Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

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

| Provide the Hospital | Owner and | Year of Report per Section 130061(e) | | | | |
|----------------------------|-----------|---|--|--|--|--|
| Facility Number: | 11268 | | | | | |
| Facility Name: | Fairmon | t Hospital | | | | |
| Address: | 15400 F | oothill Boulevard | | | | |
| City: | San Lea | ndro | | | | |
| | | | | | | |
| Hospital Owner/Lice | ensee: | County of Alameda, General Services Agency | | | | |
| Year of Reporting: | | 2015 | | | | |
| Contact 1 e-mail Address: | | [Confidential data left blank intentionally.] | | | | |
| Contact 2 e-mail Address: | | [Confidential data left blank intentionally.] | | | | |
| Contact 3 e-mail Address:: | | [Confidential data left blank intentionally.] | | | | |
| Name of Submitter: | | Ann Ludwig | | | | |
| Submission | n Date: | 10/6/2015 3:51:00 PM | | | | |
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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|---------------|---------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD- 01312 | Building H | 15400 Foothill Boulevard | Replace | SPC5 | 01/01/2020 | 01/01/2020 |

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|-----------------|--------------|-------------|-------------------|-------------|--------------|
| No data reporte | d for Sectio | n 130061(c) | n(1)(C). | | |
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|----------------------------|-------------------|--|-------------------------------|---------------------------|--------------|
| Provide the number of | f inpatient bed | ds and patient days per type of service pe | er building per Section 13006 | 1(c)(1)(F) | |
| Building Number: BL | _D-01312 | Building Name: Bu | uilding H | | _ |
| Type of Service Prov | <u>/ided</u> | | | | |
| X Nursing | Inpatient Beds | 50 Inpatient 5884 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 | X Rehabilitati Therapy | on |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | Renal Dialy | vsis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Support Services | Outpatient Surgery | |
| | Beus | Total Beds this Building 50 | Obstetrical Cesarean/Deliv | Central Pla | nt |
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Report Year: 2015 11268 Fairmont Hospital San Leandro Page:5 of 17 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01312 **Building H Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** 50 Inpatient Inpatient Inpatient Inpatient 5884 Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 50 Inpatient Inpatient Inpatient 50 Bed Days Days Bed

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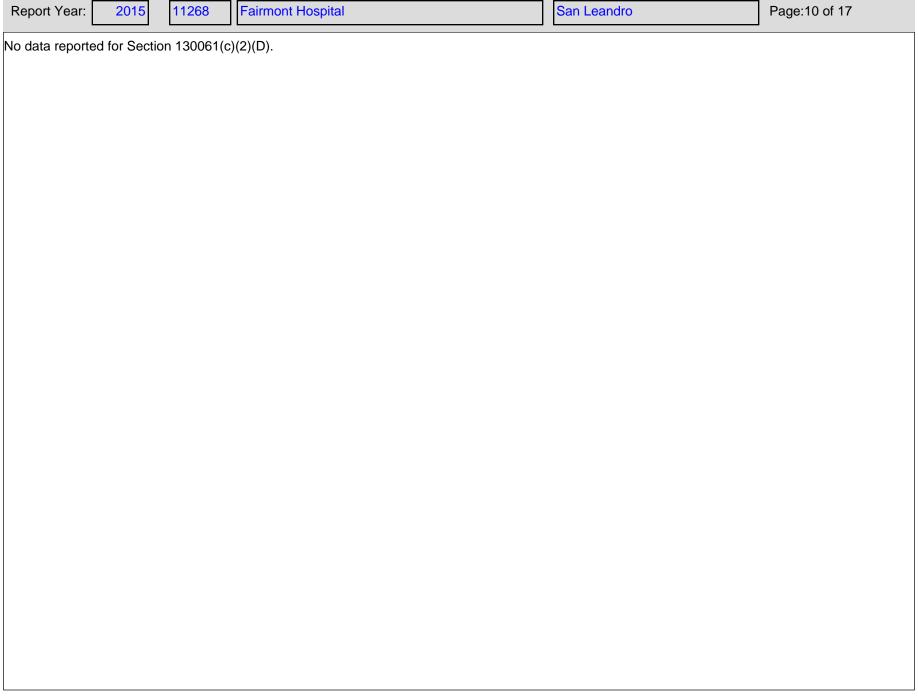
For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name | Building to be Removed / Replaced / Rebuilt |
|--------------------|---------------|--|
| BLD-01312 | Building H | Replace |

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|----------------|--------------|-------------|---------------------------------|-------------|--------------|
| No proposed ne | ew buildings | to be const | ructed at this or another site. | | |
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|--|--|---|---|------------|--|---|--------------|
| The proje replaced of The plant replaced of | cted date or dates or rebuild buildings ned uses of the bu or rebuild buildings | the building s as well. ilding or build s as well. | will be removed from service | ce per Sec | service, provide the following tion 130061 (c)(2)(A) and preservice per Section 130061(c) (n 130061(c)(2)(C) | ovide said date or da | |
| Building N | Number: BLD-0° | 1312 | Building H | | Removal Date: | 01/01/2020 | |
| Planned l | Jses for the building | ng to be remo | oved from acute care service | e: | | | |
| Planned | use for building: | | | | | | |
| Inpatient : | Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing | delivered in t | che building: Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration | | Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine | X Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant X Support Services | S |
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|-----------------|---------------|-------------|-------------------|-------------|--------------|
| No data reporte | ed for Sectio | n 130061(c) |)(2)(D). | | |
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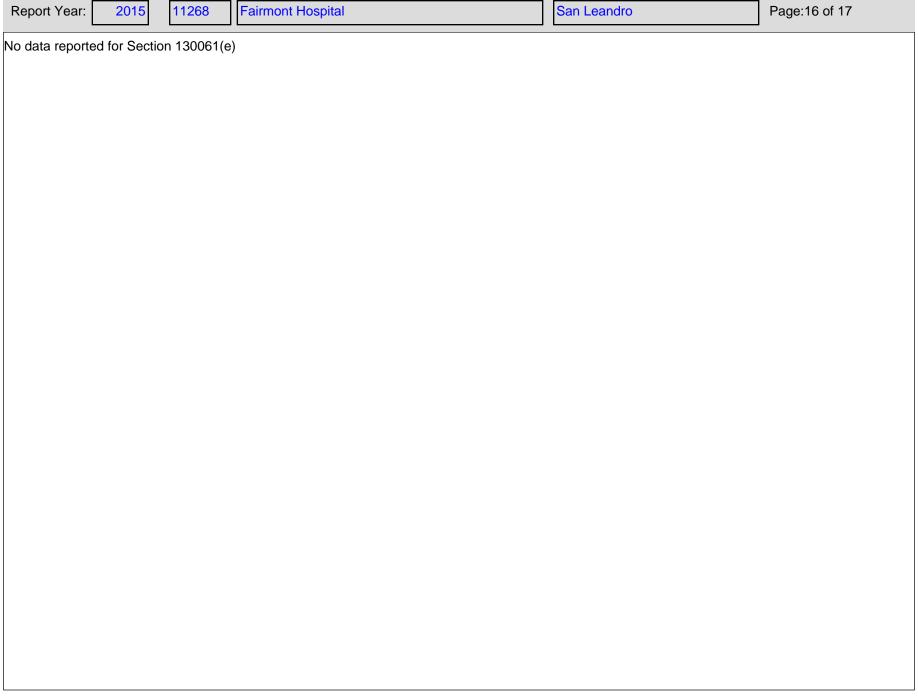
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|---|--------------|
| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresp building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) | ponding |
| Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A | |
| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresp building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) | ponding |
| Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration N/A | |
| Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresp building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) | ponding |
| Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services N/A | |

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|--|-------------|---------------|
| Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R | | responding |
| Building Number: Building Name: Building H | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted | building? | |
| Rehabilitation Therapy N/A | | |
| Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R | | responding |
| Building Number: Building Name: Building H | | |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted | building? | |
| Rehabilitation Center N/A |] | |
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|-----------------|---------------|-------------|-------------------|-------------|---------------|
| No data reporte | d for Section | n 130061(c) | (3). | | |
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| ng Number: | BLD-01312 Buildi | ng Name: B | uilding H | | | |
|---------------|-------------------------------|------------|--------------------------|-------------------------|---|-----------------------|
| pe of Service | e Provided | | Surgical | Obstetrical | Х | Rehabilitation |
| X | Nursing | | Anesthesia | Cesarean/Deliv | | Therapy |
| | IntensiveCare | | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | Newborn/ | | Outpatient Surgery |
| | Psychiatric | | Radiological/ Imaging | WellBaby | | |
| | Nursing | | Pharmaceutical | Emergency | | Central Plant |
| | Obstetrical Ante/Postprtum | | Dietetic | Nuclear Medicine | X | Support Services |
| | Intermediate Care | X | Administration | | | |
| | Skilled Nursing | | | | | |

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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-01312 Building Name: Building H | | | | | | | | | | | |
| Configuration: Replace with existing SPC3, SPC4 or SPC5 and NPC4 or NPC5 building. | | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | nabilitation erapy | | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical | Rei | nal Dialysis | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | patient gery | | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | □ Cer | ntral Plant | | | | |
| | Intermediate | | Dietetic | | Linergency | | ittai i laitt | | | | |
| | Care Skilled Nursing | X | Administration | | Nuclear Medicine | X Su Se | pport rvices | | | | |
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|--|------|-------|-------------------|-------------|---------------|--|--|--|--|
| No data reported for Section 130061(e) . | | | | | | | | | |
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