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	l Owner and	d Year of Report per Section 130061(e)							
Facility Number:	Facility Number: 11295								
Facility Name:	Kaiser F	Kaiser Foundation Hospital - Hayward							
Address:	27400 H	7400 Hesperian Boulevard							
City:	Haywar	d							
Year of Re Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A	porting: ddress: ddress:	Confidential data left blank intentionally.] Confidential data left blank intentionally.] Confidential data left blank intentionally.]							
Name of Sul	bmitter:	Alan Burkett							
Submissio	n Date:	10/14/2016 4:06:51 PM							
			1						

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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- 01320	Clinic	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD- 01321	Hospital	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD- 01322	Clinic Addition	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015

Report Year: 11295 Kaiser Foundation Hospital - Hayward Page:3 of 49 2016 Hayward 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). Yes-Submitted Building No: BLD-01320 Clinic Retrofit/Replacement Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In CLOS No 18186 IL080370-0 0 PPR HAYWARD REPLACEMENT 114-917-2/27/2008 07/14/2010 01/01/2015 03 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). Hospital Yes-Submitted BLD-01321 Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 18186 IL080370-0 0 PPR HAYWARD REPLACEMENT 114-917- 2/27/2008 07/14/2010 01/01/2015 CLOS No 03

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).

BLD-01322 Clinic Addition Yes-Submitted Building No: Retrofit/Replacement Project: Facility Project Plan Approved Projected CEQA Projected Sub Completion Date Status Number Number Num Scope Date Start Date Review Date In

18186 IL080370-0 0 PPR HAYWARD REPLACEMENT 114-917- 2/27/2008 07/14/2010 01/01/2015 CLOS No

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Provide the number of	finpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)	
Building Number: BL	.D-01320	Building Name: Clin	nic		_
Type of Service Prov	<u>rided</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	
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	Administration	Renal Dialysis	
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

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Provide the nu	umber of inpatient be	ds and patient days per type of service p	er building per Section 13006	31(c)(1)(F)	
Building Numb	per: BLD-01321	Building Name:	ospital		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
Intensive	eCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric escent	c/Adol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiat Nursing	ric Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetric		0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermed Care	diate Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	S
Skilled N	Jursing Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

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Provide the numb	er of inpatient be	ds and patient days per type of service pe	er building per Section 13006	31(c)(1)(F)	
Building Number:		Building Name:	inic Addition		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCa	re Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Ad escent	lol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postpri	Inpatient tum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitatio Therapy	n
Intermediate Care	e Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialys	is
Skilled Nurs	ing Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plan	t

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:8 of 49 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01320 **Building Number: Building Name:** Clinic Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Days Bed Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:9 of 49 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number:** BLD-01321 **Building Name:** Hospital 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 0 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 0 Inpatient Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:10 of 49 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number:** BLD-01322 **Building Name:** Clinic Addition 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 0 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 0 Inpatient 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-01320	Clinic	Rebuild				
BLD-01321	Hospital	Rebuild				
BLD-01322	Clinic Addition	Rebuild				
BLD-01323	Storeroom	Rebuild				
BLD-01324	West Wing Addition	Rebuild				
BLD-01325	Central Plant	Rebuild				
BLD-01326	East Wing, Low Rise	Rebuild				
BLD-01327	East Wing, Tower	Rebuild				
BLD-01328	Lobby	Rebuild				
BLD-01329	Hospital Addition	Rebuild				
BLD-01330	Pharmacy Addition	Rebuild				

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List ALL proposed new buildings to be constructed at this or another site.

Building Name New Site

N_1 Hospital 2500 Merced Street X

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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 Nun	nber: BLD-01	320	Clinic			Removal Date:	01/01/2015]		
Planned Use	es for the building	g to be remov	ved from acute care	service:						
	_	Demolished		Jurisdiction:						
Nu International	vices currently dursing tensiveCare ediatric/Adol scent sychiatric ursing bstetrical nte/Postprtum termediate are	elivered in th	Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic		Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine		Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant Support Services			
Sk	killed Nursing		Administration				23			

Report Ye	ar: 2016 112	295 Ka	iser Foundation Ho	ospital - Hayward		layward		Page:14 of 49
The project replaced of The plann replaced of	ilding or buildings to cted date or dates the or rebuild buildings as ed uses of the buildin or rebuild buildings as ent service currently	e building w s well. ng or buildi s well.	vill be removed fror ngs to be removed	m service per Sec	etion 130061 (c)(i	2)(A) and provide on 130061(c)(2)(
Building N	umber: BLD-0132	1	Hospital			Removal Date:	01/01/2015	
Planned U	lses for the building t	to be remov	ed from acute care	e service:				
Planned u	use for building: De	molished		Jurisdiction:				
Inpatient s	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing	ivered in th	e building: Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration		Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine		Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant Support Services	

2016	11295 Ka	user Foundation Ho	ospital - Hayward		ayward		Page:15 of 49			
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-01322 Clinic Addition Removal Date:										
es for the buildi	ng to be remov	ved from acute care	e service:							
e for building:	Demolished		Jurisdiction:							
vices currently	delivered in th	e building:								
ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
tensiveCare		Anesthesia				.,				
ediatric/Adol scent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3			
sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant				
termediate are		Dietetic		Nuclear Medicine		Support				
killed Nursing	I _	Administration								
i or or the substitute of the	ing or buildings d date or dates ebuild building uses of the building service currer between the buildings of the buildings o	ing or buildings to be replaced date or dates the building webuild buildings as well. uses of the building or building buildings as well. It service currently delivered in the building. BLD-01322 In the building to be remove for building: Demolished Vices currently delivered in the building building. Demolished Vices currently delivered in the building to be removed by the building to	ing or buildings to be replaced, rebuilt, removed d date or dates the building will be removed from ebuild buildings as well. uses of the building or buildings to be removed ebuild buildings as well. is service currently delivered in the building or but the building or buildings. In ber: BLD-01322	ing or buildings to be replaced, rebuilt, removed from acute care and date or dates the building will be removed from service per Section debuildings as well. It is service currently delivered in the building or buildings per Section debuildings. It is service currently delivered in the building or buildings per Section delivered in the building delivered in the building: It is service currently delivered in the building delivered in the building: It is service currently delivered in the building or buildings per Section It is service currently delivered in the building or buildings per Section It is service currently delivered in the building or buildings per Section It is service currently delivered in the building or buildings per Section It is service currently delivered in the building or buildings per Section It is service currently delivered in the building or buildings per Section It is service currently delivered in the building or buildings per Section It is service currently delivered in the building or building or buildings per Section It is service currently delivered in	ing or buildings to be replaced, rebuilt, removed from acute care service, provide to date or dates the building will be removed from service per Section 130061 (c)(2) ebuild buildings as well. uses of the building or buildings to be removed from acute care service per Section ebuild buildings as well. It service currently delivered in the building or buildings per Section 130061(c)(2)(Comber: BLD-01322 Clinic Addition Sofor the building to be removed from acute care service: In for building: Demolished Jurisdiction: Vices currently delivered in the building: Unique service currently delivered in the building: Unique service currently delivered in the building: Clinical Lab Clinical Lab Clinical Lab Chapter: Radiological/ Imaging Demolished Pharmaceutical Dietetic Nuclear Medicine	ing or buildings to be replaced, rebuilt, removed from acute care service, provide the following: d date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide ebuild buildings as well. uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B ebuild buildings as well. Is service currently delivered in the building or buildings per Section 130061(c)(2)(C) Ther: BLD-01322 Clinic Addition Removal Date: So for the building to be removed from acute care service: The for building: So for the building: Surgical Clinic Addition: Vices currently delivered in the building: Unisdiction: Clinical Lab Cesarean/Deliv Clinical Lab Cesarean/Deliv Radiological/ Imaging Cesarean/Deliv Newborn/ WellBaby Destetrical Telepostprtum Temperature Dietetic Nuclear Medicine	ing or buildings to be replaced, rebuilt, removed from acute care service, provide the following: d date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or date bebuild buildings as well. uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide sa ebuild buildings as well. service currently delivered in the building or buildings per Section 130061(c)(2)(C) There: BLD-01322 Clinic Addition Removal Date: s for the building to be removed from acute care service: of or building: Demolished Jurisdiction: vices currently delivered in the building: ursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy tensiveCare Anesthesia didatric/Adol Cent Recovery Sychiatric Inaging Newborn/ WellBaby Dutpatient Surgery Detectical Central Plant Dietetic Nuclear Medicine Support Services			

Report Year: Kaiser Foundation Hospital - Hayward 2016 11295 Hayward Page:16 of 49 No data reported for Section 130061(c)(2)(D).

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No data reported	d for whethe	er the general	al acute care so	ervices and be	ds will be reloc	ated to a	new, existing or ebuild" or "Repla	retrofitted building a	and any 0061(c)(2)(E).	
oon oop on all ig s	randing onco	, or project in	a	ago mar a b	Januariy 1 (Joseph		osana er riepia	oo por Cookon ro	0001(0)(2)(2).	

Report Year: Kaiser Foundation Hospital - Hayward 2016 11295 Hayward Page:19 of 49 No data reported for Section 130061(c)(3).

Section 130061		 linic	general	acute care nospital		That is falled of o 1
ype of Service	e Provided	 O mind		01		Rehabilitation
		Surgical		Obstetrical Cesarean/Deliv		Therapy
	Nursing	Anesthesia		Obstetrical		Renal Dialysis
	IntensiveCare			Recovery	Ш	, to the Dianyoro
	Pediatric/Adol escent	Clinical Lab		Newborn/		Outpatient Surgery
	Psychiatric	Radiological/ Imaging		WellBaby		
	Nursing	Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtum			Nuclear		Support
		Dietetic		Medicine		Services
	Intermediate Care	Administration				
	Skilled Nursing					

eport Year: 201		aiser Foundation H	ospital - Hayward eat is provided in any	general	Hayward	building t	Page:21 of 4	19
per Section 130061		impatient service ti	lat is provided in any	general	acute care nospital		inat is rated SF C-1	
Building Number:	BLD-01321 Bu	uilding Name: Ho	ospital					
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Renal Dialysis	
	IntensiveCare		Clinical Lab	Ш	Obstetrical Recovery		Nerial Dialysis	
	Pediatric/Adol escent				Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
_	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

eport Year: 201		Kaiser Foundation H			Hayward		Page:22 of	49
Report any general per Section 130061		al inpatient service th	at is provided in any	general	acute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-01322 B	Building Name: CI	nic Addition					
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Danal Diakuria	
	IntensiveCare			Ш	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report the final configuration of all bu requirements whether by retrofit or by per Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ving how each building will comply verthat will be provided in each gene	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-01320	Building Name: Clinic		
Configuration: Rebuild (Per SB9	00 Definition for Rebuild) with new SI	PC5 and NPC4 or NPC5 building.	
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	Support
Skilled Nursing	X Administration	Inducieal Medicine	Services

	hether by retrofit or by				each building will comply be provided in each gen		
uilding Numbe	er: BLD-01321	Building Na	me: Hospital				
Configuration	: Rebuild (Per SB9	0 Definition for	or Rebuild) with new S	PC5 and I	NPC4 or NPC5 building.		
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical				
	Ante/i Ostpitum	_			Emergency	Ш	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing		Administration				Services

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	her by retrofit or by				ach building will comply wi be provided in each genera	
Building Number:	BLD-01322	Building Nar	me: Clinic Addition			
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SP0	C5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol cent	X	Clinical Lab		resorvery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	ermediate		Dietetic			
Ca	tilled Nursing		Administration	Ш	Nuclear Medicine	Support Services
		•				

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	ner by retrofit or by r				ach building will comply wi be provided in each genera		
Building Number:	BLD-01323	Building Nar	ne: Storeroom				
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.		
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 Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical				
All	te/F ostpitum		Di vi		Emergency		Central Plant
Into Ca	ermediate re		Dietetic		Nuclear Medicine	X	Support Services
Ski	illed Nursing		Administration				Gervices

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	hether by retrofit or by				ach building will comply w be provided in each gener	
Building Number	er: BLD-01324	Building Nar	me: West Wing Addition	n		
Configuration:	Rebuild (Per SB9	0 Definition fo	r Rebuild) with new SP0	C5 and N	NPC4 or NPC5 building.	
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	Support
	Skilled Nursing		Administration			Services

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	whether by retrofit or b		ospital campus showing nd the type of service the				
Building Numl	ber: BLD-01325	Building Nam	e: Central Plant				
Configuratio	n: Rebuild (Per SE	390 Definition for	Rebuild) with new SPC	5 and N	IPC4 or NPC5 build	ing.	
Type of Se	rvice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient gery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X Ce	ntral Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		pport rvices
		•					

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	hether by retrofit or by				ach building will comply voe provided in each gene	
Building Numbe	er: BLD-01326	Building Na	me: East Wing, Low F	Rise		
Configuration:	Rebuild (Per SB9	0 Definition fo	r Rebuild) with new SP	C5 and I	NPC4 or NPC5 building.	
Type of Serv	rice 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 Care		Dietetic		Nuclear Medicine	Support
	Skilled Nursing		Administration			 Services

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	ether by retrofit or by				ach building will comply w be provided in each gener		
Building Number	: BLD-01327	Building Na	me: East Wing, Tower				
Configuration:	Rebuild (Per SB9	0 Definition fo	or Rebuild) with new SP0	C5 and N	NPC4 or NPC5 building.		
Type of Servi	ce Provided						
1 X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1/ \	Obstetrical Ante/Postprtum		Pharmaceutical	Х	Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing		Administration			Ш	Services

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	ner by retrofit or by r				ach building will comply wi be provided in each genera		
Building Number:	BLD-01328	Building Nar	me: Lobby				
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	☐ R	Renal Dialysis
	diatric/Adol cent		Clinical Lab		resorvery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic				
Car Ski	re illed Nursing		Administration		Nuclear Medicine		Support Services
		I					

Report Year: 2	016 11295	Kaiser Found	ation Hospital - Hayward	d	Hayward		Page:32 of 49
	ther by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-01329	Building Na	me: Hospital Addition				
Configuration:	Rebuild (Per SB9	0 Definition fo	r Rebuild) with new SPC	C5 and N	NPC4 or NPC5 building.		
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are		Dietetic		Nuclear Medicine	X	Support
SI	killed Nursing		Administration				Services

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	ner by retrofit or by r				ach building will comply wit be provided in each genera	
Building Number:	BLD-01330	Building Nar	ne: Pharmacy Addition	1		
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nui	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	X	Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Cal	re illed Nursing		Administration		Nuclear Medicine	Support Services
	'					

Report Year: 2016	11295 Ka	aiser Foundation	on Hospital - Hayward	Hayward	Page:34 of 49
Include information on 4D and SPC-5 per Sec	the number of tion 130061(e)	npatient beds	by type of Service provided	by buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLL	D-01323	Building N	lame: Storeroom		
Type of Service Prov	<u>rided</u>				
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	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			

port Year: 2016	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:35 of 49
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-01324	Building Nar	me: West Wing Addition		
Type of Service Prov	vided				
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	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2016	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:36 of 49
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-01325	Building Na	me: Central Plant		
Type of Service Prov	vided				
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	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2016	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:37 of 49
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-01326	Building Nar	me: East Wing, Low Rise		
Type of Service Prov	<u>vided</u>				
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	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2016	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:38 of 49		
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: BLD-01327 Building Name: East Wing, Tower							
Type of Service Prov	vided						
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	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

oort Year: 2016	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:39 of 49
Include information or 4D and SPC-5 per Se			y type of Service provided by I	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	.D-01328	Building Na	me: Lobby		
Type of Service Pro	vided				
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	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2016	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:40 of 49
Include information on 4D and SPC-5 per Sec			type of Service provided by by	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01329	Building Na	me: Hospital Addition		
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	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			

port Year: 2016	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:41 of 49
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-01330	Building Nar	me: Pharmacy Addition		
Type of Service Pro	vided				
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	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: BL	D-01323 Buildi	ng Name: Storeroom			
Medical / Surgical (Inclu	ude GYN)	Acute Respiratory Care	Acute Psychiatric		
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Days 0		
Perinatal (Exclude New	born / GYN)	Burn	Skilled Nursing		
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		Intensive Care Newborn Nursery	Intermediate Care		
	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled		
Inpatient 0 Bed	Inpatient 0 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 0		

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:43 of 49 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) BLD-01324 West Wing Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:44 of 49 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) BLD-01325 Central Plant **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:45 of 49 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) BLD-01326 East Wing, Low Rise **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:46 of 49 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) BLD-01327 East Wing, Tower **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:47 of 49 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) BLD-01328 Lobby **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:48 of 49 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) Hospital Addition BLD-01329 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2016 11295 Kaiser Foundation Hospital - Hayward Hayward Page:49 of 49 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) BLD-01330 **Pharmacy Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0