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Office of Statewide Health Planning and Development
Facilities Development
Division

Senate Bill 499 (SB 499) Hospital Report

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

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

Facility Number:	11296							
Facility Name:	Kaiser F	Kaiser Foundation Hospital - Oakland Campus						
Address:	280 W. I	MacArthur Boulevard						
City:	Oakland							
Hospital Owner/Lice	ensee:	Kaiser Foundation Hospitals/ #140000052						
Year of Rep	orting:	2016						
Contact 1 e-mail Ad	ldress:	[Confidential data left blank intentionally.]						
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]						
Contact 3 e-mail Ado	dress::	[Confidential data left blank intentionally.]						
Name of Sub	mitter:	Alan Burkett						
Submission	Date:	10/14/2016 3:58:17 PM						

Report \	/ear: 2016 11296	Kaiser Foundation Hospital - C	Dakland Campus	Oakland		Page:2 of 80		
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- 01331	Unit A Addition	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
BLD- 01332	Second Floor Surgery Addition North	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
3LD- 01333	Second Floor Surgery Addition South	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
BLD- 01334	Lobby Addition	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
BLD- 01335	Southwest Courtyard	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
BLD- 01336	X-Ray Addition	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
BLD- 01337	Hospital, Clinic, Surgery Expansion	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
BLD- 01338	Northeast Court Infill	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
BLD- 01339	Howe Street Addition	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
BLD- 01340	Southeast Court Infill	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
3LD- 01341	Tower Addition	280 W. MacArthur Boulevard	Rebuild	SPC5	01/01/2015	07/01/2014		
3LD- 02617	Emergency Generator Building	280 W. MacArthur Boulevard	Replace	SPC5	01/01/2015	07/01/2014		

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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-01331	Unit A Addition		etrofit/Replacement Yes-Su oject:	ubmitted		
Facility Project Sub Number Number Num	Scope	Plan Ap Date In Da	pproved Projected Projected ate Start Date Completion Da	CEQA Ite Status Review		
11296 IS080551-0 0) PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010 01/01/2015	CLOS No		
	blanned for rebuild, retrofit or replacement, p date or dates and projected Completion da ection 130061(c)(1)(E).					
Building No: BLD-01332	Second Floor Surgery Addition North		etrofit/Replacement Yes-Su oject:	ubmitted		
Facility Project Sub Number Number Num	Scope	Plan Ap Date In Da	pproved Projected Projected ate Start Date Completion Da	CEQA Ite Status Review		
11296 IS080551-0 0) PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010 01/01/2015	CLOS No		
OSHPD FDD SB499 Report	Data Last Update: 10/14/2016	Submission Dat	e: 10/14/2016 Printed: 10/16	5/2016 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-01333	Second Floor Surgery Addition Sou	ith	Retrofit/Replacement Project:	Yes-Submitted			
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Projected Date Start Date	Projected CEQA Completion Date Status Review			
11296 IS080551-0 0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010	01/01/2015 CLOS No			
For each building which is p projected construction start status and approvals per Se	lanned for rebuild, retrofit or replacement, date or dates and projected Completion d ection 130061(c)(1)(E).	, provide the p late or dates p	project numbers, per Section per Section 130061(c)(1)(D)	130061(c)(1)(C). The and the most recent project			
Building No: BLD-01334	Lobby Addition		Retrofit/Replacement Project:	Yes-Submitted			
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Projected Date Start Date	Projected CEQA Completion Date Status Review			
11296 IS080551-0 0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010	01/01/2015 CLOS No			
OSHPD FDD SB499 Report	Data Last Update: 10/14/2016	Submis	sion Date: 10/14/2016	Printed: 10/16/2016 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-01335	Southwest Courtyard Infill		Retrofit/Replacement Project:	Yes-Submitted			
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Projected Date Start Date	Projected CEQA Completion Date Status Review			
11296 IS080551-0 0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010	01/01/2015 CLOS No			
For each building which is p projected construction start status and approvals per Se	lanned for rebuild, retrofit or replacement, date or dates and projected Completion da ection 130061(c)(1)(E).	provide the p ate or dates p	project numbers, per Section per Section 130061(c)(1)(D) a	130061(c)(1)(C). The and the most recent project			
Building No: BLD-01336	X-Ray Addition		Retrofit/Replacement Project:	Yes-Submitted			
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Projected Date Start Date	Projected CEQA Completion Date Status Review			
11296 IS080551-0 0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010	01/01/2015 CLOS No			
OSHPD FDD SB499 Report	Data Last Update: 10/14/2016	Submi	ssion Date: 10/14/2016	Printed: 10/16/2016 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-01337	Hospital, Clinic, Surgery Expansion		Retrofit/Replacement Project:	Yes-Submitted			
Facility Project Sub Number Number Num	Scope	Pl: Date In	an Approved Projected Date Start Date	Projected Completion Date Status	CEQA Review		
11296 IS080551-0 0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010	01/01/2015 CLOS	No		
	lanned for rebuild, retrofit or replacement, adate or dates and projected Completion datection 130061(c)(1)(E).						
Building No: BLD-01338	Northeast Court Infill		Retrofit/Replacement Project:	Yes-Submitted			
Facility Project Sub Number Number Num	Scope	Pla Date In	an Approved Projected Date Start Date	Projected Completion Date Status	CEQA Review		
11296 IS080551-0 0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010	01/01/2015 CLOS	No		
OSHPD FDD SB499 Report	Data Last Update: 10/14/2016	Submissio	n Date: 10/14/2016	Printed: 10/16/2016 6:30 AI	Л		

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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-01339	Howe Street Addition		Retrofit/Replacement Project:	Yes-Submitted			
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Projected Date Start Date	Projected CEQA Completion Date Status Review			
11296 IS080551-0 0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010	01/01/2015 CLOS No			
For each building which is p projected construction start status and approvals per Se	lanned for rebuild, retrofit or replacement, date or dates and projected Completion da ction 130061(c)(1)(E).	provide the p ate or dates p	project numbers, per Section 7 per Section 130061(c)(1)(D) a	130061(c)(1)(C). The ind the most recent project			
Building No: BLD-01340	Southeast Court Infill		Retrofit/Replacement Project:	Yes-Submitted			
Facility Project Sub Number Number Num	Scope	Date In	Plan Approved Projected Date Start Date	Projected CEQA Completion Date Status Review			
11296 IS080551-0 0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008	01/01/2010	01/01/2015 CLOS No			
OSHPD FDD SB499 Report	Data Last Update: 10/14/2016	Submis	ssion Date: 10/14/2016	Printed: 10/16/2016 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-01341 Tower Addi	ition	Retrofit/Repla Project:	acement Yes-Sub	mitted		
Facility Project Sub Number Number Num Scope	Date In		rojected Projected tart Date Completion Date	CEQA Status Review		
11296 IS080551-0 0 PPR - NEW REP (111-902-02)	LACEMENT HOSPITAL 4/15/200	08 0	1/01/2010 01/01/2015	CLOS No		
For each building which is planned for rebuild projected construction start date or dates and status and approvals per Section 130061(c)(I projected Completion date or date					
Building No: BLD-02617 Emergency	Generator Building	Retrofit/Repla Project:	acement Yes-Sub	mitted		
Facility Project Sub Number Number Num Scope	Date In		rojected Projected tart Date Completion Date	CEQA Status Review		
11296 HS081471-0 0 OAKLAND MEDI PLANT (11-902-0	CAL CENTER - CENTRAL 8/20/20()6)	08 10/3/2011 1 12:00:00 AM	2/10/2009 01/01/2015	CLOS No		
OSHPD FDD SB499 Report Data Las	t Update: 10/14/2016 Sub	omission Date: 10/14/2	2016 Printed: 10/16/2	016 6:30 AM		

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD	0-01331	Building Name:	Unit	A Addition		
Type of Service Provid	ded					
	Inpatient Beds	0 Inpatient Days	0	Surgical		Obstetrical Recovery
	Inpatient Beds	0 Inpatient Days	0	Anesthesia		lewborn/ VellBaby
	Inpatient Beds	0 Inpatient Days	0	Clinical Lab		mergency
	Inpatient Beds	0 Inpatient Days	0	Radiologica	al/ 🖵 N	luclear 1edicine
	Inpatient Beds	0 Inpatient Days	0	Dietetic	∏ F	Rehabilitation herapy
	Inpatient Beds	0 Inpatient Days	0	Administrat		tenal Dialysis
	Inpatient	0 Inpatient Days	0	Services		outpatient urgery
	Tota	al Beds this	0	Obstetrical Cesarean/E	Deliv C	Central Plant
OSHPD FDD SB499 Report	Data La	ast Update: 10/14/2016	5 Sub	mission Date: 10/	14/2016 Print	ed: 10/16/2016 6:30 AM

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Provide the number of	f inpatient be	eds and patient days per type of service per	r building per Section 13006	1(c)(1)(F)
Building Number: BL	.D-01332	Building Name: Sec	cond Floor Surgery Addition I	North
Type of Service Prov	<u>vided</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		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/14/2016 Su	bmission Date: 10/14/2016	Printed: 10/16/2016 6:30 AM

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Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BL	D-01333	Building Name: Sec	cond Floor Surgery Addition	South		
Type of Service Prov	<u>/ided</u>					
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
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 Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant		
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/14/2016 Su	bmission Date: 10/14/2016	Printed: 10/16/2016 6:30 AM		

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Provide the number of	inpatient b	eds and patient days per type of service pe	r building per Section 130061	(c)(1)(F)
Building Number: BL	D-01334	Building Name: Lob	bby Addition	
Type of Service Prov	rided			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repor	ť	Data Last Update: 10/14/2016 Su	Ibmission Date: 10/14/2016	Printed: 10/16/2016 6:30 AM

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Provide the number of	inpatient be	eds and patient days per type of service pe	r building per Section 130061	(c)(1)(F)
Building Number: BLC	D-01335	Building Name: Sou	uthwest Courtyard Infill	
Type of Service Provi	ided			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
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Provide the number of inpa	atient beds and patient days per type of service per	building per Section 130061(c)(1)(F)
Building Number: BLD-01	Building Name: X-Ra	ay Addition	
Type of Service Provided			
Nursing Inpa Bed	atient 0 Inpatient 0 ds Days	Surgical	Obstetrical Recovery
IntensiveCare Inpa Bed	atient 0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpa escent Bed	atient 0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpa Nursing Bed	atient 0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpa Ante/Postprtum Bed	atient 0 Inpatient Days 0 ds	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpa Care Bed	atient 0 Inpatient Days 0		Renal Dialysis
Skilled Nursing Inpa Bed	atient 0 Inpatient Days 0	Support Services	Outpatient Surgery
	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Report	Data Last Update: 10/14/2016 Sub	mission Date: 10/14/2016	Printed: 10/16/2016 6:30 AM

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Provide the number of inp	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD-0	Building Name: Hos	oital, Clinic, Surgery Expansion				
Type of Service Provide	Type of Service Provided					
	eds Days	Surgical	Obstetrical Recovery			
	patient 0 Inpatient Days 0 eds	Anesthesia	Newborn/ WellBaby			
	patient 0 Inpatient Days 0 eds	Clinical Lab	Emergency			
	patient 0 Inpatient Days 0 eds	Radiological/ Imaging	Nuclear Medicine			
	patient 0 Inpatient Days 0 eds	Pharmaceutical Dietetic	Rehabilitation Therapy			
	patient 0 Inpatient Days 0 eds	Administration	Renal Dialysis			
	patient 0 Inpatient Days 0 eds	Support Services	Outpatient Surgery			
	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant			
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Provide the number of	inpatient b	eds and patient days per type of service pe	r building per Section 130061	(c)(1)(F)
Building Number: BL	D-01338	Building Name: Nor	rtheast Court Infill	
Type of Service Prov	ided			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
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Provide the number of	inpatient be	eds and patient days per type of service pe	r building per Section 130061	(c)(1)(F)
Building Number: BL	D-01339	Building Name: How	we Street Addition	
Type of Service Prov	<u>vided</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		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repor	rt	Data Last Update: 10/14/2016 Su	bmission Date: 10/14/2016	Printed: 10/16/2016 6:30 AM

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Provide the number of	f inpatient be	eds and patient days per type of service pe	r building per Section 130061	(c)(1)(F)
Building Number: BL	D-01340	Building Name: Sou	utheast Court Infill	
Type of Service Prov	<u>vided</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		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repor	rt	Data Last Update: 10/14/2016 Su	Ibmission Date: 10/14/2016	Printed: 10/16/2016 6:30 AM

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Provide the number of	f inpatient be	eds and patient days per type of service pe	r building per Section 130061	(c)(1)(F)
Building Number: BL	.D-01341	Building Name: Tow	wer Addition	
Type of Service Prov	<u>vided</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		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
		Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Report	rt	Data Last Update: 10/14/2016 Su	ubmission Date: 10/14/2016	Printed: 10/16/2016 6:30 AM

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Provide the number of	f inpatient be	eds and patient days per type of service pe	r building per Section 130061	(c)(1)(F)	
Building Number: BL	.D-02617	Building Name: Em	ergency Generator Building		
Type of Service Prov	Type of Service Provided				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant	
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/14/2016 Su	bmission Date: 10/14/2016	Printed: 10/16/2016 6:30 AM	

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Provide the number of Inpatient beds and patier	nt days per type of unit per building per Section	130061(c)(1)(F)	
Building Number: BLD-01331 Build	ling Name: Unit A Addition		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0
Pediatric	intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0
Intensive Care	Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0
Coronary Care	Chemical Dependency		Beds this ng Per :e
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0
OSHPD FDD SB499 Report Data Last U	pdate: 10/14/2016 Submission Date:	10/14/2016 Printed: 10/16	6/2016 6:30 AM

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Provide the number	r of Inpatient beds and patier	t days per type of uni	t per building per Section	130061(c)(1)(F)	
Building Number:	BLD-01332 Build	ling Name: Sec	ond Floor Surgery Addition	North	
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 Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01333 Building Name: Second Floor Surgery Addition South					
Medical / Surgical (I	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01334 Building Name: Lobby Addition					
Medical / Surgical (Include GYN	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days			
Perinatal (excluse Newborn / G	YN) Burn	Skilled Nursing			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days			
Pediatric	intensive Care Newborn Nursery	Intermediate Card			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service			
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient Bed Days	0 0 0			

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01335 Building Name: Southwest Courtyard Infill					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	intensive Care Newborn Nursery	Intermediate Card			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0			

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Provide the number of Inpatient beds an	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01336 Building Name: X-Ray Addition						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0				

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01337 Building Name: Hospital, Clinic, Surgery Expansion					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	intensive Care Newborn Nursery	Intermediate Card			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0			

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01338 Building Name: Northeast Court Infill					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	intensive Care Newborn Nursery	Intermediate Card			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0			

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01339 Building Name: Howe Street Addition					
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 N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01340 Building Name: Southeast Court Infill					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	intensive Care Newborn Nursery	Intermediate Card			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0			

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Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-01341 Building Name: Tower Addition						
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 Net Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	
Bed Intensive Care Inpatient 0 Bed Coronary Care Inpatient 0	Days	Bed Rehabilitation Center Inpatient Bed Chemical Dependency Inpatient 0	Days	Bed Int. Care / developr Disabled Inpatient 0 Bed Total Beds this Building Per Unit	Days ment Inpatient 0 Days Total Beds this Building Per Service	

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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-02617 Building Name: Emergency Generator Building					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	intensive Care Newborn Nursery	Intermediate Card			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0			

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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-01331	Unit A Addition	Rebuild
BLD-01332	Second Floor Surgery Addition North	Rebuild
BLD-01333	Second Floor Surgery Addition South	Rebuild
BLD-01334	Lobby Addition	Rebuild
BLD-01335	Southwest Courtyard Infill	Rebuild
BLD-01336	X-Ray Addition	Rebuild
BLD-01337	Hospital, Clinic, Surgery Expansion	Rebuild
BLD-01338	Northeast Court Infill	Rebuild
BLD-01339	Howe Street Addition	Rebuild
BLD-01340	Southeast Court Infill	Rebuild
BLD-01341	Tower Addition	Rebuild
BLD-01342	Central Plant	Rebuild
BLD-02617	Emergency Generator Building	Replace
BLD-05860	ED Addition	Rebuild

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List ALL proposed new buildings to be constructed at this or another site.				
Building Number	Building Name	New Site		
N_1	Hospital 275 W. MacArthur Blvd.			
N_2	Central Utility Plant 3459 Piedmont Ave.			

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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-	01331 Unit A A	ddition	Removal 07/01/2014				
Planned Uses for the building to be removed from acute care service: Planned use for building: Demolished Jurisdiction:							
Nursing	y delivered in the building:	Obstetrical	r Rehabilita	tion			
	Anesthesia	Cesarean/De					
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dia	lysis			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatien Surgery	t			
Obstetrical Ante/Postprtun	Pharmaceutical	Emergency	Central PI	ant			
Intermediate Care	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	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 Number: BLD-0133	Second Floor	Surgery Addition North	Removal 07/01/2014 Date:					
Planned Uses for the building to be removed from acute care service:								
Planned use for building: Demolished Jurisdiction:								
Inpatient services currently delivered in the building:								
Nursing	Surgical	Obstetrical Cesarean/De	liv Rehabilitat Therapy	ion				
IntensiveCare	Anesthesia							
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dial	ysis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	ant				
Intermediate Care	Dietetic	Nuclear Medicine	Support Services					
Skilled Nursing	Administration		Services					
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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-0133	3 Second Floor	Surgery Addition South	Removal 07/01/2014 Date:		
Planned Uses for the building to	o be removed from acute care ser	vice:			
Planned use for building: Der	Ju	risdiction:]		
Inpatient services currently deli	vered in the building:				
Nursing	Surgical	Obstetrical Cesarean/Deli	v Rehabilitatio	on	
IntensiveCare	Anesthesia				
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialy	sis	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plar	nt	
Intermediate Care	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Administration		Services		
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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-013	Lobby Addit	ion	Removal 07/01/2014 Date:		
Planned Uses for the building	g to be removed from acute care s	service:			
Planned use for building:	Demolished	Jurisdiction:			
Inpatient services currently d	elivered in the building:				
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitatio	n	
IntensiveCare	Anesthesia				
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialys	is	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	t	
Intermediate Care	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	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 Number: BLD-01335 Southwest C	ourtyard Infill	Removal 07/01/2014 Date:				
Planned Uses for the building to be removed from acute care se	ervice:					
Planned use for building: Demolished J	lurisdiction:					
Inpatient services currently delivered in the building:						
Nursing Surgical	Obstetrical Cesarean/Deliv	v Rehabilitation	n			
IntensiveCare Anesthesia						
Pediatric/Adol Clinical Lab	Obstetrical Recovery	Renal Dialys	is			
Psychiatric Radiological/ Nursing Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Pharmaceutical Ante/Postprtum	Emergency	Central Plant	t			
Intermediate Dietetic Care	Nuclear Medicine	Support Services				
Skilled Nursing 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 Number: BLD-01	336 X-Ray Additio	on	Removal 07/01/2014 Date:		
Planned Uses for the building Planned use for building:	g to be removed from acute care se Demolished	ervice: urisdiction:]		
Inpatient services currently d	elivered in the building:				
Nursing	Surgical Anesthesia	Obstetrical Cesarean/Deli	iv Rehabilitation	on	
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialy	sis	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt	
Intermediate Care	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	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 Number: BLD-0133	Hospital, Clin	ic, Surgery Expansion	Removal 07/01/2014 Date:		
Planned Uses for the building	to be removed from acute care se	ervice:			
Planned use for building: De	-molished J	urisdiction:]		
Inpatient services currently del	livered in the building:				
Nursing	Surgical	Obstetrical Cesarean/Deli	iv Rehabilitati Therapy	on	
IntensiveCare	Anesthesia				
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialy	sis	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt	
Intermediate Care	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Administration		Services		
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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-01338	Northeast Cou	rt Infill	Removal 07/01/2014 Date:		
Planned Uses for the building to	be removed from acute care ser	vice:			
Planned use for building: Dem	Ju	risdiction:			
Inpatient services currently deliv	vered in the building:				
Nursing	Surgical	Obstetrical Cesarean/Deliv	/ Rehabilitatio	'n	
IntensiveCare	Anesthesia				
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialys	sis	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	t	
Intermediate Care	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	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 Number: BLD-013	Howe Stree	et Addition	Removal 07/01/2014 Date:		
Planned Uses for the building	to be removed from acute care	service:			
Planned use for building:	emolished	Jurisdiction:]		
Inpatient services currently de	elivered in the building:				
Nursing	Surgical	Obstetrical Cesarean/Deli	v Rehabilitatio	n	
IntensiveCare	Anesthesia				
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialys	is	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	t	
Intermediate Care	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	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 Number: BLD-01340 Southeast Court Infill Removal Date: Planned Uses for the building to be removed from acute care service: Planned use for building: Demolished
Planned Uses for the building to be removed from acute care service:
Planned use for building: Demolished Jurisdiction:
Inpatient services currently delivered in the building:
Nursing Surgical Obstetrical Rehabilitation Therapy
IntensiveCare Anesthesia
Pediatric/Adol Clinical Lab Obstetrical Renal Dialysis escent Recovery
Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery
Obstetrical Ante/Postprtum Pharmaceutical Emergency Central Plant
Intermediate Dietetic Support Care Support
Skilled Nursing 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 Number: BLD-0134	1 Tower Addition		Removal 07/01/2014 Date:		
Planned Uses for the building to	b be removed from acute care serv	vice:			
Planned use for building: Der	nolished Jur	isdiction:]		
Inpatient services currently deli	vered in the building:				
Nursing	Surgical	Obstetrical Cesarean/Deli	v Rehabilitatic	n	
IntensiveCare	Anesthesia		v <u> </u>		
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialys	sis	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	t	
Intermediate Care	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Administration		Services		
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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-(2617 Emergend	cy Generator Building	Removal 07/01/2014 Date:			
Planned Uses for the build	ing to be removed from acute car	e service:				
Planned use for building:	Demolished	Jurisdiction:]			
Inpatient services currently	delivered in the building:					
Nursing	Surgical	Obstetrical Cesarean/Del	iv Rehabilitation	on		
IntensiveCare	Anesthesia					
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialy	sis		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt		
Intermediate Care	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Administration					
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No data reporte	d for Sectio	n 130061(c))(2)(D).		

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

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Report whether the general acu building sites or project numbers	te care services and be s for buildings with a Bເ	ds will be relocated to a ilding Resolution of "Re	a new, existing or re ebuild" or "Replace"	etrofitted building and any co " per Section 130061(c)(2)(E	prresponding E)
Building Number: Will general acute care services Intensive Care Newborn Nursery		wer Addition ated to a new, Existing o	or retrofitted buildin	ıg?	
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No data reported	for Sectio	n 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-01331 Buildin	g Name: Unit A Addition						
Type of Service	e Provided							
		Surgical	Obstetrical Cesarean/Deli	v Rehabi Therap				
	Nursing	Anesthesia						
	IntensiveCare		Obstetrical Recovery	Renal [Dialysis			
	Pediatric/Adol escent	Clinical Lab		Outpati Surgery				
		Radiological/ Imaging	Newborn/ WellBaby		/			
	Psychiatric Nursing	Pharmaceutical	Emergency	Central	l Plant			
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service				
	Intermediate Care	Administration						
	Skilled Nursing							
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r Section 130061(c)(4) ilding Number: BLD-01332 Building	g Name: Second Floor Surgery	Addition North		
Type of Service Provided	Surgical	Obstetrical Cesarean/Deliv	Rehabilita Therapy	ition
Nursing	Anesthesia	Cesarean/Denv	morupy	
IntensiveCare		Obstetrical Recovery	Renal Dia	lysis
Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpatien Surgery	t
Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central PI	ant
Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
Intermediate Care	Administration			
Skilled Nursing				

ding Number: BLD-01333	Building Name: S	econd Floor Surgery	Addition S	South	
Type of Service Provided		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Nursing IntensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent		Clinical Lab Radiological/		Newborn/ WellBaby	Outpatient Surgery
Psychiatric Nursing		Imaging Pharmaceutical		Emergency	Central Plant
Obstetrical Ante/Postprtur	n 🗌	Dietetic		Nuclear Medicine	Support Services
Intermediate Care		Administration			
Skilled Nursing	3				

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Report any general per Section 130061		tient service that is provided in any	general acute care hospital b	ouilding that is rate	əd SPC-1
Building Number:	BLD-01334 Building	g Name: Lobby Addition			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing	Anesthesia	_		
	IntensiveCare		Obstetrical Recovery	Renal [Jaiysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surgery	
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	t
	Intermediate Care	Administration			
	Skilled Nursing				
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oort Year: 201 eport any general er Section 130061	acute care hospital inpa	er Foundation Hospital - Oakland Ca	· · · · · · · · · · · · · · · · · · ·	building that is rate	ed SPC-1
Building Number:	BLD-01335 Buildir	ng Name: Southwest Courtyard I	nfill		
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy	
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis
	Pediatric/Adol	Clinical Lab		Outpatie	ent
	escent	Radiological/	Newborn/ WellBaby	Surgery	
	Psychiatric Nursing	Imaging	,		
	indising	Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum		Nuclear Medicine	Support Services	
		Dietetic	Medionie		
	Intermediate Care	Administration			
	Skilled Nursing	I			

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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-01336 Building	g Name: X-Ray Addition						
Type of Service	Provided							
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy				
	Nursing	Anesthesia	_					
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis			
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surgery				
	Psychiatric Nursing	Radiological/ Imaging						
	Obstetrical	Pharmaceutical	Emergency	Central	Plant			
	Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service				
	Intermediate Care	Administration						
	Skilled Nursing							
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ilding Number: BLD-01337 Building	g Name: Hospital, Clinic, Surge	ry Expansion		
Type of Service Provided	Surgical	Obstetrical Cesarean/Deliv	Rehabilita Therapy	tion
Nursing	Anesthesia	Cesarean/Deliv	тегару	
IntensiveCare		Obstetrical Recovery	Renal Dia	lysis
Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpatient Surgery	t
Psychiatric Nursing	Imaging	Emergency	Central Pl	ant
Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
Intermediate Care	Administration			
Skilled Nursing				

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Report any general acute care hospital inpa per Section 130061(c)(4)	tient service that is provided in any g	jeneral acute care hospital bu	ilding that is rate	d SPC-1
Building Number: BLD-01338 Building	g Name: Northeast Court Infill			
Type of Service Provided				
	Surgical	Obstetrical Cesarean/Deliv	Rehabili Therapy	
Nursing	Anesthesia	_		ielucie
IntensiveCare		Obstetrical Recovery	Renal D	laiysis
Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpatie Surgery	
Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central	Plant
Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
Intermediate Care	Administration			
Skilled Nursing				
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Report any general per Section 130061	acute care hospital inpat (c)(4)	tient service that is provided in any	general acute care hospital l	ouilding that is rate	ed SPC-1
Building Number:	BLD-01339 Building	g Name: Howe Street Addition			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy	
	Nursing	Anesthesia	_		
	IntensiveCare		Obstetrical Recovery	Renal D	Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surgery	
	Psychiatric Nursing	Imaging	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	t
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061		tient service that is provided in any g	general acute care hospita	I building that is rate	ed SPC-1
Building Number:	BLD-01340 Building	g Name: Southeast Court Infill			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing	Anesthesia	—		Diskusia
	IntensiveCare		Obstetrical Recovery	Renal I	Jiaiysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surgery	
	Psychiatric Nursing	Imaging			
	Obstetrical	Pharmaceutical	Emergency	Central	
	Ante/Postprtum	Dietetic	Medicine	Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061		itient service that is provided in any g	general acute care hospital b	ouilding that is rate	d SPC-1
Building Number:	BLD-01341 Buildin	g Name: Tower Addition			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabili Therapy	
	Nursing	Anesthesia	_		ielusia
	IntensiveCare		Obstetrical Recovery	Renal D	ialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpatie Surgery	
	Psychiatric Nursing	Imaging			
	Obstetrical	Pharmaceutical	Emergency	Central	Plant
	Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care	Administration			
	Skilled Nursing				
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ilding Number:	BLD-02617 Buildin	g Name: Emergency Generator	Building		
Type of Service	Provided		_	_	
		Surgical	Obstetrical Cesarean/Deliv	Rehabilita Therapy	ation
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal Dia	alysis
	Pediatric/Adol	Clinical Lab	Noovery		-t
	escent		Newborn/	Outpatier Surgery	It
	Psychiatric	Radiological/ Imaging	WellBaby		
	Nursing	Pharmaceutical	Emergency	Central P	Vlant
	Obstetrical Ante/Postprtum		Nuclear	Support	
	Anterrostphum	Dietetic	Medicine	Services	
	Intermediate				
	Care	Administration			
	Skilled Nursing				

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Report the final configuration of requirements whether by retrofit per Section 130061(c)(5)											
Building Number: BLD-01331 Building Name: Unit A Addition											
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.											
Type of Service Provided											
Nursing	Surgi	ical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy						
IntensiveCare	Anes	othesia	Obstetrical Recovery	Rena	al Dialysis						
Pediatric/Adol escent	X Clinic	cal Lab	Recovery								
Psychiatric Nursing	Radi Imag	iological/	Newborn/ WellBaby	Outp Surg	patient jery						
Obstetrical Ante/Postprtum		rmaceutical	Emergency	Cent	tral Plant						
Intermediate Care	Diete	etic									
Skilled Nursing	X Adm	inistration	Nuclear Medicine		port vices						
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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-01332	Building Na	me: Second Floor Sur	gery Add	ition North					
Configuration:	N/A									
Type of Service	e Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol cent		Clinical Lab							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant			
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
Sk	tilled 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-01333	Building Na	me: Second Floor Surg	gery Add	ition South					
Configuration:	Rebuild (Per SB9	0 Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.					
Type of Service	Provided									
Nu Nu	ırsing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant			
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
Sk	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-01334	Building Nan	ne: Lobby Addition							
Configuration:	Rebuild (Per SB	90 Definition fo	r Rebuild) with new SP0	C5 and N	IPC4 or NPC5 building.					
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		,					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support			
Sk	illed Nursing	X	Administration				Services			
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	her by retrofit or by				ach building will comply wi be provided in each genera		
Building Number:	BLD-01335	Building Nam	ne: Southwest Courty	ard Infill			
Configuration:	Rebuild (Per SB	90 Definition for	Rebuild) with new SPO	C5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		,		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing	X	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-01336	Building Na	me: X-Ray Addition							
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service	Provided									
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab							
	ychiatric rsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte Ca	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: BLD-	-01337 Building N	ame: Hospital, Clinic, S	Surgery Ex	pansion						
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service Prov	ided									
Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	eCare X	Anesthesia		Obstetrical Recovery		Renal Dialysis				
Pediatric escent	c/Adol	Clinical Lab	_							
Psychiat Nursing	tric	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery				
Obstetric Ante/Pos		Pharmaceutical		Emergency		Central Plant				
Intermed Care	diate	Dietetic	X	Nuclear Medicine		Support				
Skilled N	lursing	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-01338	Building Na	me: Northeast Court	t Infill						
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab							
	ychiatric Irsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support			
Sk	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-01339	Building Nar	me: Howe Street Add	dition					
Configuration:	Rebuild (Per SE	390 Definition fo	r Rebuild) with new S	PC5 and N	IPC4 or NPC5 building.				
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	diatric/Adol cent		Clinical Lab		,				
	ychiatric Irsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support		
Sk	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-01340	Building Na	me: Southeast Court	Infill					
Configuration:	Rebuild (Per SE	390 Definition fo	or Rebuild) with new Sl	PC5 and N	IPC4 or NPC5 building.				
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	diatric/Adol cent	X	Clinical Lab						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum	X	Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support		
Sk	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-01341	Building Na	me: Tower Addition					
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Service	Provided							
X Nu	ursing	X	Surgical	X	Obstetrica Cesarean		X	Rehabilitation Therapy
X Int	ensiveCare	X	Anesthesia	X	Obstetrica Recovery			Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Receivery			
	sychiatric Irsing		Radiological/ Imaging	Х	Newborn/ WellBaby		X	Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emergen	cv		Central Plant
	ermediate		Dietetic			- ,		
Ca	are tilled Nursing	X	Administration		Nuclear M	<i>ledicine</i>	X	Support Services
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)							
Building Number:	BLD-01342	Building Na	me: Central Plant				
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.							
Type of Service	Provided						
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		,		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant
Inte Ca	ermediate 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-02617 Building Name: Emergency Generator Building								
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Service	Provided							
Nu	ırsing	s	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare	A	nesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab	_				
	ychiatric Irsing		Radiological/ maging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical ite/Postprtum	F	Pharmaceutical		Emergency		Central Plant	
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support	
Sk	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-05860	Building Na	me: ED Addition					
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Service	Provided							
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support	
Sk	illed Nursing		Administration				Services	
	Depert			Cut i		Deinte 1	40/46/2040 0:20 114	
OSHPD FDD SB499 R	Report	Data Last Updat	e: 10/14/2016	Submiss	ion Date: 10/14/2016	Printed:	10/16/2016 6:30 AM	

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Include information on 4D and SPC-5 per Sec		npatient beds	by type of S	Service provided by bu	ildings that are classified a	as SPC-2, SI	PC-3, SPC-4, SPC-
Building Number: BLI	D-01342	Building N	lame: Ce	ntral Plant]
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		pport vices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					
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Include information on the number of inpatient beds by type of 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:	BLD-05860	Building Na	ame: ED Addition			
Type of Service	Provided					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCa	are Inpatient Beds	0	Anesthesia			
Pediatric/A	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postp		0	Pharmaceutical	Emergency	Central Plant	
Intermediat	te Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services	
Skilled Nur	sing Inpatient Beds	0	Administration			
Total Beds Building	this	0				
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Report Year: 2016 11296 Kaiser Formation	oundation Hospital - Oakland Campus	akland	Page:79 of 80			
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-01342 Build	ding Name: Central Plant					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Coronary Care	Chemical Dependency		Beds this ng Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic	0			
OSHPD FDD SB499 Report Data Last U	pdate: 10/14/2016 Submission Date:	10/14/2016 Printed: 10/16/2	2016 6:30 AM			

	aiser Foundation Hospital - Oakland Campus	OaklandPage:80 of 80that are classified as SPC-2, SPC-3, SPC-4, SPC-
4D and SPC-5 per Section 130061(e)	salient beds by type of drift provided by buildings	
Building Number: BLD-05860	Building Name: ED Addition	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Bed 0 Days
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Bed 0 Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days) Inpatient 0 Inpatient 0 Bed Days
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Bed Days	0 Inpatient 0 Inpatient 0 Bed Days	Bed Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per
Inpatient 0 Inpatient Days	0 Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0
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