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Office of Statewide Health Planning and Development
Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

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

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

Facility Number:	11322	
Facility Name:	Alta Bates Summit Medical Center	
Address:	350 Hawthorne Ave	
City:	Oakland	
Hospital Owner/Lice	ensee: Sutter East Bay Hospitals	
Year of Repo	orting: 2015	
Contact 1 e-mail Add	dress: [Confidential data left blank intentionally.]	
Contact 2 e-mail Add	dress: [Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress:: [Confidential data left blank intentionally.]	
Name of Subr	mitter: Carl Scheuerman	
Submission	Date: 12/8/2015 9:58:52 AM	

Report \	Year: 2015 11322	Alta Bates Summit Medical Cen	ter	0	akland		Page:2 of 60		
rebuild, r 130061.	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		SPC Rating Required	Extension Date	Anticipated Completion Date		
BLD- 00698	East Wing	350 Hawthorne Ave	Retrofit	SPC2		01/01/2017	09/01/2016		
BLD- 00699	Original West Wing	350 Hawthorne Ave	Retrofit	SPC2		01/01/2020	07/01/2019		
BLD- 00700	West Service Wing - Building 1	350 Hawthorne Ave	Retrofit	SPC2		01/01/2020	07/01/2019		
BLD- 03433	West Service Wing - Building 2	350 Hawthorne Ave	Retrofit	SPC2		01/01/2020	07/01/2019		

Report Y	ear: 20	015 1	1322	2 Alta Bates Sum	mit Medical Cent	ter		Oakla	nd		Page:3 of	60
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-	00698		East Wing				trofit/Re oject:	eplacement	Yes-Subr	nitted	
Facility Number	Project Number	Sub Num	Sco	ppe		Date In	Plan Apj Da		Projected Start Date	Projected Completion Date	Status	CEQA Review
11322	l140016-01 00	- 0	Eas	t Wing Voluntary Seismi	c Improvements	12/19/201 4			12/19/2014	09/01/2016	ACTI	No
For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).												
0				<u> </u>				ject:				
Facility Number	Project Number	Sub Num	Sco	ope		Date In	Plan App Da		Projected Start Date	Projected Completion Date	Status	CEQA Review
11322	I140015-01 00	- 0	We	st Wing Voluntary Seism	ic Improvements	12/18/201 4			12/19/2014	07/01/2019	ACTI	No
OSHPD F	DD SB499 I	Report		Data Last Update:	12/08/2015	Submi	ssion Date	e: 12/0	)8/2015	Printed: 12/10/20	)15 6:25 AN	1

Report Year:   2015   11322   Alta Bates Summit Medical Cent		Page:4 of	60					
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-00700 West Service Wing - Building 1		Retrofit/Re Project:	eplacement	Yes-Subr	nitted	]		
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review		
11322 I140015-01- 0 West Wing Voluntary Seismic Improvements 00	12/18/201 4		12/19/2014	07/01/2019	ACTI	No		
For each building which is planned for rebuild, retrofit or replacement, p projected construction start date or dates and projected Completion da status and approvals per Section 130061(c)(1)(E).								
Building No: BLD-03433 West Service Wing - Building 2		Retrofit/Re Project:	eplacement	Yes-Subr	nitted	]		
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review		
11322 I140015-01- 00 West Wing Voluntary Seismic Improvements	12/18/201 4		12/19/2014	07/01/2019	ACTI	No		
OSHPD FDD SB499 Report Data Last Update: 12/08/2015								

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Provide the number of inpation	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-006	Building Number:     BLD-00698     Building Name:     East Wing							
Type of Service Provided								
X Nursing Inpat Beds		Surgical Obst	etrical very					
IntensiveCare Inpat Beds		Anesthesia New Well						
Pediatric/Adol Inpat escent Beds		X Clinical Lab	gency					
Psychiatric Inpat Nursing Beds		Radiological/ Nucle Imaging						
Obstetrical Inpat Ante/Postprtum Beds		Pharmaceutical     Dietetic	bilitation apy					
Intermediate Inpat Care Beds			Il Dialysis					
Skilled Nursing Inpat Beds		Services Surge						
	Total Beds this 40 Building	Obstetrical     Cesarean/Deliv     Cent	ral Plant					
OSHPD FDD SB499 Report	Data Last Update: 12/08/2015 Su	ubmission Date: 12/08/2015 Printed:	12/10/2015 6:25 AM					

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-00	Building Number: BLD-00699 Building Name: Original West Wing							
Type of Service Provided	Type of Service Provided							
	patient 0 Inpatient 0 eds Days	Surgical	Obstetrical Recovery					
	patient 0 Inpatient Days 0 eds	Anesthesia	] Newborn/ WellBaby					
	patient 0 Inpatient Days 0 eds	Clinical Lab	Emergency					
	patient 0 Inpatient Days 0 eds	Radiological/	Nuclear Medicine					
Obstetrical Inp Ante/Postprtum Be	patient 0 Inpatient Days 0 eds	Pharmaceutical     X Dietetic	Rehabilitation Therapy					
	patient 0 Inpatient Days 0 eds		Renal Dialysis					
	patient 0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	Total Beds this <b>0</b> Building	Cesarean/Deliv X	Central Plant					
OSHPD FDD SB499 Report	Data Last Update: 12/08/2015 Su	Ibmission Date: 12/08/2015 F	Printed: 12/10/2015 6:25 AM					

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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: BL	Building Number:       BLD-00700       Building Name:       West Service Wing - Building 1							
Type of Service Prov	ided							
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 X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
		Total Beds this <b>0</b> Building	Cesarean/Deliv	X Central Plant				
OSHPD FDD SB499 Repor	t	Data Last Update: 12/08/2015 Su	ubmission Date: 12/08/2015	Printed: 12/10/2015 6:25 AM				

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Provide the number of i	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD	Building Number:       BLD-03433         Building Name:       West Service Wing - Building 2							
Type of Service Provid	ded		_					
	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
	Inpatient Beds	0 Inpatient Days 0	Services	Surgery				
		Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant				
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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-00698 Building Name: East Wing								
Medical / Surgical (	(Include GYN)	Acute Respiratory C	Care	Acute Psychiatric				
Inpatient 40 Bed	Inpatient 7016 Days		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Newb Nursery	born	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days		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 Days	40	40			
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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-00699       Building Name:       Original West Wing								
Medical / Surgical (Incl	lude GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Inp Bed Day	patient 0 ys	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse New	vborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Inp Bed Day	patient 0 ys	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care New Nursery	/born	Intermediate Card				
Inpatient 0 Inpa Bed Day	atient 0 ys	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent			
Inpatient 0 Inpa Bed Day		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 Inpa Bed Day		Inpatient 0 Bed	Inpatient 0 Days	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:       BLD-00700       Building Name:       West Service Wing - Building 1									
Medical / Surgical (Inc	clude 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					
	patient 0 ays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent				
		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service				
		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-03433 Buil	ding Name: Wes	st Service Wing - Building	2				
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days			
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developme Disabled	ent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days			
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			

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

Building Name	Building to be Removed / Replaced / Rebuilt
Ehman Building	Remain
North Wing	Remain
East Wing	Retrofit
Original West Wing	Retrofit
West Service Wing - Building 1	Retrofit
Physio-Therapy Building	Remain
Original Emergency Wing	Remain
Special Procedures Addition	Remain
Emergency Department Expansion	Remain
Cogeneration Building	Remain
Emergency Generator Building	Remain
Transformer Building	Remain
South Wing - Phase 2	Remain
West Service Wing - Building 2	Retrofit
Patient Care Pavilion	Remain
	Ehman BuildingNorth WingEast WingOriginal West WingWest Service Wing - Building 1Physio-Therapy BuildingOriginal Emergency WingSpecial Procedures AdditionEmergency Department ExpansionCogeneration BuildingEmergency Generator BuildingTransformer BuildingSouth Wing - Phase 2West Service Wing - Building 2

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List ALL proposed new buildings to be constructed at this or another site.								
Building Number	Building Name		New Site					
N_1	Patient Care Pavilion							
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No data reported	for Sectio	n 130061 (c	)(2)(A) , (B), or (C)			

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

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lo data reporte	d for Sectio	n 130061(c	e)(2)(D).			

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No data reported	d for wheth wilding site	er the gener	ral acute care service numbers for building	es and beds will be	relocated to a esolution of "R	new, existing or ebuild" or "Repla	retrofitted building ce" per Section 13	and any 0061(c)(2)(E).	
g	enenig ene	с о. р. сусот		e					

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lo data reported	I for Sectio	n 130061(c	)(3).		

eport any general acute care hospital inp									
er Section 130061(c)(4)	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-00698 Building Name: East Wing									
Type of Service Provided									
	Surgical	Obstetrical Cesarean/Deliv	Rehabilitati Therapy	on					
X Nursing	Anesthesia								
IntensiveCare	X Clinical Lab	Obstetrical Recovery	Renal Dialy	212					
Pediatric/Adol escent		Newborn/ WellBaby	X Outpatient Surgery						
Psychiatric Nursing	Radiological/ Imaging		_						
5	Pharmaceutical	Emergency	Central Pla	nt					
Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services						
Intermediate Care	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-00699 Building Name: Original West Wing									
Type of Service Provided									
	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
Nursing	Anesthesia		Renal Dialysis						
IntensiveCare	Clinical Lab	Obstetrical Recovery	Relial Dialysis						
Pediatric/Adol escent	Radiological/	Newborn/ WellBaby	Outpatient Surgery						
Psychiatric Nursing	Imaging		Control Direct						
Obstetrical	Pharmaceutical		Central Plant						
Ante/Postprtum	X Dietetic	Medicine X	Support Services						
Intermediate Care	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-00700 Building Name: West Service Wing - Building 1									
Type of Service	e Provided								
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy					
	Nursing	Anesthesia							
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis				
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery					
	Psychiatric	Radiological/ Imaging	WellBaby						
	Nursing	Pharmaceutical	Emergency	X Central	Plant				
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Service					
	Intermediate Care	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-03433 Building	Name: West Service Wing - B	uilding 2							
Type of Service	Provided									
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap						
	Nursing	Anesthesia								
	IntensiveCare		Obstetrical Recovery	Renal [	Dialysis					
	Pediatric/Adol escent	Clinical Lab		Outpati						
		Radiological/ Imaging	Newborn/ WellBaby	Surgery						
	Psychiatric Nursing	Pharmaceutical	Emergency	Central	Plant					
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service						
	Intermediate Care	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-00695	Building Name: Ehman Building								
Configuration:       Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.         Type of Service Provided									
Nursing	Surgical	Obste Cesa	etrical rean/Deliv	Reha Ther	abilitation apy				
IntensiveCare	Anesthesia	Obste Reco		Rena	al Dialysis				
Pediatric/Adol escent	X Clinical Lab	Reco	very						
Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outp Surg	atient ery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Cent	ral Plant				
Intermediate Care	Dietetic								
Skilled Nursing	Administration	X Nucle	ear Medicine		port vices				
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	er by retrofit or by re				ach building will comply with be provided in each general			
Building Number:	BLD-00696	Building Nar	me: North Wing					
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service F	Provided							
X Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
Pedi esce	iatric/Adol ent		Clinical Lab		Receivery			
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	tetrical e/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
Inter Care	rmediate		Dietetic		Nuclear Medicine		Support	
Skille	ed Nursing		Administration				Services	
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	r by retrofit or by r				ach building will comply with be provided in each general			
Building Number: E	3LD-00698	Building Nar	ne: East Wing					
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.			
Type of Service P	rovided							
X Nurs	ing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inten	siveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
Pedia	atric/Adol nt	X	Clinical Lab		Noovery			
Psyc Nurs	hiatric ing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	etrical /Postprtum		Pharmaceutical		Emergency		Central Plant	
Intern Care	mediate		Dietetic					
	ed Nursing		Administration		Nuclear Medicine		Support Services	
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	ner by retrofit or by r				ach building will comply wi be provided in each genera			
Building Number:	BLD-00699	Building Nar	me: Original West Wing	g				
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
Inte Ca	ermediate	X	Dietetic					
	illed Nursing		Administration		Nuclear Medicine	X	Support Services	
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	er by retrofit or by r				ach building will comply with be provided in each general			
Building Number:	BLD-00700	Building Na	me: West Service Wing	g - Buildi	ng 1			
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service F	Provided							
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
Pedi esce	iatric/Adol ent		Clinical Lab		Recovery			
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	tetrical e/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
Inter Care	rmediate	X	Dietetic					
	ed Nursing		Administration		Nuclear Medicine	X	Support Services	
	enort Da	ta Last Undat	e: 12/08/2015	Submiss	ion Date: 12/08/2015	Printed:	12/10/2015 6:25 AM	
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	her by retrofit or by				ach building will comply wit be provided in each general		
Building Number:	BLD-00701	Building Na	me: Physio-Therapy Bi	uilding			
Configuration:	Rebuild (Per SB90	) Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic				
	lled Nursing		Administration		Nuclear Medicine	X	Support Services
OSHPD FDD SB499 R	eport Da	ita Last Updat	e: 12/08/2015	Submiss	ion Date: 12/08/2015	Printed:	12/10/2015 6:25 AM

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	er by retrofit or by r				ach building will comply witl be provided in each general			
Building Number:	BLD-00702	Building Na	me: Original Emergenc	y Wing				
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.			
Type of Service I	Provided							
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
Ped	liatric/Adol ent		Clinical Lab		Recovery			
Psy Nur	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
· · · ·	stetrical e/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
Intel Care	rmediate		Dietetic		Nuclear Medicine		Support	
	led Nursing		Administration				Services	
OSHPD FDD SB499 Re	eport Da	ta Last Update	e: 12/08/2015	Submiss	ion Date: 12/08/2015	Printed:	12/10/2015 6:25 AM	

Report Year: 2015	11322 A	Ita Bates Summit Medical Center			Oakland	Oakland		
	by retrofit or by re				ach building will comply with be provided in each general			
Building Number: Bl	LD-00703	Building Nar	me: Special Procedure	s Additic	on			
Configuration:	ebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.			
Type of Service Pr	ovided							
Nursir	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	siveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
Pedia escen	tric/Adol t		Clinical Lab		Recovery			
Psych Nursir			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obste Ante/F	etrical Postprtum		Pharmaceutical	X	Emergency		Central Plant	
Interm Care	nediate		Dietetic					
	d Nursing		Administration		Nuclear Medicine		Support Services	
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	buildings on the hospital campus showing the service of service and the type of service by replacement and the type of service				
Building Number: BLD-00704	Building Name: Emergency Depa	artment Expansi	on		
Configuration: Rebuild (Per	SB90 Definition for Rebuild) with new SF	PC5 and NPC4 c	or NPC5 building.		
Type of Service Provided					
Nursing	Surgical		etrical arean/Deliv		Rehabilitation Therapy
IntensiveCare	Anesthesia	Obst Reco	etrical		Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Necc	, weig		
Psychiatric Nursing	Radiological/ Imaging	News Well			Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	X Eme	rgency		Central Plant
Intermediate Care	Dietetic	Nucle	ear Medicine		Support
Skilled Nursing	Administration				Services
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	all buildings on the hospital campus showi t or by replacement and the type of service			
Building Number: BLD-0070	Building Name: Cogeneration Bu	ilding		
Configuration: Retrofit C	nforming building to NPC 4 or NPC 5			
Type of Service Provided				
Nursing	Surgical		etrical	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obst Reco	etrical	Renal Dialysis
Pediatric/Ado escent	Clinical Lab			
Psychiatric Nursing	Radiological/ Imaging	Newł Welle		Outpatient Surgery
Obstetrical Ante/Postprtu	Pharmaceutical	Eme	rgency X	Central Plant
Intermediate Care	Dietetic		ear Medicine	Support
Skilled Nursir	Administration			Services
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	her by retrofit or by I				ach building will comply wit be provided in each genera		
Building Number:	BLD-00706	Building Na	me: Emergency Gener	ator Buil	ding		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergency	x	Central Plant
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support
Sk	tilled Nursing		Administration				Services
				<u> </u>			
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Report Year:   2015   11322   Alta Bates Summit Medical Center				Oakland	Oakland							
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-00707 Building Name: Transformer Building												
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.												
Type of Service Pro	ovided											
Nursin	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Intens	iveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
Pediat escen	tric/Adol t		Clinical Lab		Recovery							
Psych Nursin			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
Obste Ante/F	trical Postprtum		Pharmaceutical		Emergency	X	Central Plant					
Interm Care	nediate		Dietetic									
	d Nursing		Administration		Nuclear Medicine		Support Services					
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)												
Building Number: BLD-03431 Building Name: South Wing - Phase 2												
Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Service Pro	vided											
X Nursing	9	x s	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X Intensiv	veCare	X A	nesthesia		Obstetrical Recovery		Renal Dialysis					
Pediatr escent		Clinical Lab										
Psychia Nursing			Radiological/ maging		Newborn/ WellBaby		Outpatient Surgery					
Obstetr Ante/Po	rical ostprtum	F	Pharmaceutical		Emergency	X	Central Plant					
	ediate		Dietetic			_						
Care Skilled	Nursing	X A	Administration		Nuclear Medicine		Support Services					
OSHPD FDD SB499 Repor	rt Data Las	st Update:	12/08/2015 S	Submissi	on Date: 12/08/2015	Printed:	12/10/2015 6:25 AM					

Report Year: 2015	11322 A	lta Bates Su	mmit Medical Center		Oakland		Page:37 of 60			
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: BL	_D-03433	Building Nar	me: West Service Wing	g - Buildi	ng 2					
Configuration:	ebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.					
Type of Service Pro	ovided									
Nursir	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Intens	iveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
Pediat escen	tric/Adol t		Clinical Lab		Recovery					
Psych Nursir			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
Obste Ante/F	trical Postprtum		Pharmaceutical		Emergency		Central Plant			
Interm Care	nediate		Dietetic							
	d Nursing		Administration		Nuclear Medicine	X	Support Services			
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Report Year: 201	5 11322 A	Ita Bates Su	mmit Medical Center		Oakland		Page:38 of 60			
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-05300	Building Nar	me: Patient Care Pavili	on						
Configuration:	Retrofit Conforming	g building to	NPC 4 or NPC 5							
Type of Service F	Provided									
X Nurs	sing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
Inter	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
Ped esce	liatric/Adol ent		Clinical Lab							
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inter Care	rmediate		Dietetic							
	led Nursing		Administration		Nuclear Medicine		Support Services			
OSHPD FDD SB499 Re	eport Da	ta Last Update	e: 12/08/2015	Submissi	on Date: 12/08/2015	Printed:	12/10/2015 6:25 AM			

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	information on t C-5 per Section		f inpatient beds b	y type of \$	Service provided by t	ouildings that are classified	as SPC-2, SPC	)-3, SPC-4,
Building	g Number: BLD	0-00695	Building Na	ime: Eh	man Building			
<u>Type o</u>	of Service Prov	ided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Reha Thera	bilitation apy
	ntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Rena	l Dialysis
	<sup>D</sup> sychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Centr	ral Plant
	ntermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	Supp Servi	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Fotal Beds this 3uilding		0					
	DD SB499 Repor		Data Last Update:	12/08/20		on Date: 12/08/2015	Printed: 12/10/2	

Report Year: 2015	11322	Alta Bates Sun	nmit Medical Ce	enter	Oakland		Page:40 of 60		
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: BLC	D-00696	Building N	ame: North V	Ving					
Type of Service Prov	rided								
X Nursing	Inpatient Beds	54	Su Su	rgical	Obstetrical Cesarean/Deliv	Reh The	abilitation apy		
IntensiveCare	Inpatient Beds	0	And And	esthesia					
Pediatric/Adol	Inpatient Beds	0		nical Lab	Obstetrical Recovery	X Ren	al Dialysis		
Psychiatric Nursing	Inpatient Beds	0		diological/ aging	Newborn/ WellBaby	Outr Surg	patient Jery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pha	armaceutical	X Emergency	Cen	tral Plant		
Intermediate	Inpatient Beds	0	L Die	etetic	Nuclear Medicine	Sup Serv	port ices		
Skilled Nursing	Inpatient Beds	0	Adı Adı	ministration					
Total Beds this Building		54							
OSHPD FDD SB499 Repor	rt	Data Last Update:	12/08/2015	Submissio	on Date: 12/08/2015	Printed: 12/10	/2015 6:25 AM		

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	de information on 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,
Build	ing Number: BL	D-00701	Building N	lame: Ph	ysio-Therapy Buildi	ng		
Тур	e of Service Prov	vided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Serv	port ices
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					
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Report	t Year: 2015	11322	Alta Bates Sur	nmit Medica	al Center	Oakland		Page:42 of 60		
	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Build	ing Number: BLE	D-00702	Building N	lame: Or	iginal Emergency V	Ving				
Тур	e of Service Prov	rided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy		
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Centr	al Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	ort ces		
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							
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Report	t Year: 2015	11322	Alta Bates Sur	nmit Medica	al Center	Oakland		Page:43 of 60		
	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Buildi	ing Number: BLE	D-00703	Building N	lame: Sp	ecial Procedures A	ddition				
Тур	e of Service Prov	rided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy		
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	ıl Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Cent	ral Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	oort ices		
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							
OSHPE	D FDD SB499 Report	rt I	Data Last Update	: 12/08/20	)15 Submis	sion Date: 12/08/2015	Printed: 12/10/	2015 6:25 AM		

Report	t Year: 2015	11322	Alta Bates Sur	mmit Medica	al Center	Oakland		Page:44 of 60			
	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-00704 Building Name: Emergency Department Expansion											
Тур	e of Service Prov	vided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy			
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena Rena	I Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Centr	ral Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								
OSHPE	D FDD SB499 Repo	rt C	Data Last Update	: 12/08/20	)15 Submiss	sion Date: 12/08/2015	Printed: 12/10/	2015 6:25 AM			

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	le information on PC-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,
Buildi	ng Number: BLE	D-00705	Building N	lame: Co	generation Building	]		
Туре	e of Service Prov	rided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cent	ral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Serv	port ices
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Build	ing Number: BLI	D-00706	Building N	lame: En	nergency Generator	Building				
Тур	e of Service Prov	rided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy		
	IntensiveCare	Inpatient Beds	0		Anesthesia	_				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surge	atient ery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Centr	ral Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	ort ces		
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							
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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: BL											
Type of Service Pro	ovided										
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Inpatient Beds	0	Anesthesia								
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis						
Psychiatric	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant						
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services						
Skilled Nursing	Inpatient Beds	0	Administration								
Total Beds this Building		0									
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Include information or and SPC-5 per Section			by type of \$	Service provided by	buildings that are classified a	as SPC-2, SP	C-3, SPC-4,
Building Number: BL	_D-03431	Building N	ame: So	outh Wing - Phase 2			
Type of Service Pro	ovided						
X Nursing	Inpatient Beds	35	X	Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy
X IntensiveCare	Inpatient Beds	36	X	Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychiatric	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	patient Jery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cent	tral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Serv	port ices
Skilled Nursing	Inpatient Beds	0	X	Administration			
Total Beds this Building		71					
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Include information or and SPC-5 per Sectio			by type of S	Service provided by	buildings that are classified a	as SPC-2, SP	PC-3, SPC-4,
Building Number: BL	.D-05300	Building N	ame: Pa	tient Care Pavilion			
Type of Service Pro	vided						
X Nursing	Inpatient Beds	238		Surgical	Obstetrical Cesarean/Deliv	X Reh The	abilitation rapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	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	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sup Serv	port ⁄ices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		238					
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Include information on the number of inpatien SPC-5 per Section 130061(e)	t beds by type of unit provided by buildings tha	t are classified as SPC-2, SPC-3, SPC-4, and	
Building Number: BLD-00695 Bu	ilding Name: Ehman Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
npatient 0 Inpatient 0 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days 0	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
ntensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
npatient 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	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0	
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Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00696 Bu	ilding Name: North Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 54 Inpatient 7016 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 54 54
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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, S	PC-4, and
Building Number: BLD-00701 Bui	Iding Name: Physio-Therapy Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Total Beds this Total Building Per Building	Beds this ng Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic	<b>e</b> 0
OSHPD FDD SB499 Report Data Last U	Jpdate: 12/08/2015 Submission Date:	12/08/2015 Printed: 12/10/2	015 6:25 AM

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Include information on the number of inpatient SPC-5 per Section 130061(e)	t beds by type of unit provided by buildings tha	t are classified as SPC-2, SPC-3, SP	C-4, and
Building Number: BLD-00702 Bu	ilding Name: Original Emergency Wing		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Building Per Building	eds this g Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	0
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-00703 B	Suilding Name: Special Procedures Addition	n	
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	
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Include information on the number of inpatier SPC-5 per Section 130061(e)	nt beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00704 B	Lilding Name: Emergency Department Exp	pansion
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
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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	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00705 Bu	ilding Name: Cogeneration Building	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0
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Include information on the number of inpatien SPC-5 per Section 130061(e)	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-00706 Bu	ilding Name: Emergency Generator Build	ling		
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		
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Include information on the number of inpatien SPC-5 per Section 130061(e)	t beds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-00707 Bu	ilding Name: Transformer Building	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
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 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
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Include information on the number of inpat SPC-5 per Section 130061(e)	ient beds by type of unit provided by buildings the	at are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-03431	Building Name: South Wing - Phase 2	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 35 Inpatient 613 Bed Days	9 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 30 Inpatient 519 Bed Days	2 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 6 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit         Service           71         71
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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-05300 Bui	Iding Name: Patient Care Pavilion		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 180 Inpatient 31572 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 58 Inpatient 8758 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           238         238	
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