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## Senate Bill 499 (SB 499) Hospital Report

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

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

Facility Number:	11268	
Facility Name:	Fairmont Hospital	
Address:	15400 Foothill Boulevard	
City:	San Leandro	
		—
Hospital Owner/Lice	ensee: County of Alameda, General Services Agency	
Year of Rep	porting: 2016	
Contact 1 e-mail Ad	dress: [Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	ddress: [Confidential data left blank intentionally.]	
Contact 3 e-mail Ado	dress:: [Confidential data left blank intentionally.]	
Name of Sub	omitter: Ann Ludwig	
Submission	Date: 1/16/2017 2:40:52 PM	

eport Y	'ear: 2016 11268	Fairmont Hospital		San Leandro		Page:2 of 17	
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)							
dg. ).	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date	
D- 312	Building H	15400 Foothill Boulevard	Replace	SPC2	01/01/2020	04/01/2019	
	DD SB499 Report	Data Last Update: 01/16/2017	Submission	Date: 01/16/2017		/18/2017 6:30 AM	

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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-01312 Building H		Retrofit/Replacement Project:	Yes-Sul	omitted			
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Projected Date Start Date	Projected Completion Date	CEQA <sup>e</sup> Status Review			
11256 S143017-01 0 Acute Rehabiliation Remodel -00	12/31/201 4	3/23/2016 04/01/2017 12:00:00 AM	04/01/2019	PEND No			
		04/40/0047					

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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	.D-01312	Building Name:	uilding H				
Type of Service Prov	vided						
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 Rehabilitation Therapy	1		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysi	S		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery			
	Deus	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant			
OSHPD FDD SB499 Repo	rt	Data Last Update: 01/16/2017	Submission Date: 01/16/2017	Printed: 1/18/201	7 6:30 AM		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number:	BLD-01312 Build	ling Name: Build	ling H			
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 / developn Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 50 Bed	Inpatient 5980 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	50	0	
OSHPD FDD SB499 I	Report Data Last U	odate: 01/16/2017	Submission Date	e: 01/16/2017 Printe	d: 1/18/2017 6:30 AM	

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For all buildings at th	For all buildings at the facility, indicate which ones are scheduled for general acute service removal.						
Building Number	Building Name	e			Building to be Removed / Replaced /	e / Rebuilt	
BLD-01312	Building H			F	Replace		
OSHPD FDD SB499 Re	eport	Data Last Update:	01/16/2017	Submission Date	e: 01/16/2017	Printed: 1/18/	2017 6:30 AM

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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-0131	2 Building H	Removal Date:	04/01/2019			
Planned Uses for the building t Planned use for building: Oth	o be removed from acute care service: her Jurisdic					
Other Usage: Offi	ice space					
Inpatient services currently deli	ivered in the building:					
Nursing	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitatior	1		
IntensiveCare Pediatric/Adol escent	Anesthesia Clinical Lab	Obstetrical Recovery	Renal Dialysi	S		
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: 01/16/2017	Submission Date: 01/16/2017	Printed: 1/18/2	017 6:30 AM		

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No data reported	d for Sectio	n 130061(c)	)(2)(D).		

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No data reported for Sectio	n 130061(c)	(2)(D).		

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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 BLD-01312 Building Name: Building H									
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Rehabili Therapy		Relo	ocated to other building						
	New Build	_ ing		RetroFitted Building	<u> </u>	Other SP	C2-SPC5 Bu	<u>ilding</u>	
						BLD-01312-Buildin	g H		
Facility Number	Project Number	Sub Num	Scope		Date In	Plan Approved Date	Start Date	Project Complete d	Status
11256	S143017- 01-00	0	Acute Rehabiliation Remode	əl	2014-12-31	2016-03-23	04/01/2017	04/01/2019	PEND
OSHPD F	DD SB499 R	eport	Data Last Update:	01/16/2017 S	Submission Date	e: 01/16/2017	Printed: 1	/18/2017 6:30	AM

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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 acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Rehabili Center	tation		ocated to other building						
	New Build	- ing		RetroFitted Building		Other SP	C2-SPC5 Bui	<u>lding</u>	
					E	BLD-01312-Building	Н		
Facility Number	Project Number	Sub Num	Scope	Da	ite In	Plan Approved Date	Start Date	Project Complete d	Status
11256	S143017- 01-00	0	Acute Rehabiliation Remodel	201	14-12-31	2016-03-23	04/01/2017	04/01/2019	PEND

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

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number: BLD-01312 Building Name: Building H									
Type of Service Provided									
		Surgical		Dbstetrical Cesarean/Deliv	Х	Rehabilitation Therapy			
	Nursing	Anesthesia				Renal Dialysis			
	IntensiveCare	Clinical Lab		Obstetrical Recovery		Renai Diaiysis			
	Pediatric/Adol escent	Radiological/		lewborn/ VellBaby		Outpatient Surgery			
	Psychiatric Nursing	Imaging Pharmaceutical	Γīε	mergency		Central Plant			
	Obstetrical Ante/Postprtum	Dietetic		luclear ledicine		Support Services			
	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-01312 Building Name: Building H								
Configuration: Replace with	existing SPC3, SPC4, SPC4D or SPC	5 and NPC4 or NPC5 building.						
Type of Service Provided								
Nursing	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recovery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Dietetic							
Skilled Nursing	Administration	Nuclear Medicine	Support Services					
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No data reported for Section 130061(e)							

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No data reported for Section 130061(e).							