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:	Number: 11295								
Facility Name:	Kaiser F	oundation Hospital - Hayward							
Address:	27400 H	27400 Hesperian Boulevard							
City:	Hayward								
Hospital Owner/Lice	ensee:	Kaiser Foundation Hospital/#14000053							
Year of Rep	porting:	2017							
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]							
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]							
Name of Sub	omitter:	Alan Burkett							
Submission	n Date:	10/27/2017 2:14:51 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	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 01320	Clinic	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD- 01321	Hospital	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD- 01322	Clinic Addition	27400 Hesperian Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015

Report Year: 11295 Kaiser Foundation Hospital - Hayward Page:3 of 48 2017 Hayward For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E). Building No: BLD-01320 Clinic Retrofit/Replacement No Project: Facility Project Plan Approved Projected Projected CEQA Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 0 18186 IL080370-0 2/27/2008 07/14/2010 01/01/2015 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). Building No: BLD-01321 Hospital Retrofit/Replacement No Project: Facility Project Sub Plan Approved Projected Projected CEQA Completion Date Status Date Start Date Review Number Number Num Scope Date In 0 CLOS No. 18186 IL080370-0 2/27/2008 07/14/2010 01/01/2015 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-01322 Clinic Addition Retrofit/Replacement No Proiect: Plan Approved Projected Projected CEQA Facility Project Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 18186 IL080370-0 0 2/27/2008 07/14/2010 01/01/2015 CLOS No

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Provide the number of	finpatient bed	ds and patient days per type of service pe	er building per Section 130061	(c)(1)(F)	
Building Number: BL	.D-01320	Building Name: Clin	nic		
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
Skilled Nursing	Inpatient	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

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Provide the number of	of inpatient be	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: B		Building Name: Ho	ospital		
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	1
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialy	/sis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Bods	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt

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Provide the nu	umber of inpatient be	ds and patient days per type of service p	per building per Section 13006	1(c)(1)(F)	
Building Numl	ber: BLD-01322	Building Name:	linic Addition		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
Intensive	eCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatrio escent	c/Adol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychian Nursing	tric Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetric		0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	on
Intermed Care	diate Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialys	sis
Skilled N	Nursing Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
	Bous	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plan	ıt

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:7 of 48 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01320 **Building Number: Building Name:** Clinic Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient 0 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 11295 Kaiser Foundation Hospital - Hayward Hayward Page:8 of 48 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number:** BLD-01321 **Building Name:** Hospital Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:9 of 48 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) **Building Number:** BLD-01322 **Building Name:** Clinic Addition Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 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-01320	Clinic	Rebuild
BLD-01321	Hospital	Rebuild
BLD-01322	Clinic Addition	Rebuild
BLD-01323	Storeroom	Rebuild
BLD-01324	West Wing Addition	Rebuild
BLD-01325	Central Plant	Rebuild
BLD-01326	East Wing, Low Rise	Rebuild
BLD-01327	East Wing, Tower	Rebuild
BLD-01328	Lobby	Rebuild
BLD-01329	Hospital Addition	Rebuild
BLD-01330	Pharmacy Addition	Rebuild

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

Building Building Name New Site

N_1 Hospital 2500 Merced Street X

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The projected replaced or re The planned replaced or re	d date or dates build buildings uses of the bu build buildings	the building s as well. ilding or build s as well.	ed, rebuilt, removed will be removed fron lings to be removed in the building or bui	n service per Sec	tion 130061 (c)(2 service per Section	(a) (A) and provide so on 130061(c)(2)(B)		
Building Num	ber: BLD-0	1320	Clinic			Removal [Date:	01/01/2015]
Planned Uses	s for the buildi	ng to be remo	oved from acute care	e service:				
Planned use	for building:	Demolished		Jurisdiction:				
Nu Int Pe esc Nu Ob An	rices currently Irsing ensiveCare diatric/Adol cent ychiatric Irsing ostetrical Ite/Postprtum ermediate Ire	delivered in t	he building: Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic		Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine		Rehabilitation Therapy Renal Dialysis Outpatient Surgery Central Plant Support Services	
Sk	illed Nursing		Administration					

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The projected replaced or The planned replaced or the planned replaced or the planned replaced or the plane of the plane of the projected replaced or the plane of the projected replaced or the plane of the plane o	ed date or dates rebuild building d uses of the burebuilding	s the building w gs as well. uilding or buildin gs as well.	d, rebuilt, removed vill be removed from ngs to be removed in the building or bui	n service per Sec	etion 130061 (c)(2 service per Section	2)(A) and provide on 130061(c)(2)(B)		
Building Nur	mber: BLD-0	1321	Hospital			Removal Date:	01/01/2015]
Planned Use	es for the buildi	ing to be remov	ed from acute care	service:				
Planned us	e for building:	Demolished		Jurisdiction:				
Inpatient ser	rvices currently	delivered in th	e building:					
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Ir	ntensiveCare		Anesthesia					
	ediatric/Adol scent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical .nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant	
	ntermediate care		Dietetic		Nuclear Medicine		Support Services	
s	killed Nursing	I 🗆	Administration					

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The projected replaced or in The planned replaced or in the projected replaced or in the planned replaced repla	ed date or dates rebuild building d uses of the burebuilding	s the building was well. Building or building or building or building or building or building as well.	d, rebuilt, removed to the removed from the removed from the the the the removed for the building or b	service per Sec	tion 130061 (c)(2 service per Section	2)(A) and provide on 130061(c)(2)(B)		
Building Nur	mber: BLD-0	1322	Clinic Addit	tion		Removal Date:	01/01/2015]
Planned Use	es for the buildi	ng to be remov	ved from acute care	service:				
Planned us	e for building:	Demolished		Jurisdiction:				
Inpatient ser	rvices currently	delivered in th	e building:					
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	ntensiveCare		Anesthesia				.,	
1 1	ediatric/Adol scent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	3
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
1 1 -	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency	П	Central Plant	
	ntermediate care		Dietetic		Nuclear Medicine		Support Services	
S	killed Nursing	I 🗆	Administration					

Report Year: Kaiser Foundation Hospital - Hayward 2017 11295 Hayward Page:15 of 48 No data reported for Section 130061(c)(2)(D).

Report Year: Kaiser Foundation Hospital - Hayward 2017 11295 Hayward Page:16 of 48 No data reported for Section 130061(c)(2)(D).

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No data reporte	ed for whethe	er the general	al acute care se	ervices and bed	s will be relocated	l to a	new, existing or retrof	itted building a	nd any 061(c)(2)(F)	
oon oop on amig	bananig onoc	, or project in		ago mar a 20	manig recordicer	0	sound of Replace p	o. Coo	00.(0)(=)(=).	

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

ding Number:	BLD-01320 Buildin	ng Name: C	linic		
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		Renal Dialysis
	IntensiveCare		Clinical Lab	Obstetrical Recovery	Renai Dialysis
	Pediatric/Adol escent		Radiological/	Newborn/ WellBaby	Outpatient Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
	Skilled Nursing				

ding Number:	BLD-01321 Buildi	ng Name: H	ospital			
Type of Service	Provided		0			Rehabilitation
			Surgical	Obstetrical Cesarean/Deliv	Ш	Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab	,		Outpatient
	escent		Radiological/	Newborn/ WellBaby	Ш	Surgery
	Psychiatric		Imaging			
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum			Nuclear		Support
	Ante/i ostpitam		Dietetic	Medicine	Ш	Services
	Intermediate					
_	Care		Administration			
	Skilled Nursing					
_ 						

eport Year: 201		Caiser Foundation H	ospital - Hayward nat is provided in any	general	Hayward acute care hospital	building t	Page:21 of 4	18
per Section 130061				90				
Building Number:	BLD-01322 B	uilding Name: Cl	inic Addition					
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia		Oh atatriaal		Renal Dialysis	
	IntensiveCare		Clinical Lab		Obstetrical Recovery		Renai Diaiysis	
	Pediatric/Adol escent				Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging		vvenbaby			
	-		Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)	Idings on the hospital campus show replacement and the type of service	ving how each building will comply verthat will be provided in each gene	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-01320	Building Name: Clinic		
Configuration: Rebuild (Per SB9	0 Definition for Rebuild) with new S	PC5 and NPC4 or NPC5 building.	
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic		
Care Skilled Nursing	Administration	Nuclear Medicine	Support Services
	1		

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	ner by retrofit or by r				ach building will comply wo be provided in each genera		
Building Number:	BLD-01321	Building Nar	me: Hospital				
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Into Ca	ermediate		Dietetic				
	illed Nursing		Administration	Ш	Nuclear Medicine		Support Services
		•					

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	ner by retrofit or by i				ach building will comply wit be provided in each genera	
Building Number:	BLD-01322	Building Nar	me: Clinic Addition			
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
Inte	ermediate		Dietetic			
	illed Nursing		Administration		Nuclear Medicine	Support Services
		•				

port the final	configuration of all bui	ldings on the replacement	hospital campus show	ving how e e that will l	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 care hospital building
r Section 130			, ,		3.		3
uilding Numbe	er: BLD-01323	Building Na	me: Storeroom				
Configuration	: Rebuild (Per SB9	0 Definition fo	or Rebuild) with new S	PC5 and N	NPC4 or NPC5 building.		
Type of Serv	vice Provided						_
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Lineigency		Central Flant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	Citing Training						

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	her by retrofit or by				ach building will comply w be provided in each gener	
Building Number:	BLD-01324	Building Nar	me: West Wing Addition	n		
Configuration:	Rebuild (Per SB9	Definition fo	r Rebuild) with new SP0	C5 and N	IPC4 or NPC5 building.	
Type of Service	e Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inf	tensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
Int	termediate		Dietetic		Emergency	Central Flant
	are killed Nursing		Administration		Nuclear Medicine	Support Services
	ŭ	I				

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	er by retrofit or by r				ach building will comply wit be provided in each genera	
Building Number:	BLD-01325	Building Nar	ne: Central Plant			
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
Peo	diatric/Adol ent		Clinical Lab		receivery	
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Car Skil	re lled Nursing		Administration		Nuclear Medicine	Support Services
		ı				

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	er by retrofit or by re				ach building will comply wit e provided in each genera	
Building Number:	BLD-01326	Building Name	e: East Wing, Low Ris	se		
Configuration:	Rebuild (Per SB90	Definition for	Rebuild) with new SPC	5 and N	PC4 or NPC5 building.	
Type of Service I	Provided					
Nur	sing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	nsiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
Ped esce	liatric/Adol ent		Clinical Lab		Resovery	
Psy Nur	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	stetrical e/Postprtum		Pharmaceutical		Emergency	Central Plant
	rmediate		Dietetic		,	
Card	e led Nursing		Administration		Nuclear Medicine	Support Services
	ı					

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	ner by retrofit or by r				ach building will comply wi be provided in each genera		
Building Number:	BLD-01327	Building Nan	ne: East Wing, Tower				
Configuration:	Rebuild (Per SB90	Definition for	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.		
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Inte	ermediate		Dietetic				
	illed Nursing		Administration		Nuclear Medicine		Support Services
	•						

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	ther by retrofit or by				ach building will comply w be provided in each gener	
Building Number:	BLD-01328	Building Na	me: Lobby			
Configuration:	Rebuild (Per SB9	Definition fo	r Rebuild) with new SPC	C5 and N	NPC4 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		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate are		Dietetic		Nuclear Medicine	Support
Sk	killed Nursing		Administration			Services

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	ner by retrofit or by r				ach building will comply wi be provided in each genera	
Building Number:	BLD-01329	Building Nar	ne: Hospital Addition			
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.	
Type of Service	Provided					
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		receivery	
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Cal	re illed Nursing		Administration		Nuclear Medicine	Support Services
		1				

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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-01330 Building Name: Pharmacy Addition									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service I	Provided								
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Inte	nsiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
Ped	liatric/Adol ent		Clinical Lab		recovery				
Psy Nur	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant		
	rmediate		Dietetic				oonian ham		
Card	e led Nursing		Administration	Ш	Nuclear Medicine	Ш	Support Services		
	•								

eport Year: 2017			n Hospital - Hayward	Hayward	Page:33 of 48
4D and SPC-5 per Sec	tion 130061(e)	inpatient beds i	by type of Service provided by t	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLI	D-01323	Building N	ame: Storeroom		
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	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	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:34 of 48
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01324	Building Nar	me: West Wing Addition		
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2017	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:35 of 48
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01325	Building Na	me: Central Plant		
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

Report Year: 2017	11295	Kaiser Foundation	on Hospital - Hayward	Hayward	Page:36 of 48
Include information of 4D and SPC-5 per Se			by type of Service provided by t	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: Bl	LD-01326	Building N	ame: East Wing, Low Rise		
Type of Service Pro	ovided				
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/Postprtun	Inpatient n 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			

ort Year: 2017	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:37 of 48
nclude information on 4D and SPC-5 per Sec			y type of Service provided by t	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01327	Building Na	me: East Wing, Tower		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2017	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:38 of 48
Include information on 4D and SPC-5 per Sec			y type of Service provided by b	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-01328	Building Na	me: Lobby		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2017	11295	Kaiser Foundation	Hospital - Hayward	Hayward	Page:39 of 48
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-01329	Building Nar	me: Hospital Addition		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia	_	
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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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-01330	Building Na	me: Pharmacy Addition		
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on t 4D and SPC-5 per Sect		eds by type of unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, SPC-	
Building Number: BLD-01323 Build		ling Name: Storeroom		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days	
Perinatal (Exclude Nev	wborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 0	

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:42 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01324 West Wing Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:43 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01325 Central Plant **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:44 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01326 East Wing, Low Rise **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:45 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01327 East Wing, Tower **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:46 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01328 Lobby **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:47 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) Hospital Addition BLD-01329 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11295 Kaiser Foundation Hospital - Hayward Hayward Page:48 of 48 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-01330 Pharmacy Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0