

---

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

---

Facility Number:

10797

Facility Name:

Kaiser Foundation Hospital - Redwood City

Address:

1150 Veterans Boulevard

City:

Redwood City

Hospital Owner/Licensee:

Kaiser Foundation Hospital/ #220000021

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Robert Serafin

Submission Date:

1/3/2013 12:10:58 PM

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 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-00844	Hospital	1150 Veterans Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-00845	Service Building 3	1150 Veterans Boulevard	Rebuild	SPC5	01/01/2015	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-00844		Hospital		Retrofit/Replacement Project:		Yes-Submitted	
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10797	IS081979-0	0	PPR- REPLACEMENT HOSPITAL	11/5/2008 12:00:00 AM		01/01/2010	12/31/2013	ACTI	No

Building No:		BLD-00845		Service Building 3		Retrofit/Replacement Project:		Yes-Submitted	
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10797	IS081979-0	0	PPR- REPLACEMENT HOSPITAL	11/5/2008 12:00:00 AM		01/01/2010		ACTI	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-00844**Building Name: **Hospital****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="203"/>	Inpatient Days	<input type="text" value="23945"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="10"/>	Inpatient Days	<input type="text" value="3050"/>	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Outpatient Surgery
				<input type="checkbox"/> Support Services	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
				<input type="checkbox"/> Obstetrical Cesarean/Deliv		
				<b>Total Beds this Building</b>	<input type="text" value="213"/>	

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

Building Number: **BLD-00845**

Building Name: **Service Building 3**

**Type of Service Provided**

Nursing Inpatient Beds  Inpatient Days

IntensiveCare Inpatient Beds  Inpatient Days

Pediatric/Adol escent Inpatient Beds  Inpatient Days

Psychiatric Nursing Inpatient Beds  Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days

Intermediate Care Inpatient Beds  Inpatient Days

Skilled Nursing Inpatient Beds  Inpatient Days

Total Beds this Building

Surgical

Obstetrical Recovery

Anesthesia

Newborn/ WellBaby

Clinical Lab

Emergency

Radiological/ Imaging

Nuclear Medicine

Pharmaceutical

Dietetic

Rehabilitation Therapy

Administration

Renal Dialysis

Support Services

Outpatient Surgery

Obstetrical Cesarean/Deliv

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:

BLD-00844

Building Name:

Hospital

**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**

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

Building Number: BLD-00845

Building Name: Service Building 3

**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**

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-00844	Hospital	Rebuild
BLD-00845	Service Building 3	Rebuild

Report Year:

2012

10797

Kaiser Foundation Hospital - Redwood City

Redwood City

Page:9 of 19



Report Status: **Data Last Update:** 12/26/2012

**Submission Date:** 01/03/2013

**Print Date:** 1/4/2013 6:25 AM

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-00844

Building Name:

Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Nursing

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Intensive Care

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Surgical

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Anesthesia

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

ClinicalLab

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Radiological/Imaging

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Pharmaceutical

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Administration

N/A

Building  
Number:

BLD-00844

Building Name: Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

N/A

Building  
Number:

BLD-00844

Building Name: Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical Recovery

N/A

Building  
Number:

BLD-00844

Building Name: Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Newborn/Well Baby

N/A

Building  
Number:

BLD-00844

Building Name: Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Emergency

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Nuclear Medicine

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Rehabilitation  
Therapy

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

OutpatientSurgery

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Medical/Surgical  
(Include GYN)

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Perinatal (exclude  
Newborn / GYN))

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

N/A

Building  
Number:

BLD-00844

Building Name:

Hospital

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care  
Newborn Nursery

N/A

Building  
Number:

BLD-00845

Building Name:

Service Building 3

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

N/A

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

Building Number:

BLD-00844

Building Name:

Hospital

### Type of Service Provided

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

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

Building Number:

BLD-00845

Building Name:

Service Building 3

### Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol  
escent

 Psychiatric  
Nursing

 Obstetrical  
Ante/Postprtum

 Intermediate  
Care

 Skilled Nursing

 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

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-00844

Building Name: Hospital

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

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:  Building Name:

Configuration:

#### Type of Service Provided

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input 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 Medicine              | <input checked="" type="checkbox"/> Support<br>Services |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |   |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |   |

Report Year:

2012

10797

Kaiser Foundation Hospital - Redwood City

Redwood City

Page:19 of 19

Report Status: **Data Last Update:** 12/26/2012

**Submission Date:** 01/03/2013

**Print Date:** 1/4/2013 6:25 AM