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.

Facility Number:	10919		
Facility Name:	O'Conn	or Hospital	
Address:	2105 F	prest Avenue	
City:	San Jos	se	
Hospital Owner/Licensee:		Verity Health	
Year of Re	porting:	2017	
Contact 1 e-mail A	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail A	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Ad	ddress::	[Confidential data left blank intentionally.]	
Name of Su	bmitter:	Thomas Yang	
Submissio	n Date:	1/4/2018 3:11:32 PM	

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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	Building Final SPC Rating uilding Name Alternate Building Address Resolution If Required		Extension Date	Anticipated Completion Date	
BLD- 02278	1953 Building	2105 Forest Avenue	Retrofit	SPC2	01/01/2020	07/01/2019
BLD- 02279	1953 Boiler House / Laundry	2105 Forest Avenue	Replace	SPC2	01/01/2020	07/01/2019

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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-02278 1953 Building Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10919	IS110669-0	0		4/11/2011		12/20/2017	08/12/2019	ACTI	No
10919	SS110401-0	0		2/28/2011	6/23/2011 12:00:00 AM	11/27/2013	09/27/2012	CLOS	No

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

1953 Boiler House / Laundry

Building No:

BLD-02279

Proiect: Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Date In Scope ACTI No IS110665-0 0 4/11/2011 11/19/2018 10919 12/20/2017 10919 SS110401-0 0 2/28/2011 6/23/2011 11/27/2013 09/27/2012 CLOS No 12:00:00 AM

Retrofit/Replacement

No

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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: BL	.D-02278	Building Name: 19	53 Building						
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	X Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	beas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant					

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: Type of Service Pro		Building Name: 19	953 Boiler House / Laundry						
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	Rehabilitat Therapy	ion				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dial	ysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	ant				

Report Year: 2017 10919 O'Connor Hospital San Jose Page:6 of 42 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02278 **Building Number: Building Name:** 1953 Building 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: 2017 10919 O'Connor Hospital San Jose Page:7 of 42 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 1953 Boiler House / Laundry **Building Number:** BLD-02279 **Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Bed Days Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-02278	1953 Building	Retrofit
BLD-02279	1953 Boiler House / Laundry	Replace
BLD-02280	1969 Addition	Remain
BLD-02281	Replacement Facility	Remain
BLD-02282	Replacement Boiler House	Remain
BLD-03316	2005 Emergency Expansion	Remain
BLD-03318	Linear Accelerator	Remain
BLD-03319	Canopy 1	Remain
BLD-03320	Canopy 2	Remain
BLD-05675	2005 Emergency Expansion Canopy	Remain

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

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)											
Building Number: BLD-02279 1953 Boiler House / Laundry Removal Date: 07/01/2019											
Planned Uses	s for the buildir	ng to be ren	noved from acute care ser	vice:							
Planned use	for building:										
Inpatient serv	vices currently	delivered in	the building:								
	irsing ensiveCare		Surgical Anesthesia		Obstetrical Cesarean/Deli	V		Rehabilitation Therapy			
	ediatric/Adol cent		Clinical Lab		Obstetrical Recovery			Renal Dialysis			
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery			
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		X	Central Plant			
☐ Int Ca	ermediate are		Dietetic		Nuclear Medicine		X	Support Services			
Sk	illed Nursing	1	Administration								

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No data reported for Section 130061(c)(2)(D).									

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No data reported for Section 130061(c)(2)(D).									

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)										
Building Number: BLD-02279 Building Name: 1953 Boiler House / Laundry										
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?										
Support Services N/A										
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)										
Building Number: BLD-02279 Building Name: 1953 Boiler House / Laundry										
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?										
CentralPlant N/A										

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No data reporte	d for Section	130061(c)	(3).		

ng Number:	BLD-02278 Buildi	ng Name: 19	953 Building			
pe of Servic	e Provided	I \square	Surgical	Obstetrical		Rehabilitation
	Nursing		3 ***	Cesarean/Deliv		Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab	 Recovery		Outpatient
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursing		, turning action			

lding Number:	BLD-02279 Buildi	ng Name: 19	953 Boiler House / La	undry			
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery Newborn/		Outpatient Surgery
	Psychiatric Nursing		Radiological/ Imaging		WellBaby		0
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency Nuclear Medicine	X	Central Plant Support Services
	Intermediate		Dietetic		wedicine		Services
	Care Skilled Nursing		Administration				

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	by retrofit or by re				ach building will comply wit be provided in each genera		
Building Number: Bl	_D-02278	Building Nar	me: 1953 Building				
Configuration:	etrofit Non-Confo	rming buildir	ng to SPC 2 and NPC 3	and rem	nove from service by 2030		
Type of Service Pr	ovided						
Nursir	ng		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intens	iveCare		Anesthesia		Obstetrical		Renal Dialysis
Pedia escen	tric/Adol t		Clinical Lab		Recovery		
Psych Nursir			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obste Ante/F	trical Postprtum		Pharmaceutical		Emergency		Central Plant
	nediate		Dietetic		_morgoney	_	oo.marrian
Care	d Nursing	X	Administration		Nuclear Medicine	Х	Support Services

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	her by retrofit or by				ach building will comply wi be provided in each genera		
Building Number:	BLD-02279	Building Nar	me: 1953 Boiler House	e / Laund	lry		
Configuration:	Replace with exist	ing SPC3, SI	PC4, SPC4D or SPC5 a	nd NPC	4 or NPC5 building.		
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		reservery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	termediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine	X	Support Services
		-					

Report Year:	2017 10919	O'Connor Ho	spital		San Jose		Page:19 of 42
	nether by retrofit or by				ach building will comply wo be provided in each genera		
Building Number	r: BLD-02280	Building Na	me: 1969 Addition				
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SP	C5 and N	NPC4 or NPC5 building.		
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical				
	Intermediate		Dietetic	X	Emergency		Central Plant
	Care	X	Administration	X	Nuclear Medicine	X	Support Services
	Skilled Nursing	l					

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	al configuration of all bu whether by retrofit or by 30061(c)(5)						
Building Num	ber: BLD-02281	Building Na	me: Replacement Fa	acility			
Configuration	n: Retrofit Conformi	ng building to	NPC 4 or NPC 5				
Type of Se	ervice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery	X	Renal Dialysis
X	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic		Lineigeney		Communitiem
X	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services
X	Skilled Nursing	X	Administration				23333

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Report the final or requirements wh per Section 1300	nether by retrofit or by	dings on the replacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply be provided in each gene	with the SPC- eral acute care	5/NPC-4 or 5 e hospital building
Building Number	r: BLD-02282	Building Nar	ne: Replacement Bo	ler House	9		
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Receivery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X (Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration	_			Services

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	her by retrofit or by				ach building will comply on provided in each gene		
Building Number:	BLD-03316	Building Na	me: 2005 Emergency	Expansion	on		
Configuration:	Retrofit Conformi	ng building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation erapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	Re	enal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		utpatient rgery
	ostetrical		Pharmaceutical				
An	nte/Postprtum			X	Emergency	Ce	entral Plant
	ermediate are		Dietetic		Nuclear Medicine		upport
Sk	illed Nursing		Administration			50	ervices

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Report the final or requirements wh per Section 1300	ether by retrofit or by	ldings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply voe provided in each gene	vith the SPC- ral acute care	-5/NPC-4 or 5 e hospital building
Building Number	: BLD-03318	Building Na	me: Linear Accelerato	r			
Configuration:	Rebuild (Per SB9	0 Definition fo	or Rebuild) with new SP	C5 and N	NPC4 or NPC5 building.		
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine		Support
:	Skilled Nursing		Administration				Services

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Report the final co requirements whet per Section 13006	ther by retrofit or by	ldings on the replacement	hospital campus show and the type of service	ing how e that will b	ach building will comply on provided in each gene	with the SPC eral acute car	e-5/NPC-4 or 5 te hospital building
Building Number:	BLD-03319	Building Na	me: Canopy 1				
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
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	X	Central Plant
	termediate are		Dietetic	П	Nuclear Medicine	П	Support
SI	killed Nursing		Administration			_	Services

Report Year:	2017 10919	O'Connor Ho	spital		San Jose		Page:25 of 42
Report the final requirements who per Section 130	hether by retrofit or by	ldings on the replacement	hospital campus show and the type of service	ing how e that will l	ach building will comply be provided in each gene	with the SPC- eral acute care	5/NPC-4 or 5 e hospital building
Building Numbe	er: BLD-03320	Building Na	me: Canopy 2				
Configuration:	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X c	Central Plant
	Intermediate Care		Dietetic	П	Nuclear Medicine		Support
	Skilled Nursing		Administration				Services

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	her by retrofit or by				ach building will comply voe provided in each gene		
Building Number:	BLD-05675	Building Na	me: 2005 Emergency	Expansion	on Canopy		
Configuration:	Retrofit Conformi	ng building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	ostetrical		Pharmaceutical			_	
— An	nte/Postprtum			Ш	Emergency	X C	entral Plant
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration			S	Services

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Include informa 4D and SPC-5	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 Numbe	Building Number: BLD-02280 Building Name: 1969 Addition							
Type of Servi	ce Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy			
Intensive	eCare Inpatient Beds	0	Anesthesia					
Pediatric escent	:/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiate Nursing	ric Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetric Ante/Pos		0	Pharmaceutical	X Emergency	Central Plant			
Intermed Care	liate Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services			
Skilled N	lursing Inpatient Beds	0	X Administration					
Total Bed Building	ds this	0						

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	e information on t d SPC-5 per Sec			/ type of S	Service provided by b	uildi	ngs that are classified a	as SPC-2	2, SPC-3, SPC-4, SPC-
Buildi	ng Number: BLD	D-02281	Building Na	me: Re	placement Facility				
Туре	of Service Prov	<u>ided</u>							
X	Nursing	Inpatient Beds	210	X	Surgical		X Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	32	X	Anesthesia				
X	Pediatric/Adol escent	Inpatient Beds	27	X	Clinical Lab		X Obstetrical Recovery	X	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		X Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	65	X	Pharmaceutical		Emergency		Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services
X	Skilled Nursing	Inpatient Beds	24	X	Administration				
	Total Beds this Building		358						

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BL	Building Number: BLD-02282 Building Name: Replacement Boiler House							
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	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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Include information on 4D and SPC-5 per Sec			type of Service provided by	v buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-03316	Building Nar	me: 2005 Emergency Exp	ansion	
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	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year:	2017	10919	O'Connor Hospit	tal		San Jose		Page:31 of 42
	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 Nun	mber: BLD	-03318	Building N	lame: Lir	ear Accelerator			
Type of Se	rvice Provi	ded						
Nursir	ng	Inpatient Beds	0		Surgical	Obstetri Cesarea		Rehabilitation Therapy
Intens	siveCare	Inpatient Beds	0		Anesthesia			
Pediate escen	tric/Adol it	Inpatient Beds	0		Clinical Lab	Obstetri Recover		Renal Dialysis
Psych Nursir		Inpatient Beds	0	X	Radiological/ Imaging	Newborn WellBab		Outpatient Surgery
Obste Ante/F	etrical Postprtum	Inpatient Beds	0		Pharmaceutical	Emerge	ncy	Central Plant
Interm Care	nediate	Inpatient Beds	0		Dietetic	Nuclear Medicine		Support Services
Skilled	d Nursing	Inpatient Beds	0		Administration			
Total I Buildir	Beds this ng		0					

Report Year: 2017	10919	O'Connor Hospit	tal	San Jose	Page:32 of 42		
	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-03319 Building Name: Canopy 1							
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	X Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

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Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-03320	Building Nar	me: Canopy 2		
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	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BL	Building Number: BLD-05675 Building Name: 2005 Emergency Expansion Canopy						
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	X 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) BLD-02280 1969 Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 0 Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Davs Bed Days Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 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 Days Bed Bed Days 0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

4D and SPC-5 per Section 130061(e)						
Building Number: BLD-02281 Build	Replacement Facility					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 210 Inpatient 24050 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 65 Inpatient 5671 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 24 Inpatient 7893 Bed Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 27 Inpatient 1653 Bed Days	Inpatient 10 Inpatient 1265 Bed Days	Inpatient 0 Inpatient 0 Days				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 14 Inpatient 3973 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days				
Coronary Care	Chemical Dependency	Total Beds this Building Per Building Per				
Inpatient 8 Inpatient 1402 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 358				

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Report Year: 2017 10919 O'Connor Hospital San Jose Page:40 of 42 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-03319 Canopy 1 **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 Inpatient 0 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

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