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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:	10273		
Facility Name:	Marin G	General Hospital	
Address:	250 Boi	n Air Rd	
City:	Greenb	rae	
Hospital Owner/Lice	ensee:	Marin General Hospital	
Year of Rep	orting:	2016	
Contact 1 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Sub	mitter:	Marin General Hospital	
Submission	Date:	1/3/2017 10:32:58 AM	

Report `	Year: 2016 10273	3 Marin General Hospital		Greer	nbrae	Page:2 of 43
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, SPC4D 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 SP0 If Req		Anticipated Completion Date
3LD- 00451	04 - Medical Health Center	250 Bon Air Rd	Rebuild	SPC5	01/01/2020	07/01/2019
3LD-)0452	05 - Elevated Pedestrian Bridge	250 Bon Air Rd	Rebuild	SPC5	01/01/2020	07/01/2019
BLD- 03526	05A - Elevator	250 Bon Air Rd	Remove	N/A	01/01/2020	07/01/2019

Report Year: 2016 10273 M	larin General Hospital	Greenbrae	Page:3 of 43
	ebuild, retrofit or replacement, provide the proje s and projected Completion date or dates per S 1(c)(1)(E).		
Building No: BLD-00451 04 - M	ledical Health Center	Retrofit/Replacement Project:	No
Facility Project Sub Number Number Num Scope	Pla Date In		ojected CEQA etion Date Status Review
10273 H143012-21 0 -00		/27/2016 01/01/2018 12:00:00 AM	OPEN No
projected construction start date or dates status and approvals per Section 130067	ebuild, retrofit or replacement, provide the proje s and projected Completion date or dates per S 1(c)(1)(E). Ievated Pedestrian Bridge	Section 130061(c)(1)(D) and the	I(c)(1)(C). The most recent project
Facility Project Sub Number Number Num Scope	Pla Date In		ojected CEQA etion Date Status Review
10273 H143012-21 0 -00		/27/2016 01/01/2018 12:00:00 AM	OPEN No
OSHPD FDD SB499 Report Data	a Last Update: 01/03/2017 Submission	Date: 01/03/2017 Printed	d: 1/5/2017 6:30 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-00451 Building Name: 04 - Medical Health Center						
Type of Service Provi	<u>ided</u>					
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		
X Psychiatric Nursing	Inpatient Beds	17 Inpatient Days 5719	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		
	Doub	Total Beds this 17 Building	Obstetrical Cesarean/Deliv	Central Plant		
OSHPD FDD SB499 Report	t	Data Last Update: 01/03/2017	Submission Date: 01/03/2017	Printed: 1/5/2017 6:30 AM		

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Provide the number of	inpatient b	eds and patient days per type of service p	er building per Section 13006	I(c)(1)(F)
Building Number: BL		Building Name:	5 - Elevated Pedestrian Bridge	
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 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
		Total Beds this 0 Building	Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repor	t	Data Last Update: 01/03/2017 S	Submission Date: 01/03/2017	Printed: 1/5/2017 6:30 AM

Report Year: 2016 10	0273 Marin General Hospital	Greenbrae	Page:6 of 43		
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD-03	3526 Building Name: 05A	- Elevator			
Type of Service Provided	<u>d</u>				
Nursing Inpa Bec	oatient 0 Inpatient 0 ds Days	Surgical Obst	etrical very		
IntensiveCare Inpa Bec	oatient 0 Inpatient Days 0	Anesthesia New Well			
Pediatric/Adol Inpa escent Bec	oatient 0 Inpatient Days 0	Clinical Lab	gency		
Psychiatric Inpa Nursing Bec	patient 0 Inpatient Days 0	Radiological/ Nucle Imaging			
Obstetrical Inpa Ante/Postprtum Bec	oatient 0 Inpatient Days 0	Pharmaceutical Charmaceutical Reha There	bilitation apy		
Intermediate Inpa Care Bec	oatient 0 Inpatient Days 0		Il Dialysis		
Skilled Nursing Inpa	patient 0 Inpatient Days 0	Support Outparent Services			
	Total Beds this 0 Building		ral Plant		
OSHPD FDD SB499 Report	Data Last Update: 01/03/2017 Sub	mission Date: 01/03/2017 Printed:	1/5/2017 6:30 AM		

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Provide the number	r of Inpatient beds and patien	t days per type of unit	t per building per Section	on 130061(c)(1)(F)	
Building Number:	BLD-00451 Build	ing Name: 04 -	Medical Health Center		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 17 Bed	Inpatient 5719 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 / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	17	17
OSHPD FDD SB499 I	Report Data Last U	odate: 01/03/2017	Submission Date:	01/03/2017 Printed	d: 1/5/2017 6:30 AM

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Provide the number of Inpatient beds an	d patient days per type of unit per building per S	ection 130061(c)(1)(F)	
Building Number: BLD-00452	Building Name: 05 - Elevated Pedestria	an Bridge	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Days	ent 0
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	ent 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	ent 0
Intensive Care	Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0
Coronary Care	Chemical Dependency		Beds this ing Per ce
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0

Report Year: 20	016 10273 Marin Ge	neral Hospital		Greenbrae	Page:9 of 43	
Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number:	BLD-03526 Build	ing Name: 05A	- Elevator			
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / 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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or all buildings a	t the facility, indicate which ones are scheduled for gen	eral acute service removal.	
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-00447	01 - Original Building & Additions	Remain	
BLD-00448	02 - Additions & Alterations	Remain	
BLD-00449	03 - Cobalt Bomb Wing	Remain	
BLD-00451	04 - Medical Health Center	Rebuild	
BLD-00452	05 - Elevated Pedestrian Bridge	Rebuild	
BLD-00453	06 - West Wing	Remain	
BLD-03056	Ambulance Entry Canopy	Remain	
BLD-03526	05A - Elevator	Remove	

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No proposed new buildings to be constructed at this or another site.

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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-0045	1 04 - Medical Health	ı Center	Removal 0 Date:	7/01/2019		
Planned Uses for the building to	o be removed from acute care service:					
Planned use for building:						
Inpatient services currently deli	ivered in the building:					
Nursing	Surgical	Obstetrical Cesarean/D		Rehabilitation Therapy		
IntensiveCare	Anesthesia			inorapy		
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery		Renal Dialysis		
X Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency		Central Plant		
Intermediate Care	Dietetic	Nuclear Medicine		Support Services		
Skilled Nursing	Administration					
OSHPD FDD SB499 Report	Data Last Update: 01/03/2017	Submission Dat	e: 01/03/2017 F	Printed: 1/5/2017 6:30 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-004	52 05 - Elevated P	edestrian Bridge	Removal 07/01/20 Date:	19		
Planned Uses for the building	to be removed from acute care serv	rice:				
Planned use for building:						
Inpatient services currently de	elivered in the building:					
Nursing	Surgical	Obstetrical Cesarean/De	eliv Rehabili Therapy			
IntensiveCare	Anesthesia					
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal D	ialysis		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central	Plant		
Intermediate Care	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Administration			-		
OSHPD FDD SB499 Report	Data Last Update: 01/03/201	17 Submission Date	e: 01/03/2017 Printed: 7	1/5/2017 6:30 AM		

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)							
	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.						
Building Number: BLD-03526 05A - Elevator Removal Date:							
Planned Uses for the building to be removed from acute care service:							
Planned use for building:							
Inpatient services currently delivered in the building:							
Nursing Surgical Obstetrical Rehabilitation Therapy							
IntensiveCare Anesthesia							
Pediatric/Adol Clinical Lab Obstetrical Renal Dialysis Recovery							
Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery							
Obstetrical Ante/Postprtum Pharmaceutical Central Plant							
Intermediate Dietetic Support Care Support							
Skilled Nursing Administration							
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Provide the number of inpatient beds and p care services per Section 130061(c)(2)(D).	atient days per unit for the year of 2013, 2014, a	and 2015 for buildings to be remo	oved from acute
Building Nbr: BLD-03526 Building Name	: 05A - Elevator	Year of Information: 2013	3
<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	Building per Unit	0
Doub	2000 2000	Total Beds this Building per Service	0
OSHPD FDD SB499 Report Data La	st Update: 01/03/2017 Submission Date:	01/03/2017 Printed: 1/5/20	17 6:30 AM

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Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).						
Building Nbr: BLD-03526 Building Name:	05A - Elevator	Year of Information: 2014	4			
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 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this	0			
		Building per Service				
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Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).						
Building Nbr: BLD-03526 Building Name:	Year of Information: 2015	5				
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 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	51	0			
		Total Beds this Building per Service	0			
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Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-0)3526 Building Name:	05A - Elevator		Year of Information: 2	013		
<u>Type of Services</u> Provided				Information Current As			
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis		
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological Imaging	/ Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceut	ical Emergency	Central Plant		
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administratio	on			
Total Beds this B	uilding per service	0					
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Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-03526 Building Name:	05A - Elevator	Year of Information:	2014				
Type of Services Provided		Information Current As Of:					
Nursing Inpatient Beds	0 Patient 0 2	Surgical Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare Inpatient Beds	0 Patient 0 /						
Pediatric/Adol Inpatient escent Beds	0 Patient 0 0	Clinical Lab Obstetrical Ecovery	Renal Dialysis				
Psychiatric Inpatient Nursing Beds		Radiological/ Newborn/ [maging WellBaby	Outpatient Surgery				
Obstetrical Inpatient Ante/Postprtum Beds	0 Patient 0 Days	Pharmaceutical Emergency	Central Plant				
Intermediate Inpatient Care Beds	0 Patient 0 Days	Dietetic Nuclear [Medicine	Support Services				
Skilled Nursing Inpatient Beds	0 Patient 0 Days	Administration					
Total Beds this Building per service	0						
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Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-03526 Build Nam		evator	Year of Information	2015			
<u>Type of Services</u> <u>Provided</u>			Information Current As Of:				
Nursing Inpatient Beds	0 Patient Days	0 Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare Inpatient Beds	0 Patient Days	0 Anesthe	_				
Pediatric/Adol Inpatient escent Beds	0 Patient Days	0 Clinical	ab Obstetrical Recovery	Renal Dialysis			
Psychiatric Inpatient Nursing Beds	0 Patient Days	0 Radiolog Imaging	ical/ Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Inpatient Ante/Postprtum Beds	0 Patient Days	0 Pharmad	eutical Emergency	Central Plant			
Intermediate Inpatient Care Beds	0 Patient Days	0 Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing Inpatient Beds	0 Patient Days	0 Administ	ration				
Total Beds this Building per se	rvice 0						
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		s and beds will be relocated to a new, exist vith a Building Resolution of "Rebuild" or "F		
Building BI Number:	LD-00451 Building Nam	e: 04 - Medical Health Center		
Will general acute ca	are services and beds will b	be relocated to a new, Existing or retrofitted	l building?	
Psychiatric Nursing	N/A]	
Report whether the g building sites or proje	general acute care services act numbers for buildings v	s and beds will be relocated to a new, exist vith a Building Resolution of "Rebuild" or "F	ing or retrofitted building and a Replace" per Section 130061(c	ny corresponding)(2)(E)
Building BI Number:	LD-00451 Building Nam	e: 04 - Medical Health Center		
Will general acute ca	are services and beds will b	be relocated to a new, Existing or retrofitted	l building?	
Acute Psychiatric	N/A]	

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No data reported	lo data reported for Section 130061(c)(3).						

Report Year: 201	16 10273 Marin C	Greenbrae		Page:23 of 43							
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:											
Type of Service	e Provided										
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap							
	Nursing	Anesthesia		Repal [Dialysis						
	IntensiveCare	Clinical Lab	Obstetrical Recovery		Jaiyaia						
	Pediatric/Adol escent	Radiological/	Newborn/ WellBaby	Outpati Surger							
X	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central	Plant						
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	t es						
	Intermediate Care	Administration									
	Skilled Nursing										
OSHPD FDD SB499 Re	eport Data Last	Update: 01/03/2017 Subn	nission Date: 01/03/2017	Printed: 1/5/20	017 6:30 AM						

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Report any general per Section 130061		tient service that is provided in any	general acute care hospital	building that is rate	ed SPC-1
Building Number:	BLD-00452 Buildin	g Name: 05 - Elevated Pedestria	an Bridge		
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy	
	Nursing				
	IntensiveCare	Anesthesia	Obstetrical Recovery	Renal D	Dialysis
	Pediatric/Adol	Clinical Lab		Outpatio	ent
	escent	Radiological/ Imaging	Newborn/ WellBaby	Surgery	,
	Psychiatric Nursing	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any gener per Section 1300		atient service that is provided in any g	general acute care hospital	building that is rate	əd SPC-1
Building Number:	BLD-03526 Buildir	ng Name: 05A - Elevator			
Type of Serv	ice Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing	Anesthesia	_		Diskusia
	IntensiveCare		Obstetrical Recovery	Renal [Jiaiysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpati Surgery	
	Psychiatric Nursing	Radiological/ Imaging			
	_	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	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-00447 Building Name: 01 - Original Building & Additions										
Configuration: N/A										
Type of Service Provided										
Nursing	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy						
IntensiveCare	Anesthesia	Obstetrical Recovery	Rena	l Dialysis						
Pediatric/Adol escent	Clinical Lab	Receively								
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge							
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	al Plant						
Intermediate Care	Dietetic									
Skilled Nursing	Administration	Nuclear Medicine	Supp Serv							
OSHPD FDD SB499 Report	Data Last Update: 01/03/2017	Submission Date: 01/03/2017	Printed: 1/5/20	17 6:30 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-00448 Building Name: 02 - Additions & Alterations										
Configuration: N/A										
Type of Service Provided										
Nursing [Surgical		etrical rean/Deliv		nabilitation erapy					
IntensiveCare	Anesthesia	Obste Reco	etrical verv	Rer	nal Dialysis					
Pediatric/Adol escent	Clinical Lab									
Psychiatric Nursing	Radiological/ Imaging	Newb WellE			patient gery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	Cer	ntral Plant					
	Dietetic									
Care	Administration		ear Medicine		pport rvices					
OSHPD FDD SB499 Report Data Last	Update: 01/03/2017	Submission Date	e: 01/03/2017 F	Print d: 4/5/	2017 6:30 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-00449 Building Name: 03 - Cobalt Bomb Wing										
Configuration:	Configuration: N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
	illed Nursing		Administration				Services			
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)										
Building Number: BLD-00451 Building Name: 04 - Medical Health Center										
Configuration:	tion: N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant			
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing		Administration				Services			
OSHPD FDD SB499 F	Report	Data Last Upda	te: 01/03/2017	Submiss	ion Date: 01/03/2017	Printed:	1/5/2017 6:30 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-00452 Building Name: 05 - Elevated Pedestrian Bridge										
Configuration: N/A										
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		Central Plant			
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
	illed Nursing		Administration				Services			
OSHPD FDD SB499 F	Report	Data Last Updat	te: 01/03/2017	Submiss	ion Date: 01/03/2017	Printed:	1/5/2017 6:30 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-00453	Building Na	me: 06 - West Wing						
Configuration:	N/A								
Type of Service	Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		Recovery				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Dutpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant		
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support		
Sk	illed Nursing		Administration				Services		
OSHPD FDD SB499 F	Report	Data Last Upda	te: 01/03/2017	Submiss	ion Date: 01/03/2017	Printed: 1	/5/2017 6:30 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-03056 Building Name: Ambulance Entry Canopy										
Configuration:	N/A									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing		Administration				Services			
OSHPD FDD SB499 F	Report	Data Last Update	e: 01/03/2017	Submiss	ion Date: 01/03/2017	Printed:	1/5/2017 6:30 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-03526 Building Name: 05A - Elevator										
Configuration:	N/A									
Type of Service	e Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant			
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
	killed Nursing		Administration				Services			
OSHPD FDD SB499 F	Report	Data Last Upda	te: 01/03/2017	Submiss	ion Date: 01/03/2017	Printed:	1/5/2017 6:30 AM			

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Include information on 4D and SPC-5 per Sec			by type of S	Service provided by bu	ildings that are classified a	as SPC-2, S	SPC-3, SPC-4, SPC-			
Building Number: BLD-00447 Building Name: 01 - Original Building & Additions										
Type of Service Prov	vided									
X Nursing	Inpatient Beds	95		Surgical	X Obstetrical Cesarean/Deliv		ehabilitation herapy			
X IntensiveCare	Inpatient Beds	8		Anesthesia						
Pediatric/Adol	Inpatient Beds	14	X	Clinical Lab	X Obstetrical Recovery	X Re	enal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby		utpatient Irgery			
Obstetrical X Ante/Postprtum	Inpatient Beds	22	X	Pharmaceutical	Emergency	X Ce	entral Plant			
Intermediate	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Su Se	apport prvices			
Skilled Nursing	Inpatient Beds	0	X	Administration						
Total Beds this Building		139								
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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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLI	D-00448	Building N	lame: 02	- Additions & Alteration	ons]
Type of Service Prov	vided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	entral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Se	pport rvices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					
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Include information c 4D and SPC-5 per S	on the number of ection 130061(of inpatient beds e)	by type of §	Service provided by b	uildings that are classified	as SPC-2, S	PC-3, SPC-4, SPC-
Building Number:	LD-00449	Building N	ame: 03	- Cobalt Bomb Wing]
Type of Service Pr	ovided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby		Itpatient rgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0		Pharmaceutical	Emergency		entral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Su Su	pport rvices
Skilled Nursin	g Inpatient Beds	0		Administration			
Total Beds this Building	5	0					
OSHPD FDD SB499 Repo	rt D:	ata Last Update:	01/03/2017	7 Submission	Date: 01/03/2017 P	rinted: 1/5/20	017 6:30 AM
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Include information on 4D and SPC-5 per Sec	the number o tion 130061(of inpatient beds e)	by type of S	Service provided by	buildings that are classified	d as SPC-2, S	SPC-3, SPC-4, SPC-
Building Number: BL	D-00453	Building N	Name: 06	- West Wing]
Type of Service Prov	vided						
X Nursing	Inpatient Beds	65	X	Surgical	Obstetrical Cesarean/Deliv		ehabilitation erapy
X IntensiveCare	Inpatient Beds	14	X	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		utpatient Irgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	X Ce	entral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		ipport ervices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		79					
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Include information on 4D and SPC-5 per Sec	the number of ction 130061(e	inpatient beds t)	by type of Service provided by	y buildings that are classified a	as SPC-2, SI	PC-3, SPC-4, SPC-
Building Number: BL	D-03056	Building Na	ame: Ambulance Entry Ca	пору]
Type of Service Pro	vided					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Cer	ntral Plant
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Sup Sup Ser	oport vices
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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-00447 Building Name: 01 - Original Building & Additions							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 95 Inpatient 9939 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t O				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 22 Inpatient 3702 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 14 Inpatient 405 Bed Days	Inpatient 8 Inpatient 859 Bed Days	Inpatient 0 Inpatien Bed Days	t 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	t 0				
Coronary Care	Chemical Dependency	Building Per Build	Beds this ling Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	139				
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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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-00448 Build	ding Name: 02 - Additions & Alterations					
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	ot 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 O			
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 0 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	0			
OSHPD FDD SB499 Report Data Last U	pdate: 01/03/2017 Submission Date:	01/03/2017 Printed: 1/5/2	017 6:30 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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-00449 Bu	ilding Name: 03 - Cobalt Bomb Wing					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient <u>0</u> Inpatier 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 Inpatier Bed Days	it 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	t 0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	t 0			
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ling 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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-00453 Build	ling Name: 06 - West Wing					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 65 Inpatient 17076 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 14 Inpatient 3413 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	UnitService7979				
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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, SPC-4, AD and SPC-5 per Section 130061(e)						
Building Number: BLD-03056 Build	ding Name: Ambulance Entry Canopy					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0				
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