                                 | Page:63 of 79  |
|---|---|---|----------------|
| 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-01902 Build  | ing Name: East Wing                     |   |                |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                  | Acute Psychiatric                       |                |
| Inpatient 69 Inpatient 10949<br>Bed Days  | Inpatient 10 Inpatient 2501<br>Bed Days | Inpatient 0 Inpatient<br>Bed Days       | 0              |
| Perinatal (Exclude Newborn / GYN)   | Burn                                    | Skilled Nursing                         |                |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days     | Inpatient 0 Inpatient<br>Bed Days       | 0              |
| Pediatric   | Intensive Care Newborn<br>Nursery       | Intermediate Care                       |                |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days     | Inpatient 0 Inpatient<br>Bed Days       | 0              |
| Intensive Care  | Rehabilitation<br>Center                | Int. Care / Developmentally<br>Disabled |                |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days     | Inpatient 0 Inpatient<br>Bed Days       | 0              |
| Coronary Care   | Chemical Dependency                     | Building Per Building                   |                |
| Inpatient 9 Inpatient 2200<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days     | Unit Servic                             | <b>e</b><br>88 |
|   |   |   |                |
|   |   | 40/40/0045 Distant 40/40/0              |                |

| Report Year: 2015 10750 St  | Joseph's Medical Cen     | ter of Stockton               | Stockton                               | Page:64 of 79              |
|---|--------------------------|-------------------------------|--|----------------------------|
| Include information on the number of inp<br>SPC-5 per Section 130061(e) | atient beds by type of u | init provided by buildings th | nat are classified as SPC-2, SPC-3     | 3, SPC-4, and              |
| Building Number: BLD-01903  | Building Name:           | Administrative Wing           |  |                            |
| Medical / Surgical (Include GYN)  | Acute Respi              | ratory Care                   | Acute Psychiatric                      |                            |
| Inpatient 0 Inpatient Days  | 0 Inpatient Bed          | 0 Inpatient 0<br>Days         | Inpatient 0 Inpatie<br>Bed Days        | ent 0                      |
| Perinatal (Exclude Newborn / GYN)                                       | Burn                     |                               | Skilled Nursing                        |                            |
| Inpatient 0 Inpatient Days  | 0 Inpatient Bed          | 0 Inpatient 0<br>Days         | Inpatient 0 Inpatie<br>Bed Days        | ent 0                      |
| Pediatric   | Intensive Ca<br>Nursery  | re Newborn                    | Intermediate Care                      |                            |
| Inpatient 0 Inpatient Days  | 0 Inpatient Bed          | 0 Inpatient 0<br>Days         | Inpatient 0 Inpatie<br>Bed Days        | ent 0                      |
| Intensive Care  | Rehabilitatio<br>Center  | n                             | Int. Care / Developmentall<br>Disabled | у                          |
| Inpatient 0 Inpatient Days  | 0 Inpatient Bed          | 0 Inpatient 0<br>Days         | Inpatient 0 Inpatie<br>Bed Days        | ent 0                      |
| Coronary Care   | Chemical De              | pendency                      | Building Per Bui                       | al Beds this<br>Ilding Per |
| Inpatient 0 Inpatient Days  | 0 Inpatient Bed          | 0 Inpatient 0<br>Days         |  | 0                          |
|   |                          |                               |  |                            |
|   |                          |                               |  |                            |
| OSHPD FDD SB499 Report Data   | Last Update: 10/13/2     | 015 Submission Dat            | te: 12/10/2015 Printed: 12/1           | 2/2015 6:25 AM             |

| Report Year: 2015 10750 St. Jo  | oseph's Medical Center of Stockton                | Stockton Page:65 of 79                                       |
|---|---|--|
| Include information on the number of inpatie<br>SPC-5 per Section 130061(e) | ent beds by type of unit provided by buildings th | at are classified as SPC-2, SPC-3, SPC-4, and                |
| Building Number: BLD-01904  | Building Name: Southeast Wing                     |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                            | Acute Psychiatric  |
| Inpatient 0 Inpatient 0<br>Bed Days   | ) Inpatient 0 Inpatient 0<br>Bed Days             | Inpatient 0<br>Bed Days                                      |
| Perinatal (Exclude Newborn / GYN)   | Burn  | Skilled Nursing  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Bed Inpatient 0 Inpatient 0<br>Bed Days           | Inpatient 0<br>Bed Days                                      |
| Pediatric   | Intensive Care Newborn<br>Nursery                 | Intermediate Care  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Intensive Care  | Rehabilitation<br>Center                          | Int. Care / Developmentally<br>Disabled                      |
| Inpatient 10 Inpatient 2912<br>Bed Days                                     | P Inpatient 0 Inpatient 0<br>Bed Days             | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Coronary Care   | Chemical Dependency                               | Total Beds this Total Beds this<br>Building Per Building Per |
| Inpatient 0 Inpatient 0<br>Bed Days   | Bed Inpatient 0<br>Days 0                         | Unit         Service           10         10                 |
|   |   |  |
|   |   |  |
| OSHPD FDD SB499 Report Data La  | ast Update: 10/13/2015 Submission Date            | e: 12/10/2015 Printed: 12/12/2015 6:25 AM                    |

| Report Year: 2015 10750 St. Jos  | seph's Medical Center of Stockton                  | Stockton Page:66 of 79                                 |
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| Include information on the number of inpatier<br>SPC-5 per Section 130061(e) | nt beds by type of unit provided by buildings that | are classified as SPC-2, SPC-3, SPC-4, and             |
| Building Number: BLD-01905 B   | uilding Name: Cafeteria                            |  |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care                             | Acute Psychiatric                                      |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                    |
| Perinatal (Exclude Newborn / GYN)  | Burn   | Skilled Nursing  |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                    |
| Pediatric  | Intensive Care Newborn<br>Nursery                  | Intermediate Care                                      |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                    |
| Intensive Care   | Rehabilitation<br>Center                           | Int. Care / Developmentally<br>Disabled                |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                | Inpatient 0 Inpatient 0<br>Bed Days                    |
| Coronary Care  | Chemical Dependency                                | Total Beds thisTotal Beds thisBuilding PerBuilding Per |
| Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                | Unit         Service           0         0             |
|  |  |  |
|  |  |  |
| OSHPD FDD SB499 Report Data Las  | t Update: 10/13/2015 Submission Date:              | 12/10/2015 Printed: 12/12/2015 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-01906 Build  | ing Name: Heart Center              |   |                       |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care              | Acute Psychiatric                       |                       |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient <u>0</u> Inpatien<br>Bed Days | t 0                   |
| Perinatal (Exclude Newborn / GYN)   | Burn                                | Skilled Nursing                         |                       |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | t 0                   |
| Pediatric   | Intensive Care Newborn<br>Nursery   | Intermediate Care                       |                       |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | t 0                   |
| Intensive Care  | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled |                       |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatien<br>Bed Days        | t 0                   |
| Coronary Care   | Chemical Dependency                 | Building Per Build                      | Beds this<br>ling Per |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Unit Serv                               | 0                     |
|   |                                     |   |                       |
|   | data: 10/12/2015 Submission Data:   | 40/40/0045 Drives do 40/40              |                       |

| Report Year: 2015 10750 St. J  | oseph's Medical Center of Stockton                  | Stockton Page:68 of 79                                       |
|--|---|--|
| Include information on the number of inpati<br>SPC-5 per Section 130061(e) | ent beds by type of unit provided by buildings that | at are classified as SPC-2, SPC-3, SPC-4, and                |
| Building Number: BLD-01907   | Building Name: Outpatient Surgery Buildin           | ng   |
| Medical / Surgical (Include GYN)   | Acute Respiratory Care                              | Acute Psychiatric  |
| Inpatient 0 Inpatient 0<br>Bed Days  | D Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0<br>Bed Days 0                                    |
| Perinatal (Exclude Newborn / GYN)  | Burn  | Skilled Nursing  |
| Inpatient 0 Inpatient 0<br>Bed Days  | ) Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0<br>Bed Days 0                                    |
| Pediatric  | Intensive Care Newborn<br>Nursery                   | Intermediate Care  |
| npatient 0 Inpatient 0<br>Bed Days   | ) Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Intensive Care   | Rehabilitation<br>Center                            | Int. Care / Developmentally<br>Disabled                      |
| npatient 0 Inpatient 0<br>Bed Days   | ) Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Coronary Care  | Chemical Dependency                                 | Total Beds this Total Beds this<br>Building Per Building Per |
| Inpatient 0 Inpatient 0<br>Bed Days  | ) Inpatient 0 Inpatient 0<br>Bed Days               | Unit         Service           0         0                   |
|  |   |  |
|  |   |  |
| OSHPD FDD SB499 Report Data La   | ast Update: 10/13/2015 Submission Date              | e: 12/10/2015 Printed: 12/12/2015 6:25 AM                    |

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|---|---|--|
| Include information on the number of inpat<br>SPC-5 per Section 130061(e) | ient beds by type of unit provided by buildings the | at are classified as SPC-2, SPC-3, SPC-4, and                |
| Building Number: BLD-01908  | Building Name: Cancer Center                        |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                              | Acute Psychiatric  |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0<br>Bed Days                                      |
| Perinatal (Exclude Newborn / GYN)   | Burn  | Skilled Nursing  |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0<br>Bed Days                                      |
| Pediatric   | Intensive Care Newborn<br>Nursery                   | Intermediate Care  |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Intensive Care  | Rehabilitation<br>Center                            | Int. Care / Developmentally<br>Disabled                      |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Coronary Care   | Chemical Dependency                                 | Total Beds this Total Beds this<br>Building Per Building Per |
| Inpatient 0 Inpatient Days  | 0 Inpatient 0 Inpatient 0<br>Bed Days               | Unit         Service           0         0                   |
|   |   |  |
|   |   |  |
| DSHPD FDD SB499 Report Data L   | .ast Update: 10/13/2015 Submission Date             | e: 12/10/2015 Printed: 12/12/2015 6:25 AM                    |

| Report Year: 2015 10750 St. Jos   | eph's Medical Center of Stockton      | Stockton Page:70 of 79                                       |  |  |
|---|---------------------------------------|--|--|--|
| 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-01909 Bu   | uilding Name: Hospital Main Entrance  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                | Acute Psychiatric  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |
| Perinatal (Exclude Newborn / GYN)   | Burn                                  | Skilled Nursing  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |
| Pediatric   | Intensive Care Newborn<br>Nursery     | Intermediate Care  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |
| Intensive Care  | Rehabilitation<br>Center              | Int. Care / Developmentally<br>Disabled                      |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |
| Coronary Care   | Chemical Dependency                   | Total Beds this Total Beds this<br>Building Per Building Per |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days 0 | Unit         Service           0         0                   |  |  |
|   |                                       |  |  |  |
|   |                                       |  |  |  |
| OSHPD FDD SB499 Report Data Last  | Update: 10/13/2015 Submission Date:   | 12/10/2015 Printed: 12/12/2015 6:25 AM                       |  |  |

| Report Year: 2015 10750 St. J  | oseph's Medical Center of Stockton                  | Stockton Page:71 of 79                                       |
|--|---|--|
| Include information on the number of inpat SPC-5 per Section 130061(e) | ent beds by type of unit provided by buildings that | t are classified as SPC-2, SPC-3, SPC-4, and                 |
| Building Number: BLD-01910   | Building Name: Emergency Generator Roo              | m  |
| Medical / Surgical (Include GYN)                                       | Acute Respiratory Care                              | Acute Psychiatric  |
| Inpatient 0 Inpatient Days   | ) Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0<br>Bed Days                                      |
| Perinatal (Exclude Newborn / GYN)                                      | Burn  | Skilled Nursing  |
| Inpatient 0 Inpatient 0<br>Bed Days                                    | ) Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Pediatric  | Intensive Care Newborn<br>Nursery                   | Intermediate Care  |
| npatient 0 Inpatient 0<br>Bed Days                                     | ) Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Intensive Care   | Rehabilitation<br>Center                            | Int. Care / Developmentally<br>Disabled                      |
| npatient 0 Inpatient 0<br>Bed Days                                     | ) Inpatient 0 Inpatient 0<br>Bed Days               | Inpatient 0 Inpatient 0<br>Bed Days                          |
| Coronary Care  | Chemical Dependency                                 | Total Beds this Total Beds this<br>Building Per Building Per |
| Inpatient 0 Inpatient 0<br>Bed Days                                    | ) Inpatient 0 Inpatient 0<br>Bed Days               | Unit Service   |
|  |   |  |
|  |   |  |
| OSHPD FDD SB499 Report Data L  | ast Update: 10/13/2015 Submission Date:             | 12/10/2015 Printed: 12/12/2015 6:25 AM                       |

| Report Year: 2015 1                                       | 10750 St. Joseph'   | s Medical Center of S         | Stockton                | tockton                           | Page:72 of 79                   |
|---|---------------------|-------------------------------|-------------------------|-----------------------------------|---------------------------------|
| Include information on the r<br>SPC-5 per Section 130061( |                     | ds by type of unit pro        | vided by buildings that | are classified as SPC-2, S        | SPC-3, SPC-4, and               |
| Building Number: BLD-                                     | 03367 Buildin       | ng Name: Wom                  | en & Children's Pavilio | n Building                        |                                 |
| Medical / Surgical (Include                               | e GYN)              | Acute Respiratory             | Care                    | Acute Psychiatric                 |                                 |
|   | patient 6082<br>ays | Inpatient 0<br>Bed            | Inpatient 0<br>Days     |                                   | npatient 0<br>Days              |
| Perinatal (Exclude Newbo                                  | orn / GYN)          | Burn                          |                         | Skilled Nursing                   |                                 |
|   | patient 7009<br>ays | Inpatient 0<br>Bed            | Inpatient 0<br>Days     |                                   | npatient 0<br>Days              |
| Pediatric   |                     | Intensive Care New<br>Nursery | /born                   | Intermediate Care                 |                                 |
|   | patient 0<br>ays    | Inpatient 22<br>Bed           | Inpatient 5871<br>Days  |                                   | npatient 0<br>Days              |
| Intensive Care  |                     | Rehabilitation<br>Center      |                         | Int. Care / Developme<br>Disabled | entally                         |
|   | patient 2433<br>ays | Inpatient 0<br>Bed            | Inpatient 0<br>Days     |                                   | npatient 0<br>Days              |
| Coronary Care   |                     | Chemical Depende              | ncy                     | Total Beds this<br>Building Per   | Total Beds this<br>Building Per |
|   | patient 0<br>ays    | Inpatient 0<br>Bed            | Inpatient 0<br>Days     | Unit                              | Service<br>79                   |
|   |                     |                               |                         |                                   |                                 |
|   |                     |                               |                         |                                   |                                 |
| SHPD FDD SB499 Report                                     | Data Last Upd       | ate: 10/13/2015               | Submission Date:        | 12/10/2015 Printed                | : 12/12/2015 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-03370     Building Name:     New Generator Building  |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                 | Acute Psychiatric  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days    | Inpatient 0<br>Bed Days 0                                    |  |  |  |
| Perinatal (Exclude Newborn / GYN)   | Burn                                   | Skilled Nursing  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days    | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Pediatric   | Intensive Care Newborn<br>Nursery      | Intermediate Care  |  |  |  |
| npatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days    | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| ntensive Care   | Rehabilitation<br>Center               | Int. Care / Developmentally<br>Disabled                      |  |  |  |
| npatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days    | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Coronary Care   | Chemical Dependency                    | Total Beds this Total Beds this<br>Building Per Building Per |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days    | Unit         Service           0         0                   |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| SHPD FDD SB499 Report Data La:  | st Update: 10/13/2015 Submission Date: | : 12/10/2015 Printed: 12/12/2015 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-03371     Building Name:     Pedestrian Corridor   |                                       |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                | Acute Psychiatric  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing  |                                       |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Pediatric   | Intensive Care Newborn<br>Nursery     | Intermediate Care  |  |  |  |
| npatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Intensive Care  | Rehabilitation<br>Center              | Int. Care / Developmentally<br>Disabled                      |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Coronary Care   | Chemical Dependency                   | Total Beds this Total Beds this<br>Building Per Building Per |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days   | Unit         Service           0         0                   |  |  |  |
|   |                                       |  |  |  |  |
|   |                                       |  |  |  |  |
| OSHPD FDD SB499 Report Data Las   | t Update: 10/13/2015 Submission Date: | : 12/10/2015 Printed: 12/12/2015 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-03492     Building Name:     Elevator Addition   |                                     |  |  |  |  |
| Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric   |                                     |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Perinatal (Exclude Newborn / GYN)   | Burn                                | Skilled Nursing  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0 Bed                                  |  |  |  |
| Pediatric   | Intensive Care Newborn<br>Nursery   | Intermediate Care  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Intensive Care  | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled                      |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Coronary Care   | Chemical Dependency                 | Total Beds this Total Beds this<br>Building Per Building Per |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Unit         Service           0         0                   |  |  |  |
|   |                                     |  |  |  |  |
|   | data: 10/12/2015 Submission Data:   | 40/40/2045 Drinked: 40/40/2045 0:05 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-03493     Building Name:     Kitchen Remodel 1   |                                     |  |  |  |  |
| Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric   |                                     |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Perinatal (Exclude Newborn / GYN)   | Burn                                | Skilled Nursing  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0<br>Bed Days                                      |  |  |  |
| Pediatric   | Intensive Care Newborn<br>Nursery   | Intermediate Care  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Intensive Care  | Rehabilitation<br>Center            | Int. Care / Developmentally<br>Disabled                      |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Coronary Care   | Chemical Dependency                 | Total Beds this Total Beds this<br>Building Per Building Per |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days | 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-03494     Building Name:     Kitchen Remodel 2   |                                      |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care               | Acute Psychiatric  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing  |                                      |  |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Pediatric   | Intensive Care Newborn<br>Nursery    | Intermediate Care  |  |  |  |
| npatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Intensive Care  | Rehabilitation<br>Center             | Int. Care / Developmentally<br>Disabled                      |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Coronary Care   | Chemical Dependency                  | Total Beds this Total Beds this<br>Building Per Building Per |  |  |  |
| Inpatient 0 Inpatient 0<br>Bed Days   | Inpatient 0 Inpatient 0<br>Bed Days  | 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-03495       Building Name:       Material Management Building  |  |  |  |  |  |
| Medical / Surgical (Include GYN)  | Acute Respiratory Care                 | Acute Psychiatric  |  |  |  |
| Inpatient 0 Inpatient Days  | D Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0<br>Bed Days                                      |  |  |  |
| Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing  |  |  |  |  |  |
| Inpatient 0 Inpatient Bed Days  | D Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0<br>Bed Days                                      |  |  |  |
| Pediatric   | Intensive Care Newborn<br>Nursery      | Intermediate Care  |  |  |  |
| npatient 0 Inpatient 0<br>Bed Days  | D Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Intensive Care  | Rehabilitation<br>Center               | Int. Care / Developmentally<br>Disabled                      |  |  |  |
| Inpatient 0 Inpatient Days  | D Inpatient 0 Inpatient 0<br>Bed Days  | Inpatient 0 Inpatient 0<br>Bed Days                          |  |  |  |
| Coronary Care   | Chemical Dependency                    | Total Beds this Total Beds this<br>Building Per Building Per |  |  |  |
| Inpatient 0 Inpatient Bed Days  | D Inpatient 0 Inpatient 0<br>Bed Days  | Unit         Service           0         0                   |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| OSHPD FDD SB499 Report Data L   | ast Update: 10/13/2015 Submission Date | e: 12/10/2015 Printed: 12/12/2015 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-03496     Building Name:     Utility Plant   |                       |                        |  |                           |  |
| Medical / Surgical (Include GYN)  | Acute Re              | espiratory Care        | Acute Psychiatric                      |                           |  |
| Inpatient 0 Inpatient<br>Bed Days   | 0 Inpatient<br>Bed    | 0 Inpatient 0<br>Days  | Inpatient <u>0</u> Inpatie<br>Bed Days | ont 0                     |  |
| Perinatal (Exclude Newborn / GY   | N) Burn               |                        | Skilled Nursing                        |                           |  |
| Inpatient 0 Inpatient<br>Bed Days   | 0 Inpatient<br>Bed    | 0 Inpatient 0<br>Days  | Inpatient 0 Inpatie<br>Bed Days        | ont 0                     |  |
| Pediatric   | Intensive<br>Nursery  | e Care Newborn         | Intermediate Care                      |                           |  |
| Inpatient 0 Inpatient<br>Bed Days   | 0 Inpatient<br>Bed    | 0 Inpatient 0<br>Days  | Inpatient 0 Inpatie<br>Bed Days        | ent 0                     |  |
| Intensive Care  | Rehabilit<br>Center   | ation                  | Int. Care / Developmentall<br>Disabled | ¥                         |  |
| Inpatient 0 Inpatient<br>Bed Days   | 0 Inpatient<br>Bed    | 0 Inpatient 0<br>Days  | Inpatient 0 Inpatie<br>Bed Days        | ent 0                     |  |
| Coronary Care   | Chemica               | I Dependency           | Building Per Bui                       | al Beds this<br>Iding Per |  |
| Inpatient 0 Inpatient<br>Bed Days   | 0 Inpatient<br>Bed    | 0 Inpatient 0<br>Days  | Unit Ser                               | 0                         |  |
|   |                       |                        |  |                           |  |
|   |                       |                        |  |                           |  |
| SHPD FDD SB499 Report   | Data Last Update: 10/ | 13/2015 Submission Dat | e: 12/10/2015 Printed: 12/1            | 2/2015 6:25 AM            |  |