

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

Facility Number:

11268

Facility Name:

Alameda County Medical Center - Fairmont Campus

Address:

15400 Foothill Boulevard

City:

San Leandro

Hospital Owner/Licensee:

County fo Alameda, General Services Agency

Year of Reporting:

2011

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Ann Ludwig

Submission Date:

1/29/2012 3:00:00 PM

Report Year:

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the bulding 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 |
|-----------|---------------|----------------------------|---------------------|------------------------------|----------------|-----------------------------|
| 02        | Building H    | 15400 Foothill Boulevard   | Replace             | SPC5                         | 01/01/2020     | 01/01/2020                  |

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Report Status: **Data Last Update:** 10/27/2011

**Submission Date:** 01/29/2012

**Print Date:** 1/30/2012 12:46 PM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Building H

**Type of Service Provided**

|  |                |                                 |                |                                   |  |  |
|--|----------------|---------------------------------|----------------|-----------------------------------|--|--|
| <input checked="" type="checkbox"/> Nursing          | Inpatient Beds | <input type="text" value="50"/> | Inpatient Days | <input type="text" value="9959"/> | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical Recovery              |
| <input type="checkbox"/> IntensiveCare               | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Newborn/WellBaby                  |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Emergency                         |
| <input type="checkbox"/> Psychiatric Nursing         | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Radiological/Imaging      | <input type="checkbox"/> Nuclear Medicine                  |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Pharmaceutical            | <input checked="" type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Intermediate Care           | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    | <input type="checkbox"/> Dietetic                  | <input type="checkbox"/> Renal Dialysis                    |
| <input type="checkbox"/> Skilled Nursing             | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    | <input checked="" type="checkbox"/> Administration | <input type="checkbox"/> Outpatient Surgery                |
|  |                |                                 |                | Total Beds this Building          | <input type="text" value="50"/>                    | <input type="checkbox"/> Obstetrical Cesarean/Deliv        |
|  |                |                                 |                |                                   |  | <input type="checkbox"/> Central Plant                     |

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02

Building Name: Building H

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

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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   |
|-----------------|---------------|--------------------------|
| 01              | Building B    | <input type="checkbox"/> |
| 02              | Building H    | <input type="checkbox"/> |



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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Building H

### Type of Service Provided

|  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing            | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                       |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery                |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                        |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Nuclear<br>Medicine           | <input checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                  |  |   |
| <input type="checkbox"/> Skilled Nursing               | <input checked="" type="checkbox"/> Administration |  |   |

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:

01

Building Name:

Building B

Configuration

:

N/A

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Radiological/  
ImagingNewborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
Nursing

Pharmaceutical

Emergency

Central Plant

Obstetrical  
Ante/PostprtumIntermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

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:

02

Building Name:

Building H

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Pharmaceutical

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Dietetic

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Administration

Skilled Nursing

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, and SPC-5 per Section 130061(e)

Building Number: 01

Building Name: Building B

**Type of Service Provided**

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adol escent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postprtum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

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, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

01

Building Name:

Building B

**Medical / Surgical (Include GYN)**Inpatient  
Bed Inpatient  
Days **Acute Respiratory Care**Inpatient  
Bed Inpatient  
Days **Acute Psychiatric**Inpatient  
Bed Inpatient  
Days **Perinatal (exclude Newborn / GYN)**Inpatient  
Bed Inpatient  
Days **Burn**Inpatient  
Bed Inpatient  
Days **Skilled Nursing**Inpatient  
Bed Inpatient  
Days **Pediatric**Inpatient  
Bed Inpatient  
Days **intensive Care Newborn  
Nursery**Inpatient  
Bed Inpatient  
Days **Intermediate Care**Inpatient  
Bed Inpatient  
Days **Intensive Care**Inpatient  
Bed Inpatient  
Days **Rehabilitation  
Center**Inpatient  
Bed Inpatient  
Days **Int. Care / development  
Disabled**Inpatient  
Bed Inpatient  
Days **Coronary Care**Inpatient  
Bed Inpatient  
Days **Chemical  
Dependency**Inpatient  
Bed Inpatient  
Days **Total Beds this  
Building Per  
Unit****Total Beds this  
Building Per  
Service**