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| Office of Statewide Health Planning and Development |
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| Facilities Development Division |

Senate Bill 499 (SB 499) Hospital Report

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

Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number: | 10943 | |
|----------------------|--|-----------|
| Facility Name: | Stanford Health Care | |
| Address: | 300 Pasteur Dr | \exists |
| City: | Palo Alto | |
| Hospital Owner/Lice | nsee: Stanford University Medical Center | |
| Year of Repo | rting: 2015 | |
| Contact 1 e-mail Add | ress: [Confidential data left blank intentionally.] | |
| Contact 2 e-mail Add | Iress: [Confidential data left blank intentionally.] | |
| Contact 3 e-mail Add | ress:: [Confidential data left blank intentionally.] | |
| Name of Subn | nitter: Carlos Villalva | |
| Submission | Date: 12/18/2015 9:31:08 AM | |

| Report ` | Year: 2015 10943 | Stanford Health Care | | Palo Alto | | Page:2 of 86 |
|---|--------------------------------|----------------------------|------------------------|--------------------------------|----------------------|--------------------------------|
| For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B) | | | | | | |
| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Ratir If Required | ng Extension Date | Anticipated Completion Date |
| 3LD- 02290 | Edwards Building-Med School | 300 Pasteur Dr | Remove | N/A | 01/01/2020 | 07/01/2015 |
| BLD- 2291 | Lane Building - Med School | 300 Pasteur Dr | Replace | SPC3 | 01/01/2020 | 07/01/2019 |
| 3LD- 2292 | Alway Building - Med School | 300 Pasteur Dr | Remove | N/A | 01/01/2020 | 07/01/2019 |
| BLD- 2293 | Grant Building - Med School | 300 Pasteur Dr | Remove | N/A | 01/01/2020 | 07/01/2019 |
| LD- 2295 | Central Core - East and West | 300 Pasteur Dr | Rebuild | SPC5 | 01/01/2020 | 07/01/2019 |
| 3LD- 02296 | Boswell Building | 300 Pasteur Dr | Rebuild | SPC5 | 01/01/2020 | 07/01/2019 |
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| Dunung | No: BLD- | 02291 | Lane Building - Med School | | Retrofit/Re Project: | eplacement | Yes-Subr | nitted | |
|----------------------|-------------------|---------------------|---|----------------|--|---------------------------------------|--|--------|----------------|
| Facility Number | Project Number | Sub Num | Scope | Date In | Plan Approved Date | Projected Start Date | Projected Completion Date | Status | CEQA Review |
| 10943 | S132852-43 -00 | 0 | SU - G.A.L.E. Steam to Hot Water Conversion | 12/19/201 3 | 9/30/2014 12:00:00 AM | 10/09/2014 | | CLOS | No |
| Building Facility | | 02295 Sub Num | ction 130061(c)(1)(E). Central Core - East and West Scope | Date In | Retrofit/Re Project: Plan Approved Date | eplacement Projected Start Date | Yes-Subr Projected Completion Date | | CEQA Review |
| 10943 | H141138-43 -00 | | SU - SURGICAL PATHOLOGY BACKFILL PACKAGE 2 | | 3/26/2015 12:00:00 AM | 04/01/2015 | 07/01/2016 | FIEL | No |
| 10943 | IS081923-0 | 0 | PPR - REPLACEMENT HOSPITAL AND ADDITION | 10/24/200 8 | | 01/30/2013 | 04/30/2017 | ACTI | No |
| | | | | | | | | | |

| Report Year: 2015 | 10943 Stanford Health Care | | Palo Alto | Page:4 of 86 | | | |
|--|---|----------------|--|---|--|--|--|
| For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section $130061(c)(1)(C)$. The projected construction start date or dates and projected Completion date or dates per Section $130061(c)(1)(D)$ and the most recent project status and approvals per Section $130061(c)(1)(E)$. | | | | | | | |
| Building No: BLD-02296 | Boswell Building | | Retrofit/Replacement Project: | Yes-Submitted | | | |
| Facility Project Sub Number Number Num | Scope | Date In | Plan Approved Projected Date Start Date | Projected CEQA Completion Date Status Review | | | |
| 10943 IS081923-0 0 |) PPR - REPLACEMENT HOSPITAL AND ADDITION | 10/24/200 8 | 01/30/2013 | 04/30/2017 ACTI No | | | |
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|---|--|--------------------------------------|-------------------------------|-----------------------------|--|--|--|
| Provide the number of | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: BLD-02290 Building Name: Edwards Building-Med School | | | | | | | |
| Type of Service Prov | rided | | | | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | | | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | | Renal Dialysis | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Services | Outpatient Surgery | | | |
| | Deus | Total Beds this 0 Building | Obstetrical Cesarean/Deliv | Central Plant | | | |
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| OSHPD FDD SB499 Repor | t | Data Last Update: 12/16/2015 Su | ubmission Date: 12/18/2015 | Printed: 12/20/2015 6:25 AM | | | |

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|--|--|-----------------------------|-----------------------------|--|--|--|
| Provide the number of inpatier | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | |
| Building Number: BLD-02291 | Building Name: | ane Building - Med School | | | | |
| Nursing Inpatie Beds | nt 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | | | |
| IntensiveCare Inpatie Beds | nt 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | |
| Pediatric/Adol Inpatie escent Beds | nt 0 Inpatient Days 0 | Clinical Lab | Emergency | | | |
| Psychiatric Inpatie Nursing Beds | nt 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | |
| Obstetrical Inpatie Ante/Postprtum Beds | nt 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | | | |
| Intermediate Inpatie Care Beds | nt 0 Inpatient Days 0 | | Renal Dialysis | | | |
| Skilled Nursing Inpatie Beds | nt 0 Inpatient Days 0 | Support Services | Outpatient Surgery | | | |
| | Total Beds this 0 Building | Cesarean/Deliv | Central Plant | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 S | Submission Date: 12/18/2015 | Printed: 12/20/2015 6:25 AM | | | |

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|---|--|--|------------------------------|
| Provide the number of inpatient t | peds and patient days per type of service pe | er building per Section 130061(c)(1)(F |) |
| Building Number: BLD-02292 Type of Service Provided | Building Name: Alv | way Building - Med School | |
| Nursing Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery |
| IntensiveCare Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol Inpatient escent Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency |
| Psychiatric Inpatient Nursing Beds | 0 Inpatient Days 0 | Radiological/ | Nuclear Medicine |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy |
| Intermediate Inpatient Care Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis Outpatient |
| Skilled Nursing Inpatient Beds | 0 Inpatient Days 0 | Services | Surgery |
| | Total Beds this 0 Building | Obstetrical Cesarean/Deliv | Central Plant |
| | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 St | ubmission Date: 12/18/2015 Prin | nted: 12/20/2015 6:25 AM |

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|---|---|---|------------------------|
| Provide the number of inpatient I | peds and patient days per type of service p | er building per Section 130061(c)(1)(F) | |
| Building Number: BLD-02293 Type of Service Provided | Building Name: Gr | rant Building - Med School | |
| Nursing Inpatient Beds | 0 Inpatient 0 Days | | tetrical overy |
| IntensiveCare Inpatient Beds | 0 Inpatient Days 0 | | /born/ Baby |
| Pediatric/Adol Inpatient escent Beds | 0 Inpatient Days 0 | Clinical Lab | ergency |
| Psychiatric Inpatient Nursing Beds | 0 Inpatient Days 0 | Radiological/ Nuc Imaging | lear licine |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic Reh The | abilitation rapy |
| Intermediate Inpatient Care Beds | 0 Inpatient Days 0 | | al Dialysis patient |
| Skilled Nursing Inpatient Beds | 0 Inpatient Days 0 | Services Surg | |
| | Total Beds this 0 Building | Obstetrical Cesarean/Deliv | tral Plant |
| | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 S | Submission Date: 12/18/2015 Printed: | 12/20/2015 6:25 AM |

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|---|--|---|----------------------------|
| Provide the number of inpatient t | peds and patient days per type of service pe | er building per Section 130061(c)(1)(F) | |
| Building Number: BLD-02295 Type of Service Provided | Building Name: Ce | entral Core - East and West | |
| Nursing Inpatient Beds | 0 Inpatient 0 Days | | bstetrical ecovery |
| IntensiveCare Inpatient Beds | 0 Inpatient Days 0 | | ewborn/ /ellBaby |
| Pediatric/Adol Inpatient escent Beds | 0 Inpatient Days 0 | X Clinical Lab | mergency |
| Psychiatric Inpatient Nursing Beds | 0 Inpatient Days 0 | | uclear ledicine |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Inpatient Days 0 | | ehabilitation herapy |
| Intermediate Inpatient Care Beds | 0 Inpatient Days 0 | | enal Dialysis utpatient |
| Skilled Nursing Inpatient Beds | 0 Inpatient Days 0 | Services S | urgery |
| | Total Beds this 0 Building | Cesarean/Deliv | entral Plant |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 St | ubmission Date: 12/18/2015 Printe | ed: 12/20/2015 6:25 AM |

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|--|--|---------------------------------|---------------------------|--|--|--|--|
| Provide the number of inpatien | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | |
| Building Number: BLD-02296 Building Name: Boswell Building | | | | | | | |
| Type of Service Provided | | | | | | | |
| Nursing Inpatier Beds | nt 0 Inpatient 0 Days | Surgical | Obstetrical Recovery | | | | |
| IntensiveCare Inpatier Beds | nt 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | | |
| Pediatric/Adol Inpatier escent Beds | nt 0 Inpatient Days 0 | Clinical Lab | Emergency | | | | |
| Psychiatric Inpatier Nursing Beds | nt 0 Inpatient Days 0 | Radiological/ | Nuclear Medicine | | | | |
| Obstetrical Inpatier Ante/Postprtum Beds | nt 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | | | | |
| Intermediate Inpatier Care Beds | nt 0 Inpatient Days 0 | X Administration | Renal Dialysis | | | | |
| Skilled Nursing Inpatier Beds | nt 0 Inpatient Days 0 | | Outpatient Surgery | | | | |
| | Total Beds this 0 Building | Cesarean/Deliv | Central Plant | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 Su | ubmission Date: 12/18/2015 Priu | nted: 12/20/2015 6:25 AM | | | | |

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|---|---------------------|-------------------------------|---------------------|---|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | | |
| Building Number: BLD-02290 Building Name: Edwards Building-Med School | | | | | | | | |
| 5 | | | <u> </u> | | | | | |
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Pediatric | | intensive Care Nev Nursery | wborn | Intermediate Card | | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | nent | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 | | | |
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| OSHPD FDD SB499 I | Report Data Last U | odate: 12/16/2015 | Submission Date: | 12/18/2015 Printe | d: 12/20/2015 6:25 AM | | | |

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|---|-------------------------------------|--|---------------|--|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | | |
| Building Number: BLD-02291 Building Name: Lane Building - Med School | | | | | | | | |
| Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric | | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatie Bed Days | nt 0 | | | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatie Bed Days | nt 0 | | | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatie Bed Days | nt 0 | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total B Building Per Buildin Unit Servic | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | 0 | 0 | | | | | |
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| Report Year: 20 | 015 10943 Stanford | Health Care | P | Palo Alto | Page:13 of 86 | | | | |
|--------------------|---|-------------------------------|--------------------------|---|--|--|--|--|--|
| Provide the numbe | Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | | |
| Building Number: | BLD-02292 Build | ling Name: Alwa | ay Building - Med School | | | | | | |
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | | | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | | |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | | | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | | |
| Pediatric | | intensive Care Nev Nursery | wborn | Intermediate Card | | | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | nent | | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 | | | | |
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|---|------------------------------------|--|---------------|--|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | | |
| Building Number: BLD-02293 | Building Name: Grant Building - Me | d School | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient Bed Days | 0 | | | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient Bed Days | 0 | | | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient Bed Days | 0 | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient Bed Days | 0 | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Bed Building Per Building Unit Service | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 0 | 0 | | | | | |
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|---------------------------|---|-------------------------------|-------------------------|---|--|--|--|--|
| Provide the number of I | Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | |
| | | | | | | | | |
| Building Number: B | BLD-02295 Buildir | ng Name: Centr | al Core - East and West | | | | | |
| Medical / Surgical (Inc | lude GYN) | Acute Respiratory | Care | Acute Psychiatric | | | | |
| | patient 0 ays | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Perinatal (excluse Nev | wborn / GYN) | Burn | | Skilled Nursing | | | | |
| | patient 0 ays | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Pediatric | | intensive Care New Nursery | born | Intermediate Card | | | | |
| | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / developn Disabled | nent | | | |
| Inpatient 0 Inp Bed Da | | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | | | |
| Inpatient 0 Inp Bed Da | | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 | | | |
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|---|-------------------------------------|---|---------------|--|--|--|--|--|
| Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | | |
| Building Number: BLD-02296 Building Name: Boswell Building | | | | | | | | |
| Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric | | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatie Bed Days | nt 0 | | | | | |
| Perinatal (excluse Newborn / GYN) | Burn | Skilled Nursing | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatie Bed Days | nt 0 | | | | | |
| Pediatric | intensive Care Newborn Nursery | Intermediate Card | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatie Bed Days | nt 0 | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / development Disabled | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 | | | | | |
| Coronary Care | Chemical Dependency | Total Beds this Total B Building Per Building Unit Servic | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | 0 | 0 | | | | | |
| | | | | | | | | |
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| | t the facility, indicate which ones are scheduled for gene | | |
|--------------------|--|--|--|
| Building Number | Building Name | Building to be Removed / Replaced / Rebuilt | |
| BLD-02290 | Edwards Building-Med School | Remove | |
| 3LD-02291 | Lane Building - Med School | Replace | |
| 3LD-02292 | Alway Building - Med School | Remove | |
| 3LD-02293 | Grant Building - Med School | Remove | |
| 3LD-02294 | Central Core | Remain | |
| BLD-02295 | Central Core - East and West | Rebuild | |
| 3LD-02296 | Boswell Building | Rebuild | |
| BLD-02297 | West Pavilion | Remain | |
| BLD-02298 | East Pavilion | Remain | |
| BLD-02299 | Phase 1 Central Core Expansion | Remain | |
| 3LD-02300 | Nursing Pod D | Remain | |
| 3LD-02301 | Nursing Pod E | Remain | |
| 3LD-02302 | Nursing Pod F | Remain | |
| 3LD-02303 | Diagnostic Treatment Center | Remain | |
| 3LD-02304 | Atrium | Remain | |
| BLD-02305 | F Pod Extension | Remain | |

| Report Year: | 2015 10943 Stanford Health Care | P | Palo Alto | Page:18 of 86 | | | |
|--|---|-------------|-----------|---------------|--|--|--|
| List ALL proposed new buildings to be constructed at this or another site. | | | | | | | |
| Building Number | Building Name | New Site | | | | | |
| N_1 | New Stanford Hospital Bldg | Х | | | | | |
| N_2 | New Stanford Central Energy Facility (SESI) | Х | | | | | |
| N_3 | New SHC Steam Plant | x | | | | | |

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|--|--|-------------------------------|---------------------------|---------------|--|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | |
| Building Number: BLD-02290 Edwards Building-Med School Removal Date: 07/01/2019 | | | | | | | |
| Planned Uses for the build | ling to be removed from acute care service |): | | | | | |
| Planned use for building: | Other Jurisd | iction: | | | | | |
| Other Usage: | School of Medicine academic function | | | | | | |
| Inpatient services currently | / delivered in the building: | _ | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | 1 | | | |
| IntensiveCare | Anesthesia | Obstetrical | Renal Dialysi | s | | | |
| Pediatric/Adol escent | Clinical Lab | Recovery | | 3 | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | | Central Plant | | | | |
| Intermediate Care | Dietetic | Emergency | | | | | |
| Skilled Nursing | Administration | Nuclear Medicine | Support Services | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 | Submission Date: 12/18/2015 | 5 Printed: 12/20/ | 2015 6:25 AM | | | |

| Report Year: 2015 | 10943 Stanford He | ealth Care | | Palo Alto | | Page:20 of 86 | | |
|--|------------------------|---------------------|----------------------------|---------------|---------------------------|---------------|--|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | | |
| Building Number: BLD-02291 Lane Building - Med School Removal Date: 07/01/2019 | | | | | | | | |
| Planned Uses for the build | ing to be removed from | acute care service: | | | | | | |
| Planned use for building: | | | | | | | | |
| Inpatient services currently | Surgica | 1 | Obstetrical Cesarean/De | əliv | Rehabilitation Therapy | | | |
| Pediatric/Adol escent | Anesthe Clinical | | Obstetrical Recovery | | Renal Dialysis | | | |
| Psychiatric Nursing | Radiolo Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Pharma | aceutical | Emergency | | Central Plant | | | |
| Skilled Nursing | Adminis | stration | Nuclear Medicine | | Support Services | | | |
| OSHPD FDD SB499 Report | Data Last Upd | ate: 12/16/2015 \$ | Submission Date | e: 12/18/2015 | Printed: 12/20/2 | 015 6:25 AM | | |

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|--|----------------|---|---------------|------------------------|------------------|---------------------------|---------------|--|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | | |
| Building Number: BLD- | 02292 | Alway Building - Mo | ed School | | Removal Date: | 07/01/2019 |] | |
| Planned Uses for the build | ling to be ren | noved from acute care service: | | | | | | |
| Planned use for building: | | | | | | | | |
| Inpatient services current | y delivered in | <u>the building:</u> Surgical | | etrical irean/Deliv | , [| Rehabilitation Therapy | | |
| IntensiveCare Pediatric/Adol escent | | Anesthesia Clinical Lab | Obst Reco | etrical overy | [| Renal Dialysis | 3 | |
| Psychiatric Nursing | | Radiological/ Imaging | New New | | [| Outpatient Surgery | | |
| Obstetrical Ante/Postprtum | | PharmaceuticalDietetic | | rgency | [| Central Plant | | |
| Skilled Nursing | | Administration | Nucle Medi | | [| Support Services | | |
| OSHPD FDD SB499 Report | Da | ata Last Update: 12/16/2015 | Submiss | sion Date: | 12/18/2015 | Printed: 12/20/2 | 2015 6:25 AM | |

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|--|-----------------------|----------------------------------|-----------|-----------------------------|------------------|---------------------------|---------------|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | |
| Building Number: BLD- |)2293 | Grant Building - Me | ed School | | Removal Date: | 07/01/2019 |] |
| Planned Uses for the build | ling to be rem | noved from acute care service: | : | | | | |
| Planned use for building: | | | | | | | |
| Inpatient services currentl | <u>/ delivered in</u> | <u>the building:</u> Surgical | | Obstetrical Cesarean/Del | iv | Rehabilitation Therapy | |
| IntensiveCare Pediatric/Adol escent | | Anesthesia Clinical Lab | | Obstetrical Recovery | | Renal Dialysis | 8 |
| Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | | Pharmaceutical Dietetic | | Emergency | | Central Plant | |
| Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | |
| OSHPD FDD SB499 Report | Da | ata Last Update: 12/16/2015 | Su | bmission Date: | 12/18/2015 | Printed: 12/20/2 | 2015 6:25 AM |

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|--|-----------------------|----------------------------------|---------------------------|------------------|---------------------------|---------------|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | |
| Building Number: BLD- |)2295 | Central Core - East | and West | Removal Date: | 07/01/2019 |] |
| Planned Uses for the build | ling to be rem | noved from acute care service: | | | | |
| Planned use for building: | | | | | | |
| Inpatient services current | <u>y delivered in</u> | <u>the building:</u> Surgical | Obstetrical Cesarean/D | eliv | Rehabilitation Therapy | |
| IntensiveCare Pediatric/Adol escent | X | Anesthesia Clinical Lab | Obstetrical Recovery | | Renal Dialysis | |
| Psychiatric Nursing | | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | | Pharmaceutical Dietetic | Emergency | | Central Plant | |
| Skilled Nursing | X | Administration | Nuclear Medicine | | Support Services | |
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|--|-------------------|--|-------|--|------------------|---------------------------|---------------|
| For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C) | | | | | | | |
| Building Number: BLD-(| 02296 | Boswell Building | | | Removal Date: | 07/01/2019 | |
| Planned Uses for the build | ing to be remo | oved from acute care service: | | | | | |
| Planned use for building: | | | | | | | |
| Inpatient services currently Inpatient services currently Nursing IntensiveCare | v delivered in th | Surgical Anesthesia | | bstetrical esarean/Deli bstetrical | iv | Rehabilitation Therapy | |
| Pediatric/Adol escent Psychiatric Nursing | | Clinical Lab Radiological/ Imaging | | ecovery ewborn/ /ellBaby | | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | | Pharmaceutical Dietetic | Er Er | mergency | | Central Plant | |
| Skilled Nursing | X | Administration | | uclear edicine | | Support Services | |
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|---|------------------------------------|---|---------------|--|--|
| 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-02290 Building Name: | Edwards Building-Med School | Year of Information: 2012 | 2 | | |
| <u>Unit Type</u> | | Information Current As Of: | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | |
| Coronary Care | Chemical Dependency | . Total Beds this | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | | 0 | | |
| | Loud Layo | Total Beds this Building per Service | 0 | | |
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| OSHPD FDD SB499 Report Data Last | Update: 12/16/2015 Submission Date | : 12/18/2015 Printed: 12/20/ | 2015 6:25 AM | | |

| Report Year: 2015 10943 Stanfo | rd Health Care | Palo Alto | Page:26 of 86 | | | |
|---|---|--------------------------------------|---------------|--|--|--|
| 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-02290 Building Name: Edwards Building-Med School Year of Information: 2013 | | | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | |
| Beds Days | Beds Days | Total Beds this | | | | |
| | | Building per Service | 0 | | | |
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|---|--|---|---------------|--|--|--|
| 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-02290 Building Name: Edwards Building-Med School Year of Information: 2014 | | | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | |
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| OSHPD FDD SB499 Report Data Las | t Update: 12/16/2015 Submission Date | e: 12/18/2015 Printed: 12/20/ | 2015 6:25 AM | | | |

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|---|---|---|---------------|--|--|--|
| 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-02292 Building Name: Alway Building - Med School Year of Information: 2012 | | | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | |
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| OSHPD FDD SB499 Report Data Last | t Update: 12/16/2015 Submission Date: | : 12/18/2015 Printed: 12/20/ | 2015 6:25 AM | | | |

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|---|---|---|---------------|--|--|--|
| 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-02292 Building Name: Alway Building - Med School Year of Information: 2013 | | | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | |
| Beds Days | Beds Days | 01 | | | | |
| | | Total Beds this Building per Service | 0 | | | |
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|---|---|--------------------------------------|---------------|--|--|--|
| 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-02292 Building Name: Alway Building - Med School Year of Information: 2014 | | | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | |
| Beds Days | Beds Days | Total Beds this | 0 | | | |
| | | Building per Service | | | | |
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|---|---|---|---------------|--|--|--|
| 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-02293 Building Name: Grant Building - Med School Year of Information: 2012 | | | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | |
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|---|---|---|---------------|--|--|--|
| 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-02293 Building Name: Grant Building - Med School Year of Information: 2013 | | | | | | |
| Unit Type | | Information Current As Of: | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | |
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|---|---|---|---------------|--|--|--|
| 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-02293 Building Name: Grant Building - Med School Year of Information: 2014 | | | | | | |
| Unit Type | Unit Type Information Current As Of: | | | | | |
| Medical/Surgical (include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Perinatal (exclude Neborn/GYN) | Burn | Skilled Nursing | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Intensive Care | Rehabilitation Center | Int. Care/Developmentally Dis | abled | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days | 0 | | | |
| Coronary Care Inpatient 0 Patient 0 | Chemical Dependency Inpatient 0 Patient 0 | Total Beds this Building per Unit | 0 | | | |
| Beds Days | Beds Days | Total Beds this Building per Service | 0 | | | |
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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-0 | 2290 Building Name: | Edwards Building-Med So | chool | Year of Information: 201 | 2 | |
| <u>Type of Services</u> <u>Provided</u> | | | | Information Current As | | |
| Nursing | Inpatient 0 Beds | Patient 0 Days | Surgical | | Rehabilitation Therapy | |
| IntensiveCare | Inpatient 0 Beds | Patient 0 Days | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient 0 Beds | Patient 0 Days | Clinical Lab | Obstetrical F Recovery | Renal Dialysis | |
| Psychiatric Nursing | Inpatient 0 Beds | Patient 0 Days | Radiological Imaging | | Dutpatient Gurgery | |
| Obstetrical Ante/Postprtum | Inpatient 0 Beds | Patient 0 Days | Pharmaceut | ical Emergency 0 | Central Plant | |
| Intermediate Care | Inpatient 0 Beds | Patient 0 Days | Dietetic | Nuclear S Medicine | Support Services | |
| Skilled Nursing | Inpatient 0 Beds | Patient 0 Days | Administratio | on | | |
| Total Beds this Bu | uilding per service | 0 | | | | |
| | | | | | | |
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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-02290 Building Name: | Edwards Building-Med School | Year of Information: 2013 | 3 | | |
| Type of Services Provided | | Information Current As | | | |
| Nursing Inpatient 0 Beds | Patient 0 Surgical | | ehabilitation herapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Anesthe | | enal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Clinical Days | | | | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Radiolo Days Imaging | | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days Pharma | ceutical Emergency C | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days Dietetic | | upport ervices | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days Adminis | tration | | | |
| Total Beds this Building per service | 0 | | | | |
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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-02290 Building Name: | Edwards Building-Med School | Year of Information: 2014 | ŀ | | |
| <u>Type of Services</u> <u>Provided</u> | | Information Current As 0f: | 0/2015 | | |
| Nursing Inpatient 0 Beds | Patient 0 Surgical Days | | ehabilitation herapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Anesthesia | | anal Dialugia | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Clinical Lal Days | | enal Dialysis | | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Radiologic Days Imaging | | utpatient urgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days Pharmace | utical Emergency C | entral Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days Dietetic | | upport ervices | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days Administra | tion | | | |
| Total Beds this Building per service | 0 | | | | |
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| Report Year:201510943Stanfo | rd Health Care | Palo Alto | Page:37 of 86 | | |
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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-02292 Building Name: | Alway Building - Med School | Year of Information: 2012 | 2 | | |
| Type of Services Provided | | Information Current As | | | |
| Nursing Inpatient 0 Beds | Patient 0 Surgical Days | | ehabilitation herapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Anesthesia Days | Obstetrical R | enal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Clinical Lab Days | | | | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Radiologica Days Imaging | | Putpatient urgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days Pharmaceu | tical Emergency C | entral Plant | | |
| Lintermediate Inpatient 0 Care Beds | Patient 0 Days Dietetic | Nuclear S Medicine S | upport ervices | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days Administrat | ion | | | |
| Total Beds this Building per service | 0 | | | | |
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| OSHPD FDD SB499 Report Data Last | t Update: 12/16/2015 Submission Dat | e: 12/18/2015 Printed: 12/20/ | 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-02292 Building Name: | Alway Building - Med School | Year of Information: 2013 | 3 | | |
| Type of Services Provided | | Information Current As | | | |
| Nursing Inpatient 0 Beds | Patient 0 Surgical Days | | ehabilitation herapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Anesthesia Days | | enal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Clinical La Days | | | | |
| PsychiatricInpatient0NursingBeds | Patient 0 Radiologic Days Imaging | | Putpatient urgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days Pharmace | utical Emergency C | entral Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days Dietetic | | upport ervices | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days Administra | tion | | | |
| Total Beds this Building per service | 0 | | | | |
| | | | | | |
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| OSHPD FDD SB499 Report Data Last | : Update: 12/16/2015 Submission Da | te: 12/18/2015 Printed: 12/20/ | 20045-0-05-004 | | |

| Report Year:201510943Stanfo | rd Health Care | Palo Alto | Page:39 of 86 | | |
|--|--------------------------------------|--------------------------------|-------------------------|--|--|
| 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-02292 Building Name: | Alway Building - Med School | Year of Information: 2014 | 4 | | |
| Type of Services Provided | | Information Current As | | | |
| Nursing Inpatient 0 Beds | Patient 0 Surgical Days | | ehabilitation herapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Anesthesia Days | | enal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Clinical La Days | | | | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Radiologic Days Imaging | | Outpatient Gurgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days Pharmace | utical Emergency C | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days Dietetic | | upport ervices | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days Administra | tion | | | |
| Total Beds this Building per service | 0 | | | | |
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| OSHPD FDD SB499 Report Data Last | Update: 12/16/2015 Submission Da | te: 12/18/2015 Printed: 12/20/ | /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-02293 Building Name: | Grant Building - Med School | Year of Information: 20 | 12 | | |
| Type of Services Provided | | Information Current As Of: | | | |
| Nursing Inpatient 0 Beds | Patient 0 Sur | gical Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Ane Days | sthesia | Renal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Clin Days | ical Lab | | | |
| Psychiatric Inpatient 0 Nursing Beds | | iological/ Newborn/ Diging WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days Pha | rmaceutical Emergency | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days Diet | etic Nuclear Medicine | Support Services | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days Adn | ninistration | | | |
| Total Beds this Building per service | 0 | | | | |
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| OSHPD FDD SB499 Report Data Las | : Update: 12/16/2015 Submis | sion Date: 12/18/2015 Printed: 12/2 | 20/2015 6:25 AM | | |

| Report Year: 2015 10943 Stanfo | rd Health Care | Palo Alto | Page:41 of 86 | | |
|--|-----------------------------|--|---------------------------|--|--|
| 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-02293 Building Name: | Grant Building - Med School | Year of Inform | nation: 2013 | | |
| Type of Services Provided | | Information Current A Of: | As | | |
| Nursing Inpatient 0 Beds | Patient 0 | Surgical Obstetrical Cesarean/De | Rehabilitation Herapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Renal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | | | |
| Psychiatric Inpatient 0 Nursing Beds | | Radiological/ Newborn/ Imaging WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical Emergency | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic Nuclear Medicine | Support Services | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administration | | | |
| Total Beds this Building per service | 0 | | | | |
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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-02293 Building Name: | Grant Building - Med School | Year of Information: 2014 | 4 | | |
| Type of Services Provided | | Information Current As | | | |
| Nursing Inpatient 0 Beds | Patient 0 Surgical Days | | ehabilitation herapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Anesthesia Days | | enal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Clinical Lab Days | | | | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Radiologica Days Imaging | | Outpatient urgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days Pharmaceu | itical Emergency C | entral Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days Dietetic | | upport ervices | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days Administra | ion | | | |
| Total Beds this Building per service | 0 | | | | |
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| OSHPD FDD SB499 Report Data Last | Update: 12/16/2015 Submission Da | te: 12/18/2015 Printed: 12/20/ | 2015 6·25 AM | | |

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|--|---|---|--|-----------------------------------|
| | ute care services and beds will be ers for buildings with a Building Res | | | |
| Building BLD-02295 Number: | Building Name: Central Core | e - East and West | | |
| Will general acute care service | es and beds will be relocated to a r | new, Existing or retrofitted | building? | |
| ClinicalLab N/A | | |] | |
| Report whether the general ac building sites or project numbe | ute care services and beds will be ers for buildings with a Building Res | relocated to a new, existin solution of "Rebuild" or "Re | ng or retrofitted building an eplace" per Section 13006 | d any corresponding 1(c)(2)(E) |
| Building BLD-02295 Number: | | e - East and West | | |
| | es and beds will be relocated to a r | new, Existing or retrofitted | building? | |
| Administration N/A | | |] | |
| | ute care services and beds will be ers for buildings with a Building Res | | | |
| Building BLD-02296 Number: | Building Name: Boswell Build | ding | | |
| Will general acute care service | es and beds will be relocated to a r | new, Existing or retrofitted | building? | |
| Administration N/A | | |] | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/20 | 15 Submission Dat | e: 12/18/2015 Printe | ed: 12/20/2015 6:25 AM |

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|------------------|--|-------|----------------------|-----------|---------------|--|--|
| No data reported | No data reported for Section 130061(c)(3). | | | | | | |
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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-02290 Building Name: Edwards Building-Med School | | | | | | |
| Type of Service Provided | | | | | | |
| | Surgical | Obstetrical Cesarean/Deliv | Rehabil Therapy | | | |
| Nursing | Anesthesia | | Renal D | Dialveis | | |
| IntensiveCare | Clinical Lab | Obstetrical Recovery | | Jaryon | | |
| Pediatric/Adol escent | Radiological/ | Newborn/ WellBaby | Outpatie Surgery | | | |
| Psychiatric Nursing | Imaging Pharmaceutical | Emergency | Central | Plant | | |
| Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | Support Service | s | | |
| Intermediate Care | Administration | | | | | |
| Skilled Nursing | | | | | | |
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| OSHPD FDD SB499 Report Data La | OSHPD FDD SB499 Report Data Last Update: 12/16/2015 Submission Date: 12/18/2015 Printed: 12/20/2015 6:25 AM | | | | | |

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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-02291 Building | g Name: Lane Building - Med So | chool | | |
| Type of Service | e Provided | | | | |
| | | Surgical | Obstetrical Cesarean/Deliv | Rehabil Therapy | |
| | Nursing | | | | , |
| | IntensiveCare | Anesthesia | Obstetrical | Renal D | Dialysis |
| | | Clinical Lab | Recovery | | |
| | Pediatric/Adol escent | | Newborn/ | Outpatie Surgery | |
| | D | Radiological/ Imaging | WellBaby | | |
| | Psychiatric Nursing | Pharmaceutical | Emergency | Central | Plant |
| | Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | Support Service | |
| | Intermediate Care | Administration | | | |
| | Skilled Nursing | | | | |
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| OSHPD FDD SB499 R | eport Data Las | t Update: 12/16/2015 Sub | mission Date: 12/18/2015 | Printed: 12/20/ | 2015 6:25 AM |

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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-02292 Buildin | g Name: Alway Building - Med S | chool | | | |
| Type of Service | e Provided | | | | | |
| | | Surgical | | Obstetrical Cesarean/Deliv | Reha Thera | abilitation apv |
| | Nursing | | · | | | |
| | IntensiveCare | Anesthesia | | Obstetrical Recovery | Rena | al Dialysis |
| | Pediatric/Adol | Clinical Lab | · | | — Outro | ationt |
| | escent | Radiological/ | | Newborn/ WellBaby | Surg | atient ery |
| | Psychiatric | Imaging | | · | | |
| | Nursing | Pharmaceutical | | Emergency | Cent | ral Plant |
| | Obstetrical Ante/Postprtum | Dietetic | | Nuclear Medicine | Supp Servi | |
| | Intermediate Care | Administration | | | | |
| | Skilled Nursing | | | | | |
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| OSHPD FDD SB499 R | eport Data Las | t Update: 12/16/2015 Sub | mission Dat | te: 12/18/2015 | Printed: 12/ | 20/2015 6:25 AM |

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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-02293 Buildin | g Name: Grant Building - Med S | chool | | | |
| Type of Service | e Provided | | | | | |
| | | Surgical | | Dbstetrical Cesarean/Deliv | Reh The | abilitation rapy |
| | Nursing | | | | | |
| | IntensiveCare | Anesthesia | | Dbstetrical Recovery | Ren | al Dialysis |
| | Pediatric/Adol | Clinical Lab | | Coovery | <u> </u> | |
| | escent | Radiological/ | | lewborn/ VellBaby | | patient gery |
| | Psychiatric | Imaging | - | · · · · · · · · · · · · · · · · · · · | | |
| | Nursing | Pharmaceutical | | Emergency | Cen | tral Plant |
| | Obstetrical Ante/Postprtum | Dietetic | | luclear Iedicine | Sup Serv | |
| | Intermediate Care | Administration | | | | |
| | Skilled Nursing | | | | | |
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| OSHPD FDD SB499 R | eport Data Las | t Update: 12/16/2015 Sub | mission Date | e: 12/18/2015 | Printed: 12 | /20/2015 6:25 AM |

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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-02295 Building | g Name: Central Core - East and | d West | | | | | | |
| Type of Service Provided | | | | | | | | |
| | Surgical | Obstetrical Cesarean/Deliv | Rehabili Therapy | | | | | |
| Nursing | | | | | | | | |
| IntensiveCare | Anesthesia | Obstetrical | Renal D | ialysis | | | | |
| | X Clinical Lab | Recovery | | | | | | |
| Pediatric/Adol escent | | Newborn/ | Outpatie Surgery | ent | | | | |
| Psychiatric | Radiological/ Imaging | WellBaby | | | | | | |
| Nursing | Pharmaceutical | Emergency | Central | Plant | | | | |
| Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | Support Services | | | | | |
| | | | | | | | | |
| Intermediate Care | X Administration | | | | | | | |
| Skilled Nursing | | | | | | | | |
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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-02296 Buildin | g Name: Boswell Building | | | | | | |
| Type of Service | e Provided | | | | | | | |
| | | Surgical | Obstetrical Cesarean/Deliv | Rehabil Therapy | | | | |
| | Nursing | Anesthesia | | Renal D | Nalveic | | | |
| | IntensiveCare | Clinical Lab | Obstetrical Recovery | | Jaiysis | | | |
| | Pediatric/Adol escent | Radiological/ | Newborn/ WellBaby | Outpation Surgery | ent , | | | |
| | Psychiatric Nursing | Imaging Pharmaceutical | Emergency | Central | Plant | | | |
| | Obstetrical Ante/Postprtum | Dietetic | Nuclear Medicine | Support Service | t | | | |
| | Intermediate Care | X Administration | | | | | | |
| | Skilled Nursing | | | | | | | |
| | | | | | | | | |
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| OSHPD FDD SB499 R | eport Data Las | t Update: 12/16/2015 Subn | nission Date: 12/18/2015 | Printed: 12/20/ | 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-02290 Building Name: Edwards Building-Med School | | | | | | | | | |
| Configuration: Remove from | GAC service by 1/1/2020 | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehal Thera | pilitation Py | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal | Dialysis | | | | | |
| Pediatric/Adol escent | Clinical Lab | Recovery | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpa Surge | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Centra | al Plant | | | | | |
| | Dietetic | | | | | | | | |
| Care Skilled Nursing | Administration | Nuclear Medicine | Supp Servi | | | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 | Submission Date: 12/18/2015 | Printed: 12/20/2 | 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-02291 Building Name: Lane Building - Med School | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | |
| Type of Service | e Provided | | | | | | | | |
| Nu | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| Int | tensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | |
| | ediatric/Adol scent | | Clinical Lab | | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | | |
| | termediate | | Dietetic | | | | | | |
| | are killed Nursing | | Administration | | Nuclear Medicine | X | Support Services | | |
| | | | | | | | | | |
| OSHPD FDD SB499 F | Report D | Data Last Updat | e: 12/16/2015 | Submiss | on Date: 12/18/2015 | Printed: | 12/20/2015 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-02292 Building Name: Alway Building - Med School | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehat Thera | pilitation py | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal | Dialysis | | | | | |
| Pediatric/Adol escent | Clinical Lab | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpa Surger | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Centra | al Plant | | | | | |
| Intermediate Care | Dietetic | Nuclear Medicine | Supp | ort | | | | | |
| Skilled Nursing | Administration | | Servio | | | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 | Submission Date: 12/18/2015 | Printed: 12/20/2 | 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-02293 Building Name: Grant Building - Med School | | | | | | | | | |
| Configuration: Remove from GAC service by 1/1/2020 | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | |
| Pediatric/Add escent | Clinical Lab | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | |
| Obstetrical Ante/Postprtu | m Pharmaceutical | Emergency | Central Plant | | | | | | |
| Intermediate Care | Dietetic | Nuclear Medicine | Support | | | | | | |
| Skilled Nursir | g Administration | | Services | | | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 | Submission Date: 12/18/2015 | Printed: 12/20/2015 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-02294 Building Name: Central Core | | | | | | | | | |
| Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building. | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | X Rehabilitation Therapy | | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | |
| Pediatric/Adol escent | X Clinical Lab | Recovery | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | | | | | | |
| Intermediate | X Dietetic | | | | | | | | |
| Care Skilled Nursing | X Administration | X Nuclear Medicine | X Support Services | | | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 | Submission Date: 12/18/2015 | Printed: 12/20/2015 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-02295 Building Name: Central Core - East and West | | | | | | | | | |
| Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building. | | | | | | | | | |
| Type of Service Pro | vided | | | | | | | | |
| Nursing | g | | Surgical | | Obstet Cesare | rical ean/Deliv | | Rehabilitation Therapy | |
| Intensi | veCare | | Anesthesia | | Obstet Recov | | | Renal Dialysis | |
| Pediatr escent | | X | Clinical Lab | | | , | | | |
| Psychia Nursing | | | Radiological/ Imaging | | Newbo WellBa | | | Outpatient Surgery | |
| Obsteti Ante/P | rical ostprtum | | Pharmaceutical | | Emerg | ency | | Central Plant | |
| Interme Care | ediate | | Dietetic | | Nuclea | r Medicine | | Support | |
| Skilled | Nursing | X | Administration | | Nuclee | | | Services | |
| | | | | | | | | | |
| | | | | | | | | | |
| OSHPD FDD SB499 Repo | rt E | Data Last Updat | e: 12/16/2015 | Submissi | ion Date: | 12/18/2015 | Printed: | 12/20/2015 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-02296 Building Name: Boswell Building | | | | | | | | | |
| Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building. | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | Surgical | | etrical [rean/Deliv | Reha Thera | bilitation IPY | | | | |
| IntensiveCare | Anesthesia | Obste Reco | etrical | Rena | l Dialysis | | | | |
| Pediatric/Adol escent | Clinical Lab | | , | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newb WellE | | Outpa Surge | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emer | gency | Centr | al Plant | | | | |
| Intermediate Care | Dietetic | | ear Medicine | | ort | | | | |
| Skilled Nursing | X Administration | | | Supp Servi | | | | | |
| | | | | | | | | | |
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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-02297 Building Name: West Pavilion | | | | | | | | | | |
| Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building. | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| X Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | | |
| Pediatric/Adol escent | Clinical Lab | Recovery | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | | | | | | | |
| X Intermediate | Dietetic | | | | | | | | | |
| Care Skilled Nursing | X Administration | Nuclear Medicine | X Support Services | | | | | | | |
| | | | | | | | | | | |
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|---|------------------------------|-------------------------------|-----------------------------|--|--|--|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | | |
| Building Number: BLD-02298 Building Name: East Pavilion | | | | | | | | | | |
| Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building. | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| X Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | |
| X IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | | |
| Pediatric/Adol escent | Clinical Lab | i koostoly | | | | | | | | |
| X Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | | | | | | | |
| Intermediate Care | Dietetic | Nuclear Medicine | | | | | | | | |
| Skilled Nursing | X Administration | | X Support Services | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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|---|-----------------------|----------------------|--------------------------|-----------|---------------------------|-----------|---------------|---------------------------|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: BLD-02299 Building Name: Phase 1 Central Core Expansion | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service P | rovided | | | | | | | | |
| Nursi | ing | | Surgical | | Obstetrical Cesarean/D | eliv | | Rehabilitation Therapy | |
| X Inten | siveCare | | Anesthesia | | Obstetrical Recovery | | F I | Renal Dialysis | |
| Pedia | atric/Adol nt | | Clinical Lab | | | | | | |
| Psyc Nursi | hiatric ing | X | Radiological/ Imaging | | Newborn/ WellBaby | | | Dutpatient Surgery | |
| | etrical /Postprtum | X | Pharmaceutical | X | Emergency | | | Central Plant | |
| Interr Care | nediate | | Dietetic | | Nuclear Med | dicine | | Support | |
| Skille | ed Nursing | X | Administration | | | | | Services | |
| | | | | | | | | | |
| OSHPD FDD SB499 Rep | port E | Data Last Updat | e: 12/16/2015 | Submissio | on Date: 12/ | 18/2015 P | Printed: 1 | 2/20/2015 6:25 AM | |

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|---------------------------------------|---|-----------------|------------------------|---------------------------|
| | all buildings on the hospital campus showi t or by replacement and the type of service | | | |
| Building Number: BLD-0230 | Building Name: Nursing Pod D | | | |
| Configuration: Retrofit Co | nforming building to NPC 4 or NPC 5 | | | |
| Type of Service Provided | | | | |
| X Nursing | Surgical | Obste Cesa | etrical | Rehabilitation Therapy |
| X IntensiveCare | Anesthesia | Obste Reco | | Renal Dialysis |
| Pediatric/Adol escent | Clinical Lab | 1000 | | |
| Psychiatric Nursing | Radiological/ Imaging | Newb WellB | | Outpatient Surgery |
| Obstetrical Ante/Postprtu | Pharmaceutical | Emer | gency | Central Plant |
| Intermediate Care | Dietetic | | ar Medicine | Support |
| Skilled Nursin | Administration | | | Services |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 | Submission Date | e: 12/18/2015 Printed: | 12/20/2015 6:25 AM |

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| | of all buildings on the hospital campus showin ofit or by replacement and the type of service | | | |
| Building Number: BLD-023 | D1 Building Name: Nursing Pod E | | | |
| Configuration: Retrofit | onforming building to NPC 4 or NPC 5 | | | |
| Type of Service Provided | | | | |
| X Nursing | Surgical | Obstetrica Cesarean | | Rehabilitation Therapy |
| X IntensiveCa | e Anesthesia | Obstetrica Recovery | | Renal Dialysis |
| Pediatric/Ad escent | l Clinical Lab | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery |
| Obstetrical Ante/Postprt | Pharmaceutical | Emergend | су 🗌 | Central Plant |
| Intermediate Care | Dietetic | Nuclear M | | Support |
| Skilled Nursi | ng Administration | | | Services |
| | | | | |
| | | Outoriaria Data | | 40/00/2045 0.05 111 |
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| | I buildings on the hospital campus showi r by replacement and the type of service | | | |
| Building Number: BLD-02302 | Building Name: Nursing Pod F | | | _ |
| Configuration: Retrofit Confo | orming building to NPC 4 or NPC 5 | | | |
| Type of Service Provided | | | | |
| X Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | |
| Pediatric/Adol escent | Clinical Lab | rooorory | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | |
| Intermediate Care | Dietetic | Nuclear Medicine | Support | |
| Skilled 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-02303 Building Name: Diagnostic Treatment Center | | | | | | | | | | | |
| Configuration: Retrofit Conforming building to NPC 4 or NPC 5 | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| Nursing | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | | |
| IntensiveCare | X Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | | | |
| Pediatric/Adol escent | X Clinical Lab | | | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | | | | | | | | |
| Intermediate Care | Dietetic | Nuclear Medicine | X Support | | | | | | | | |
| Skilled 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-02304 | Building Name: Atrium | | | | | | | | | | |
| Configuration: Retrofit Conform | ning building to NPC 4 or NPC 5 | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal Dialysis | | | | | | | | |
| Pediatric/Adol escent | Clinical Lab | | | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | | | | | | | | |
| Intermediate Care | Dietetic | Nuclear Medicine | Support | | | | | | | | |
| Skilled Nursing | Administration | | Services | | | | | | | | |
| | | | | | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 12/16/2015 | Submission Date: 12/18/2015 | Printed: 12/20/2015 6:25 AM | | | | | | | | |

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|-------------------|-----------------------------|----------------|---|---------|-------------------------------|----------|---------------------------|
| | her by retrofit or by | | hospital campus showin and the type of service t | | | | |
| Building Number: | BLD-02305 | Building Na | me: F Pod Extension | | | | |
| Configuration: | Retrofit Conformi | ng building to | NPC 4 or NPC 5 | | | | |
| Type of Service | Provided | | | | | | |
| Nu | ırsing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | ensiveCare | | Anesthesia | | Obstetrical Recovery | X | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | | | |
| | sychiatric ursing | | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| Inte Ca | ermediate | | Dietetic | | Nuclear Medicine | | Support |
| | illed Nursing | | Administration | | | X | Services |
| | | | | | | | |
| OSHPD FDD SB499 F | Report D | ata Last Updat | e: 12/16/2015 | Submiss | on Date: 12/18/2015 | Printed: | 12/20/2015 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-02294 Building Name: Central Core | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| Nursing Inpatient 0 Surgical Obstetrical Beds Cesarean/Deliv | X Reha Thera | ibilitation apy | | | | | | | | |
| IntensiveCare Inpatient 0 Anesthesia Beds | | | | | | | | | | |
| Pediatric/Adol Inpatient 0 X Clinical Lab Recovery | Rena | Il Dialysis | | | | | | | | |
| Psychiatric Inpatient 0 Radiological/ Nursing Beds WellBaby | X Outpa Surge | atient ery | | | | | | | | |
| Obstetrical Inpatient 0 Pharmaceutical X Emergency | Centi | ral Plant | | | | | | | | |
| Intermediate Inpatient 0 Care Beds | X Supp Servi | | | | | | | | | |
| Skilled Nursing X Administration | | | | | | | | | | |
| Total Beds this 0 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 Number: BLD-02297 Building Name: West Pavilion | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| X Nursing | Inpatient Beds | 142 | | Surgical | Obstetrical Cesarean/Deliv | Reh The | abilitation rapy | | | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Ren | al Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outr Surg | patient gery | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Cen | tral Plant | | | |
| Intermediate X Care | Inpatient Beds | 17 | | Dietetic | Nuclear Medicine | X Sup Serv | port vices | | | |
| Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | | | |
| Total Beds this Building | | 159 | | | | | | | | |
| | | | | | | | | | | |
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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-02298 Building Name: East Pavilion | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| X Nursing Inp Bec | patient 94 eds | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | |
| X IntensiveCare Inp Beo | patient 7 eds | Anesthesia | | | | | | | | |
| Pediatric/Adol Inp escent Bed | patient 0 eds | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | | | | |
| Psychiatric Inp X Nursing Bed | patient 30 eds | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | |
| Obstetrical Inp Ante/Postprtum Bed | patient 0 eds | Pharmaceutical | Emergency | Central Plant | | | | | | |
| Intermediate Inp | patient 0 eds | Dietetic | Nuclear Medicine | X Support Services | | | | | | |
| Skilled Nursing | patient 0 eds | X Administration | | | | | | | | |
| Total Beds this Building | 131 | | | | | | | | | |
| | | | | | | | | | | |
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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-02299 Building Name: Phase 1 Central Core Expansion | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | | Obstetrical Cesarean/Deliv | | lehabilitation herapy | | | |
| X IntensiveCare | Inpatient Beds | 25 | | Anesthesia | | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | R | enal Dialysis | | | |
| Psychiatric | Inpatient Beds | 0 | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtur | Inpatient n Beds | 0 | X | Pharmaceutical | × | Emergency | | Central Plant | | | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | C | Nuclear Medicine | X s s | Support Services | | | |
| Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | | | | |
| Total Beds this Building | | 25 | | | | | | | | | |
| | | | | | | | | | | | |
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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 | -02300 | Building N | ame: Nu | rsing Pod D | | | | | | |
| Type of Service Provi | ided | | | | | | | | | |
| X Nursing | Inpatient Beds | 81 | | Surgical | Obstetrical Cesarean/Deliv | Reha Ther | abilitation apy | | | |
| X IntensiveCare | Inpatient Beds | 18 | | Anesthesia | | | | | | |
| Pediatric/Adol | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | al Dialysis | | | |
| Psychiatric | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outp Surg | atient ery | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Cent | ral Plant | | | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Supp Serv | port ices | | | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | | |
| Total Beds this Building | | 99 | | | | | | | | |
| | | | | | | | | | | |
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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-02301 Building Name: Nursing Pod E | | | | | | | | | | |
| Type of Service Provi | ded | | | | | | | | | |
| | Inpatient Beds | 74 | | Surgical | Obstetrical Cesarean/Deliv | Reha | abilitation apy | | | |
| | Inpatient Beds | 25 | | Anesthesia | _ | | | | | |
| Pediatric/Adol | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | al Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outp Surg | atient ery | | | |
| | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Cent | ral Plant | | | |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Supp Serv | port ices | | | |
| | Inpatient Beds | 0 | | Administration | | | | | | |
| Total Beds this Building | | 99 | | | | | | | | |
| | | | | | | | | | | |
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|---|----------------------|----------------------------------|---------------------------------|-----------------------------|
| Include information on the r and SPC-5 per Section 130 | | by type of Service provided by b | buildings that are classified a | s SPC-2, SPC-3, SPC-4, |
| Building Number: BLD-02 | 2302 Building N | lame: Nursing Pod F | | |
| Type of Service Provided | ed | | | |
| | patient 100 eds | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | patient 0 eds | Anesthesia | _ | |
| | patient 0 eds | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| | patient 0 eds | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| | patient 0 eds | Pharmaceutical | Emergency | Central Plant |
| | eds | Dietetic | Nuclear Medicine | Support Services |
| | patient 0 eds | Administration | | |
| Total Beds this Building | 100 | | | |
| | | | | |
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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 N | Building Number: BLD-02303 Building Name: Diagnostic Treatment Center | | | | | | | | |
| Type of | Service Prov | ided | | | | | | | |
| Nu | rsing | Inpatient Beds | 0 | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Inte | ensiveCare | Inpatient Beds | 0 | X | Anesthesia | | _ | | |
| | diatric/Adol cent | Inpatient Beds | 0 | X | Clinical Lab | | Obstetrical Recovery | F | Renal Dialysis |
| | ychiatric rsing | Inpatient Beds | 0 | | Radiological/ Imaging | | Newborn/ WellBaby | | Dutpatient Surgery |
| | stetrical te/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | C | Emergency | | Central Plant |
| Inte | ermediate re | Inpatient Beds | 0 | | Dietetic | | Nuclear Medicine | X s | Support Services |
| Ski | illed Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | tal Beds this ilding | | 0 | | | | | | |
| | | | | | | | | | |
| OSHPD FDI | D SB499 Repor | t C | Data Last Update: | 12/16/20 | 15 Submis | sion Date | e: 12/18/2015 | Printed: 12 | 2/20/2015 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-02304 | Building N | Jame: At | rium | | | |
| Type of Service | Provided | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Reha Ther | abilitation apy |
| | are Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/A | dol Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | al Dialysis |
| Psychiatric | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outp Surg | atient ery |
| Obstetrical Ante/Postp | | 0 | | Pharmaceutical | Emergency | Cent | ral Plant |
| Intermedia Care | te Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Supp Serv | port ices |
| Skilled Nur | sing Inpatient Beds | 0 | | Administration | | | |
| Total Beds Building | this | 0 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 | Report | Data Last Update | : 12/16/20 | 015 Submiss | sion Date: 12/18/2015 | Printed: 12/20/ | /2015 6:25 AM |

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|--|-------------------|------------------|--------------|--------------------------|---------------------------------|----------------|--------------------|
| Include information on and SPC-5 per Section | | f inpatient beds | by type of S | Service provided by | buildings that are classified a | as SPC-2, SP | C-3, SPC-4, |
| Building Number: BL | D-02305 | Building N | lame: F | Pod Extension | | | |
| Type of Service Pro | vided | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Reha Ther | abilitation apy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | X Rena | al Dialysis |
| Psychiatric | Inpatient Beds | 0 | | Radiological/ Imaging | X Newborn/ WellBaby | Outp Surg | patient ery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Cent | ral Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Supp Serv | port ices |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | |
| Total Beds this Building | | 0 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Repo | ort [| Data Last Update | : 12/16/20 | 015 Submiss | ion Date: 12/18/2015 | Printed: 12/20 | /2015 6:25 AM |

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|---|---|---|-------------------------|
| Include information on the number of inpatient SPC-5 per Section 130061(e) | beds by type of unit provided by buildings that | t are classified as SPC-2, SPC-3, | SPC-4, and |
| Building Number: BLD-02294 Bu | ilding Name: Central Core | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days 0 | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ot O |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 |
| Coronary Care | Chemical Dependency | | l Beds this ding Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last | Update: 12/16/2015 Submission Date: | 12/18/2015 Printed: 12/20 | /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-02297 Build | ding Name: West Pavilion | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 142 Inpatient 36498 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | , | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 17 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 159 | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Last U | pdate: 12/16/2015 Submission Date: | 12/18/2015 Printed: 12/20 |)/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-02298 Build | Sing Name: East Pavilion | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 94 Inpatient 15807 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient <u>30</u> Inpatient Bed Days | 9976 |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 7 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient Bed Days | 0 |
| Coronary Care | Chemical Dependency | Building Per Buildi | Beds this ng Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Servic | 131 |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last U | odate: 12/16/2015 Submission Date: | 12/18/2015 Printed: 12/20/2 | 015 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-02299 Buil | ding Name: Phase 1 Central Core Expa | ansion | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Bed Days 0 | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 25 Inpatient 7671 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service | |
| | | | |
| | | | |
| OSHPD FDD SB499 Report Data Last U | pdate: 12/16/2015 Submission Date: | 12/18/2015 Printed: 12/20/2015 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-02300 Build | ding Name: Nursing Pod D | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 81 Inpatient 25225 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | |
| Inpatient 10 Inpatient 3068 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Coronary Care | Chemical Dependency | Total Beds thisTotal Beds thisBuilding PerBuilding Per | | |
| Inpatient 8 Inpatient 2491 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 99 99 | | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Last U | pdate: 12/16/2015 Submission Date: | 12/18/2015 Printed: 12/20/2015 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-02301 Build | ding Name: Nursing Pod E | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 74 Inpatient 23853 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | |
| Inpatient 25 Inpatient 7055 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Coronary Care | Chemical Dependency | Total Beds thisTotal Beds thisBuilding PerBuilding Per | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 99 99 | | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Last U | pdate: 12/16/2015 Submission Date: | 12/18/2015 Printed: 12/20/2015 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-02302 Build | ding Name: Nursing Pod F | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 100 Inpatient 14428 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Coronary Care | Chemical Dependency | Total Beds thisTotal Beds thisBuilding PerBuilding Per | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 100 100 | | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Last U | pdate: 12/16/2015 Submission Date: | 12/18/2015 Printed: 12/20/2015 6:25 AM | N | |

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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-02303 Build | Jing Name: Diagnostic Treatment Cente | r | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | | |
| Coronary Care | Chemical Dependency | Total Beds this Total Beds this Building Per Building Per | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Service 0 0 | | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Last U | odate: 12/16/2015 Submission Date: | 12/18/2015 Printed: 12/20/2015 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-02304 Building Name: Atrium | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ıt 0 | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | ıt 0 | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | it 0 | | |
| Intensive Care | Rehabilitation Int. Care / Developmentally Disabled Center | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | |
| Coronary Care | Chemical Dependency | Building Per Build | l Beds this ding Per | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 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-02305 Building Name: F Pod Extension | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | |
| Intensive Care | Rehabilitation Int. Care / Developmentally Disabled Center | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatier Bed Days | nt 0 | | |
| Coronary Care | Building Per Buil | | l Beds this ding Per | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 0 | | |
| | | | | | |
| | | | | | |
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