## 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	Provide the Hospital Owner and Year of Report per Section 130061(e)								
Facility Number:	10856								
Facility Name:	Regiona	I Medical Center of San Jose							
Address:	225 N Ja	ackson Ave							
City:	San Jose	е							
Hospital Owner/Licensee: San Jose Healthcsare System, LP									
Year of Rep	porting:	2016							
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Ad	ldress::	[Confidential data left blank intentionally.]							
Name of Submitter: J. Paul Tucker									
Submission	n Date:	10/31/2016 9:12:25 AM							

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, 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 SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 02236	Main Tower and North Wing	225 N Jackson Ave	Rebuild	SPC5	09/01/2015	12/31/2015
BLD- 02237	South Wing	225 N Jackson Ave	Rebuild	SPC5	09/01/2015	05/01/2015
BLD- 02238	Obstetrics Wing	225 N Jackson Ave	Rebuild	SPC5	09/01/2015	05/01/2015

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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-02236

Main Tower and North Wing

Retrofit/Replacement Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10856	HS032305-0	0	HOSPITAL EXPANSION AND RENOVATION PROJECTS	10/7/2003	9/19/2005 12:00:00 AM	10/17/2005	05/01/2010	FIEL	No
10856	IS102399-0	0	SEISMIC UPGRADE RENOVATION AND NEW ADDITION (TRANSFERRED FROM HS081309-43)	12/8/2010		12/31/2010	09/01/2014	ACTI	No
10856	SS100429-0	0	2ND FLOOR BUILD-OUT	3/16/2010	10/26/2010 12:00:00 AM	12/01/2010	02/01/2012	CLOS	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).

Building No: BLD-02237 South Wing Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10856	HS022599-0	0	MATERIALS TESTING PROGRAM	10/4/2002	3/24/2003 12:00:00 AM	06/27/2003	09/23/2003	CLOS	No
10856	IS102399-0	0	SEISMIC UPGRADE RENOVATION AND NEW ADDITION (TRANSFERRED FROM HS081309-43)	12/8/2010		12/30/2010	05/30/2015	ACTI	No

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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).

**NEW ADDITION (TRANSFERRED FROM** 

HS081309-43)

BLD-02238 **Obstetrics Wing** Yes-Submitted **Building No:** Retrofit/Replacement Project: Facility Project Projected CEQA Plan Approved Projected Sub Completion Date Status Number Number Num Scope Date Start Date Review Date In 10856 IS102399-0 0 SEISMIC UPGRADE RENOVATION AND 12/8/2010 12/30/2010 12/31/2013 ACTI No

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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-02236 Building Name: Main Tower and North Wing									
Type of Service Provi	<u>ded</u>								
	Inpatient Beds	64 Inpatient 1718 Days	Surg	gical Obste Recov					
	Inpatient Beds	0 Inpatient Days	0 Anes	sthesia Newb WellB					
	Inpatient Beds	0 Inpatient Days	O Clinic	cal Lab Emerç	gency				
	Inpatient Beds	0 Inpatient Days	0 Imag	· -					
	Inpatient Beds	0 Inpatient Days	0 Phari	maceutical  X Rehate the Thera	pilitation Py				
	Inpatient Beds	0 Inpatient Days	<u> </u>		Dialysis				
	Inpatient Beds	0 Inpatient Days	O X Supp Servi	ices	ry				
		Total Beds this Building		retrical arean/Deliv X Centra	al Plant				

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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: E		Building Name: Sc	outh Wing					
			1 🗆	Chatatrian!				
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	X Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient n Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialysis  Outpatient				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery				
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant				

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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: B		Building Name: Ob	ostetrics Wing					
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	on			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration  X Support	Renal Dialys  Outpatient	sis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery				
		Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plar	nt			

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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-02236	Building Name: Main Tower and North Wing	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 64 Inpatient 1718 Bed Days 1	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Unit Building Per Service
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	64 64

Report Year: 2016 10856 Regional Medical Center of San Jose San Jose Page:9 of 42 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) South Wing **Building Number:** BLD-02237 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2016 10856 Regional Medical Center of San Jose San Jose Page:10 of 42 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Obstetrics Wing Building Number:** BLD-02238 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-02236	Main Tower and North Wing	Rebuild
BLD-02237	South Wing	Rebuild
BLD-02238	Obstetrics Wing	Rebuild
BLD-02239	Emergency Department Building	Remain
BLD-02240	Lab Building	Remain
BLD-02241	Surgery Building	Remain
BLD-02242	ICU/CCU Building	Remain
BLD-02958	7A Outpatient Surgery Center	Remain

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List ALL proposed new buildings to be constructed at this or another site.									
Building Name New Site									
N_1	Med-Tele Wing	X							
N_2	New Four-Story Tower								
N_3 Central Utility Plant									

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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 Nu	Building Number: BLD-02236 Main Tower and North Wing Removal Date:								
Planned Us	ses for the building to	be remov	ed from acute care	e service:					
Planned us	se for building: Clin	ic		Jurisdiction:	OSHPD				
Inpatient se	ervices currently deli-	vered in the	e building:						
	Nursing ntensiveCare		Surgical  Anesthesia		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	Pediatric/Adol		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	ntermediate Care		Dietetic		Nuclear Medicine	X	Support Services		
	Skilled Nursing	X	Administration						

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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 N	Building Number: BLD-02237 South Wing Removal Date:								
Planned L	Jses for the buildin	g to be remov	ed from acute care	e service:					
Planned	use for building:	Clinic		Jurisdiction:	OSHPD				
Inpatient s	services currently of	delivered in th	e building:						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia						
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	П	Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services		
	Skilled Nursing		Administration				CCIVIOCS		

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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 Num	nber: BLD-02	238	Obstetrics	Wing		Removal Date:	05/01/2015	]			
Planned Use	Planned Uses for the building to be removed from acute care service:										
Planned use for building: Clinic Jurisdiction: OSHPD											
Inpatient serv	vices currently o	delivered in th	e building:								
☐ Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy				
Int	ensiveCare		Anesthesia								
1 1	ediatric/Adol cent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant				
	ermediate are		Dietetic		Nuclear Medicine	X	Support Services				
Sk	tilled Nursing	I	Administration								

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Report Year: Regional Medical Center of San Jose 2016 10856 San Jose Page:17 of 42 No data reported for Section 130061(c)(2)(D).

Report Year: 10856 Regional Medical Center of San Jose Page:18 of 42 2016 San Jose Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Main Tower and North Wing BLD-02236 **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing Relocated to new building Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) Main Tower and North Wing BLD-02236 **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration Relocated to new building Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E) BLD-02236 **Building Name:** Main Tower and North Wing Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services Relocated to new building

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Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution of "Resolution of "Rebuild" or "Resolution of "Resolution o		
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted  Rehabilitation  N/A	building?	
Therapy		
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		
Building Number:  BLD-02236 Building Name: Main Tower and North Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
CentralPlant Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		
Building Number: South Wing		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Radiological/Imaging Relocated to new & retrofitted Building		

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)										
Building Number:										
Will general a	acute care se	ervices and	beds will be re	elocated to a new, Existing or retrofitted	d b	uilding?				
Support Serv	ices	Relocated to	new building							

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port Year: 201 Report any general	acute care hospital inp		enter of San Jose nat is provided in any	general	San Jose acute care hospital	building t	Page:22 of 42 hat is rated SPC-1				
Der Section 130061  Building Number:		ng Name: M	ain Tower and North	Wing							
Type of Service Provided											
			Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy				
X	Nursing		Anesthesia								
	IntensiveCare				Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Newborn/	П	Outpatient Surgery				
_			Radiological/ Imaging		WellBaby		cargory				
	Psychiatric Nursing		Pharmaceutical		Emergency	Х	Central Plant				
	Obstetrical Ante/Postprtum				Nuclear Medicine	X	Support Services				
			Dietetic		Wedicine		Services				
	Intermediate Care	X	Administration								
	Skilled Nursing										

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Report any ger per Section 13			tal inpa	tient service th	at is provided in any	/ general	acute care hospital	building t	hat is rated SPC-1	
Building Numb	er:	BLD-02237	Building	g Name: So	outh Wing					
Type of Se	ervice	Provided								
					Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
		Nursing			Anesthesia				5 15:1 :	
		IntensiveCare					Obstetrical Recovery		Renal Dialysis	
		Pediatric/Adol escent			Clinical Lab	П	Newborn/		Outpatient Surgery	
		Psychiatric		X	Radiological/ Imaging		WellBaby			
		Nursing			Pharmaceutical		Emergency		Central Plant	
		Obstetrical Ante/Postprtum	1		Dietetic		Nuclear Medicine		Support Services	
I		Intermediate Care			Administration					
		Skilled Nursing	l							

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Report any general per Section 130061		tient service that is provide	ed in any general ac	cute care hospital bu	uilding that is ra	ated SPC-1
Building Number:	BLD-02238 Buildin	g Name: Obstetrics Win	ng			
Type of Service	Provided					
		Surgical		Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
	Nursing	Anesthesia				
	IntensiveCare		F	Obstetrical Recovery	Rena	l Dialysis
	Pediatric/Adol escent	Clinical La	_	Newborn/	Outpa Surge	
	Psychiatric	Radiologic Imaging		VellBaby		
	Nursing	Pharmace	eutical E	Emergency	Centr	al Plant
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine	X Supposervio	ort ces
	Intermediate Care	Administra	ation			
	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-02236	Building Number: BLD-02236 Building Name: Main Tower and North Wing												
Configuration: N/A													
Type of Service Provided													
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy										
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis										
Pediatric/Adol escent	Clinical Lab	Recovery											
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery										
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant										
Intermediate	Dietetic	Enlergency	Central Flant										
Care	Administration	Nuclear Medicine	Support Services										
Skilled Nursing													

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Report the final configura requirements whether by per Section 130061(c)(5)	retrofit or by replacement	hospital campus showing and the type of service the	g how ea	ach building will comply witl e provided in each general	n the SPC-5 acute care	5/NPC-4 or 5 hospital building						
Building Number: BLD-	-02237 Building Na	ame: South Wing										
Configuration: N/A	onfiguration: N/A											
Type of Service Prov	ided											
Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy						
Intensive	eCare	Anesthesia		Obstetrical Recovery	R	enal Dialysis						
Pediatric escent	c/Adol	Clinical Lab		Necovery								
Psychiat Nursing	ric	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery						
Obstetric Ante/Pos		Pharmaceutical		Emergency	c	entral Plant						
Intermed Care	diate	Dietetic		Nuclear Medicine	☐ s	Support						
Skilled N	Jursing	Administration			— s	Services						

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Report the final con requirements wheth per Section 130061	ner by retrofit or by re	lings on the leplacement a	nospital campus showing and the type of service the	g how e nat will b	ach building will comply wi be provided in each genera	th the SPC Il acute car	s-5/NPC-4 or 5 re hospital building				
Building Number:	BLD-02238	Building Nar	ne: Obstetrics Wing								
Configuration:	Configuration: N/A										
Type of Service	Provided										
Nu	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				
Inte	ermediate re		Dietetic		Nuclear Medicine		Support				
Ski	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:													
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5												
Type of Service Provided													
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
Inf	tensiveCare	A	Anesthesia		Obstetrical Recovery		Renal Dialysis						
	ediatric/Adol scent		Clinical Lab		Recovery								
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery						
	bstetrical nte/Postprtum		Pharmaceutical	Х	Emergency		Central Plant						
	termediate are		Dietetic		Nuclear Medicine		Support						
Sk	killed 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-02240	Building Nan	ne: Lab Building								
Configuration:	Retrofit Conforming	building to	NPC 4 or NPC 5								
Type of Service	Provided										
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis				
	diatric/Adol cent	X	Clinical Lab		Recovery						
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery				
	stetrical		Pharmaceutical								
AIII	te/Postprtum			Ш	Emergency	С	entral Plant				
Inte	ermediate re		Dietetic		Nuclear Medicine		Support Services				
Ski	illed Nursing		Administration			S	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-02241	Building Nar	ne: Surgery Building									
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided											
Nu	rsing	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy					
Inte	ensiveCare	X	Anesthesia		Obstetrical Recovery	R	enal Dialysis					
	diatric/Adol cent	X	Clinical Lab		Necovery							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery					
	estetrical		Pharmaceutical									
An	te/Postprtum				Emergency	С	entral Plant					
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support					
Ski	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-02242 Building Name: ICU/CCU Building								
Configuration:	Retrofit Conforming	g building to	NPC 4 or NPC 5					
Type of Service	Provided							
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis	
	diatric/Adol cent		Clinical Lab		recovery			
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery	
• • • • • • • • • • • • • • • • • • •	estetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte	ermediate re		Dietetic		Nuclear Medicine		Support	
Ski	illed Nursing		Administration			_	Services	

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requirements wheth	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-02958	Building Nam	e: 7A Outpatient Surç	gery Cer	ter				
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service	Provided								
Nu	rsing	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy		
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis		
	diatric/Adol cent		Clinical Lab		Recovery				
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient urgery		
	stetrical te/Postprtum		Pharmaceutical				entral Plant		
	ermediate		Dietetic		Emergency		entiai Fiant		
Ca			Administration		Nuclear Medicine		Support Services		
Ski	illed Nursing								

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Includ 4D ar	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)								
Build	ng Number: BLD	)-02239	Building N	lame: Em	ergency Departme	nt Buil	ding		
<u>Тур</u>	e of Service Prov	ided							
	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 Nursing	Inpatient Beds	0		Radiological/ Imaging	[	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	[	X Emergency		Central Plant
	Intermediate Care	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 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: BL	D-02240	Building Na	ame: Lab Building					
Type of Service Pro	<u>vided</u>							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia	_	_			
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	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 on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02241	Building Nar	me: Surgery Building		
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02242	Building Na	me: ICU/CCU Building		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	34	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		34			

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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: BL	D-02958	Building Nar	me: 7A Outpatient Surg	ery Center			
Type of Service Pro	vided						
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	X Anesthesia	_	_		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutica	Emergency	Central Plant		
Intermediate Care	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 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-02239	Building Name:	Name: Emergency Department Building				
Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric			
Inpatient 0 Inpatient 3 Bed Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpati Bed Days			
Perinatal (Exclude Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpati Bed Days			
Pediatric	Intensive Ca Nursery	e Newborn	Intermediate Care			
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpati Bed Days			
Intensive Care	Rehabilitatio Center	n	Int. Care / Developmental Disabled	lly		
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpati Bed Days			
Coronary Care	Chemical De	pendency		otal Beds this uilding Per		
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days		ervice 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-02241 Build	Surgery Building					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 41 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days				
Coronary Care	Chemical Dependency	Total Beds this  Building Per  Building Per				
Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 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, SPC-4D and SPC-5 per Section 130061(e)

4D and SPC-5 per Section 130061(e)						
Building Number:	g Number: BLD-02242 Building Name: ICU/CCU Building					
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Perinatal (Exclude Nev	wborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Pediatric		Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 34 Bed	Inpatient 11178 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Coronary Care		Chemical Dependency	Total Beds this  Building Per  Building Per			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 34			

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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-02958	Building Name:	7A Outpatient Surgery Cer	nter
Medical / Surgical (Include GYN)	Acute Res	piratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newborn / GY	N) Burn		Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive ( Nursery	Care Newborn	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitat Center	tion	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical I	Dependency	Total Beds this  Building Per  Building Per  Building Per
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 0