## 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:	11210		
Facility Name:	Alameda	a Hospital	
Address:	2070 Cli	nton Ave	
City:	Alameda		
Hospital Owner/Lic	ensee:	Alameda Health System	
Year of Rep	oorting:	2017	
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Address:		[Confidential data left blank intentionally.]	
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]	
Name of Sub	omitter:	Kristen Thorson	
Submission	n Date:	10/30/2017 11:35:57 AM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01278	Original Hospital	2070 Clinton Ave	Replace	SPC2	01/01/2020	10/31/2019
BLD- 01279	Stephens Wing	2070 Clinton Ave	Retrofit	SPC2	01/01/2020	04/01/2019

Report Year: 11210 Alameda Hospital Page:3 of 36 2017 Alameda 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). Original Hospital Yes-Submitted Building No: BLD-01278 Retrofit/Replacement Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 11210 IS101131-0 0 SPC-2 UPGRADE & KITCHEN 6/30/2010 01/01/2015 ACTI No RELOCATION For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). Yes-Submitted BLD-01279 Stephens Wing Building No: Retrofit/Replacement Project: CEQA Facility Project Sub Plan Approved Projected Projected Completion Date Status Date Start Date Review Number Number Num Scope Date In 11210 IS101131-0 0 SPC-2 UPGRADE & KITCHEN 6/30/2010 01/01/2015 01/01/2018 ACTI No RELOCATION

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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-01278	Building Name: Or	iginal Hospital			
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   X 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		
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant		

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Prov	ide the number of	inpatient be	ds and patient days per type of s	ervice per building per Sec	tion 130061(c)(1)(F)	
Build	ling Number: BL	D-01279	Building Name:	Stephens Wing		
<u>Туре</u>	of Service Prov	<u>rided</u>		_		
X	Nursing	Inpatient Beds	31 Inpatient 492 Days	22 Surgical	Obstetrica Recovery	al
	IntensiveCare	Inpatient Beds	0 Inpatient Days	0 Anesthesi	ia Newborn/ WellBaby	
	Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days	0 Clinical La	ab Emergend	cy
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Days	Radiologic Imaging	cal/ Nuclear Medicine	
	Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days	Dietetic	eutical Rehabilita Therapy	ition
	Intermediate Care	Inpatient Beds	0 Inpatient Days	O Administra	<u> </u>	
×	Skilled Nursing	Inpatient Beds	23 Inpatient Days 775	_	Outpatient Surgery	L
		2000	Total Beds this Building	54 Obstetrica Cesarean		ant

Report Year: 2017 11210 Alameda Hospital Alameda Page:6 of 36 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01278 **Building Number: Building Name:** Original Hospital Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 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 11210 Alameda Hospital Alameda Page:7 of 36 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number:** BLD-01279 **Building Name:** Stephens Wing Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** 4765 Inpatient 31 Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient | 7757 Inpatient Inpatient Inpatient Inpatient 0 Inpatient 23 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 54 Inpatient Inpatient 54 Inpatient Inpatient 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-01278	Original Hospital	Replace
BLD-01279	Stephens Wing	Retrofit
BLD-01280	West Wing	Remain
BLD-01281	South Wing	Remain
BLD-01282	Radiology Addition	Remain
BLD-01283	Medical Gas Storage	Remain
BLD-02630	Compactor Shed	Remain
BLD-03120	Emergency Room Relocation	Remain

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No proposed ne	ew buildings	to be const	ructed at this or another site.		

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The projected date or dates the replaced or rebuild buildings and The planned uses of the buildings are replaced or rebuild buildings are	ing or buildings to be removed from a	ce per Section 130061 (cacute care service per Se	c)(2)(A) and provide said date of ction 130061(c)(2)(B) and prov	
Building Number: BLD-012	78 Original Hospital		Removal 10/31/201	9
Planned Uses for the building	to be removed from acute care service	ce:		
Planned use for building: Ot	Juris	ediction:		
Other Usage: no	n general acute care services			
Inpatient services currently de	elivered in the building:			
Nursing	Surgical	Obstetrical Cesarean/De	Rehabilit Therapy	
IntensiveCare	Anesthesia		_	
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Di	alysis
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery	nt
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central F	Plant
Intermediate Care	X Dietetic	Nuclear Medicine	X Support Services	
Skilled Nursing	X Administration			

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

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No data reporte	ed for Section	n 130061(c	)(2)(D).		

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Report whether the general acute care services and beds will be relocated to a nebuilding sites or project numbers for buildings with a Building Resolution of "Rebu	ew, existing or retrofitted building and ild" or "Replace" per Section 130061	d any corresponding (c)(2)(E)
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or redicted to a new or reduced to a new or reduc		
Report whether the general acute care services and beds will be relocated to a nebuilding sites or project numbers for buildings with a Building Resolution of "Rebu		
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or read Administration  N/A		
Report whether the general acute care services and beds will be relocated to a ne building sites or project numbers for buildings with a Building Resolution of "Rebu		
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or results.  Support Services  N/A	retrofitted building?	

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No data reporte	ed for Section	n 130061(c)	0(3).		

ng Number:	BLD-01278 Buildi	ng Name: O	riginal Hospital			
pe of Servic	e Provided	I	Surgical	Obstetrical		Rehabilitation
	Nursing		Accellance	 Cesarean/Deliv		Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		Gurgery
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration			
	Skilled Nursing					

lding Number:	BLD-01279 Buildi	ng Name: S	tephens Wing				
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing		Anesthesia	Obstetrical		Renal Dialysis	
	IntensiveCare Pediatric/Adol		Clinical Lab	Recovery		Outpatient	
	escent Psychiatric		Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Nursing		Pharmaceutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration				
X	Skilled Nursing						

ding Number:	BLD-01278 B	uilding Na	me: Original Hospital			
onfiguration:	Replace with existing	g SPC2 an	d NPC3 building and re	emove fro	m service in 2030.	
ype of Service	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Receivery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov	Central Plant
	termediate		Dietetic		Emergency	Ochilai Fiant
	are killed Nursing		Administration		Nuclear Medicine	Support Services

t the Cool on		Alameda Hos			Alameda	10. 0. O.D	Page:18 of 36
	her by retrofit or by				ach building will comply be provided in each gen		
uilding Number:	BLD-01279	Building Na	me: Stephens Wing				
Configuration:	Retrofit Non-Confe	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 203	30	
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic				
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services

ner by retrofit or by re				ach building will comply voe provided in each gene		
BID 01280						
DLD-01200	Building Nai	me: West Wing				
Replace with existing	ıg SPC3, SI	PC4, SPC4D or SPC5 a	and NPC	4 or NPC5 building.		
Provided						
rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
diatric/Adol cent		Clinical Lab		recovery		
ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
ermediate		Dietetic				
illed Nursing		Administration		Nuclear Medicine		Support Services
1	Provided  rsing  ensiveCare  diatric/Adol cent  ychiatric rsing  stetrical te/Postprtum  ermediate re	Provided  rsing  ensiveCare  diatric/Adol cent  ychiatric rsing  stetrical te/Postprtum  ermediate re  I and the provided I are	Provided  rsing  Surgical  Anesthesia  Clinical Lab  Clinical Lab  Radiological/ Imaging  Stetrical te/Postprtum  Dietetic  Administration	Provided  rsing  Surgical  Anesthesia  diatric/Adol cent  Clinical Lab  Radiological/ Imaging  Stetrical te/Postprtum  Dietetic  Administration	Surgical	Provided  rsing

by retrofit or by repla (5)				ding will comply with the SI ded in each general acute o	
ID 01201					
LD-01281 Build	ding Name: Sou	th Wing			
/A					
ovided					
ng	Surgical				Rehabilitation Therapy
siveCare	Anesthe	sia			Renal Dialysis
tric/Adol it	Clinical	Lab	Recov	ery	
niatric ng					Outpatient Surgery
etrical	Pharma	ceutical	_		
Postprium			Emerg	lency	Central Plant
nediate	Dietetic		Nuclea	ar Medicine	Support
d Nursing	Adminis	tration		_	Services
	ovided  ng siveCare  tric/Adol  it  niatric  ng  etrical  Postprtum	ovided  Ing Surgical SiveCare Anesther  Itric/Adol Int Radiolog Imaging  Pharmac  Postprtum  Dietetic	siveCare Anesthesia  tric/Adol tt Radiological/ Imaging  Pharmaceutical  Dietetic	Surgical Obstet Cesard SiveCare Anesthesia Obstet Recover Reco	Surgical   Obstetrical   Cesarean/Deliv   Cesarean/Deliv   Cesarean/Deliv   Cesarean/Deliv   Cesarean/Deliv   Obstetrical   Recovery   Clinical Lab   Cesarean/Deliv   Cesarean/Deliv

	11210	Alameda Hos	spital 		Alameda	Page:21 of 36
	her by retrofit or by I				ach building will comply be provided in each gen	
uilding Number:	BLD-01282	Building Na	me: Radiology Addition	on		
Configuration:	N/A					
Type of Service	Provided					
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery	
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic		Lineigency	Comman tant
Ca	are iilled Nursing		Administration		Nuclear Medicine	Support Services

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	her by retrofit or by r				ach building will comply w be provided in each gener		
Building Number:	BLD-01283	Building Nar	me: Medical Gas Stora	age			
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Lehabilitation herapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	tenal Dialysis
	ediatric/Adol cent		Clinical Lab		recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient urgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Пс	entral Plant
	ermediate		Dietetic				
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services
	•						

Report Year: 20	11210 A	lameda Hos	pital	Alameda		Page:23 of 36
	ner by retrofit or by r			ach building will comply w be provided in each gener		
Building Number:	BLD-02630	Building Nar	me: Compactor Shed			
Configuration:	N/A					
Type of Service	Provided					
Nu	ırsing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia	Obstetrical Recovery	R	tenal Dialysis
	diatric/Adol cent		Clinical Lab	Recovery		
	ychiatric ırsing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Jurgery
	ostetrical te/Postprtum		Pharmaceutical	Emergency	Пс	entral Plant
	ermediate		Dietetic			
Ca	illed Nursing		Administration	Nuclear Medicine		Support Services
	•					

	11210	Alameda Hos	spital ————————————————————————————————————		Alameda	Page:24 of 36
	ner by retrofit or by				ach building will comply be provided in each gen	
uilding Number:	BLD-03120	Building Na	me: Emergency Rooi	m Reloca	tion	
Configuration:	N/A					
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	estetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic		Emergency	Central Flant
— Ca □ Ski	re illed Nursing		Administration		Nuclear Medicine	Support Services

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Include information on 4D and SPC-5 per Sec	the number of ir tion 130061(e)	npatient beds	by type of S	Service provided by b	uildin	ngs that are classified a	s SPC-2	2, SPC-3, SPC-4, SPC-
Building Number: BLE	D-01280	Building N	lame: We	est Wing				
Type of Service Prov	<u>rided</u>							
Nursing	Inpatient Beds	0	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	8	X	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	[	Emergency	X	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic	[	Nuclear Medicine	X	Support Services
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		8						

port Year: 2017	11210	Alameda Hospita	l	Alameda	Page:26 of 36
Include information o 4D and SPC-5 per Se			by type of Service provided by I	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	LD-01281	Building Na	ame: South Wing		
Type of Service Pr	<u>ovided</u>				
X Nursing	Inpatient Beds	53	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	8	Anesthesia	_	
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	X Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtur	Inpatient m Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	X Nuclear Medicine	X Support Services
Skilled Nursing	g Inpatient Beds	12	X Administration		
Total Beds this Building	6	73			

port Year: 2017	11210	Alameda Hospital		Alameda	Page:27 of 36
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-01282	Building Nar	me: Radiology Addition		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2017	11210	Alameda Hospital		Alameda	Page:28 of 36
Include information on 4D and SPC-5 per Se			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01283	Building Na	me: Medical Gas Storage		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia	_	_
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2017	11210	Alameda Hospital		Alameda	Page:29 of 36
Include information on 4D and SPC-5 per Se			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	.D-02630	Building Na	me: Compactor Shed		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year:	2017	11210	Alameda Hospita	l			Alameda		Page:30 of 36
Include infor 4D and SPC				by type of S	Service provided by	buildii	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Building Nun	nber: BLI	D-03120	Building Na	ame: En	nergency Room Rel	ocatio	n		
Type of Se	rvice Prov	<u>rided</u>							
Nursir	ng	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Intens	siveCare	Inpatient Beds	0		Anesthesia				
Pedia escen	tric/Adol t	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis
Psych Nursir		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
Obste Ante/F	trical Postprtum	Inpatient Beds	0		Pharmaceutical		X Emergency	С	entral Plant
Interm Care	nediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	□ s s	upport ervices
Skilled	d Nursing	Inpatient Beds	0		Administration				
Total I Buildir	Beds this ng		0						

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Building Number: BLD-01280	Building Name:	West Wing	
Medical / Surgical (Include GYN)	Acute Res	oiratory Care	Acute Psychiatric
npatient 0 Inpatient [ Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newborn / GYN	) Burn		Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive C Nursery	Care Newborn	Intermediate Care
npatient 0 Inpatient 6 Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
ntensive Care	Rehabilitat Center	ion	Int. Care / Developmentally Disabled
npatient 8 Inpatient Bed Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care	Chemical D	Dependency	Total Beds this Total Beds this Building Per Building Per
npatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 8

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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: BLC	D-01281 Buildin	ng Name:	South Wing			
Medical / Surgical (Inclu	de GYN)	Acute Respira	tory Care	Acute Psychiatric		
	Inpatient 5226 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (Exclude Newb	oorn / GYN)	Burn		Skilled Nursing		
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 12 Inpatient 3980 Days		
Pediatric		Intensive Care Nursery	Newborn	Intermediate Care		
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Depo	endency	Total Beds this Building Per Building Per		
	Inpatient 1757 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service 73		

Report Year: 2017 11210 Alameda Hospital Alameda Page:33 of 36 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-01282 Radiology Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11210 Alameda Hospital Alameda Page:34 of 36 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-01283 Medical Gas Storage **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11210 Alameda Hospital Alameda Page:35 of 36 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-02630 Compactor Shed **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 Days Bed Days Bed ol 0

Report Year: 2017 11210 Alameda Hospital Alameda Page:36 of 36 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-03120 **Emergency Room Relocation Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0