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

Facility Number:

11296

Facility Name:

Kaiser Foundation Hospital - Oakland Campus

Address:

280 W. Macarthur Boulevard

City:

Oakland

Hospital Owner/Licensee:

Kaiser Foundation Hospitals/ #140000052

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Alan Burkett

Submission Date:

1/10/2013 11:25:34 AM

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-01331	Unit A Addition	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01332	Second Floor Surgery Addition North	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01333	Second Floor Surgery Addition South	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01334	Lobby Addition	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01335	Southwest Courtyard Infill	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01336	X-Ray Addition	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01337	Hospital, Clinic, Surgery Expansion	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01338	Northeast Court Infill	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01339	Howe Street Addition	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01340	Southeast Court Infill	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-01341	Tower Addition	280 W. Macarthur Boulevard	Rebuild	SPC5	01/01/2015	01/01/2015
BLD-02617	Emergency Generator Building	280 W. Macarthur 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-01331		Unit A Addition		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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No:		BLD-01332		Second Floor Surgery Addition North		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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No:		BLD-01333		Second Floor Surgery Addition South		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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No: BLD-01334

Lobby Addition

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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No: BLD-01335

Southwest Courtyard Infill

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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No: BLD-01336

X-Ray Addition

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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No: BLD-01337

Hospital, Clinic, Surgery Expansion

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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

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Building No: BLD-01338

Northeast Court Infill

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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No: BLD-01339

Howe Street Addition

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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No: BLD-01340

Southeast Court Infill

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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Building No: BLD-01341

Tower Addition

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
11296	IS080551-0	0	PPR - NEW REPLACEMENT HOSPITAL (111-902-02)	4/15/2008 12:00:00 AM		01/01/2010	01/01/2015	ACTI	No

Report Year:

2012

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Building No:

BLD-02617

Emergency Generator Building

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
11296	HS081471-0	0	OAKLAND MEDICAL CENTER - CENTRAL PLANT (11-902-06)	8/20/2008 12:00:00 AM	10/3/2011 12:00:00 AM	12/10/2009	01/01/2015	FIEL	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-01331**

Building Name:

Unit A Addition**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<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 checked="" 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 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="0"/>	<input type="checkbox"/> Support Services
						<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

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

Building Number: **BLD-01332**

Building Name:

Second Floor Surgery Addition North**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" 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 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 type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
	Total Beds this Building	<input type="text" value="0"/>				

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

Building Number: **BLD-01333**

Building Name:

Second Floor Surgery Addition South**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" 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 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 type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
	Total Beds this Building	<input type="text" value="0"/>				

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

Building Number: **BLD-01334**

Building Name:

Lobby Addition**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<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 type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<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 type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

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

Building Number: **BLD-01335**

Building Name:

Southwest Courtyard Infill**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<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 type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<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 type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01336**Building Name: **X-Ray Addition****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<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 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 type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Support Services
						<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

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

Building Number: **BLD-01337**

Building Name: **Hospital, Clinic, Surgery Expansion**

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

Rehabilitation Therapy

Dietetic

Renal Dialysis

Administration

Outpatient Surgery

Support Services

Obstetrical Cesarean/Deliv

Central Plant

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

Building Number: **BLD-01338**Building Name: **Northeast Court Infill****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<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 checked="" 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 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 type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Support Services
						<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01339**

Building Name:

Howe Street Addition**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<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 checked="" 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 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 type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
	Total Beds this Building	<input type="text" value="0"/>				

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

Building Number: **BLD-01341**

Building Name:

Tower Addition**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="221"/>	Inpatient Days	<input type="text" value="40072"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="48"/>	Inpatient Days	<input type="text" value="13445"/>	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/WellBaby
<input checked="" type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="33"/>	Inpatient Days	<input type="text" value="8826"/>	<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 checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="39"/>	Inpatient Days	<input type="text" value="4473"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input 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 checked="" 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
					<input type="checkbox"/> Support Services	<input type="checkbox"/> Central Plant
					<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	
	Total Beds this Building			<input type="text" value="341"/>		

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

Building Number: BLD-01331

Building Name: Unit A Addition

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-01332

Building Name: Second Floor Surgery Addition North

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-01333

Building Name: Second Floor Surgery Addition South

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-01334

Building Name: Lobby Addition

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-01335

Building Name: Southwest Courtyard Infill

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-01336

Building Name: X-Ray Addition

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-01337

Building Name: Hospital, Clinic, Surgery Expansion

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**

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

Building Number: BLD-01338

Building Name: Northeast Court Infill

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-01339

Building Name: Howe Street Addition

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-01340

Building Name: Southeast Court Infill

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-01341

Building Name: Tower Addition

Medical / Surgical (Include GYN)Inpatient Bed 221 Inpatient Days 4007
2**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 39 Inpatient Days 6065

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 33 Inpatient Days 8826

intensive Care Newborn Nursery

Inpatient Bed 18 Inpatient Days 5194

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 30 Inpatient Days 5543

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

341

Total Beds this Building Per Service

341

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

Building Number: BLD-02617

Building Name: Emergency Generator Building

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-01331	Unit A Addition	Rebuild
BLD-01332	Second Floor Surgery Addition North	Rebuild
BLD-01333	Second Floor Surgery Addition South	Rebuild
BLD-01334	Lobby Addition	Rebuild
BLD-01335	Southwest Courtyard Infill	Rebuild
BLD-01336	X-Ray Addition	Rebuild
BLD-01337	Hospital, Clinic, Surgery Expansion	Rebuild
BLD-01338	Northeast Court Infill	Rebuild
BLD-01339	Howe Street Addition	Rebuild
BLD-01340	Southeast Court Infill	Rebuild
BLD-01341	Tower Addition	Rebuild
BLD-01342	Central Plant	Rebuild
BLD-02617	Emergency Generator Building	Rebuild

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

Building Number	Building Name	New Site
N_1	Hospital 275 W. Macarthur Blvd.	<input type="checkbox"/>
N_2	Central Utility Plant 3459 Piedmont Ave.	<input type="checkbox"/>

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-01331

Building Name: Unit A Addition

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

ClinicalLab

N/A

Building
Number:

BLD-01331

Building Name: Unit A Addition

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

Administration

N/A

Building
Number:

BLD-01332

Building Name: Second Floor Surgery Addition North

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

Surgical

N/A

Building
Number:

BLD-01333

Building Name: Second Floor Surgery Addition South

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

Surgical

N/A

Building
Number:

BLD-01334

Building Name:

Lobby Addition

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

Administration

N/A

Building
Number:

BLD-01335

Building Name:

Southwest Courtyard Infill

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

Administration

N/A

Building
Number:

BLD-01337

Building Name:

Hospital, Clinic, Surgery Expansion

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

Surgical

N/A

Building
Number:

BLD-01337

Building Name:

Hospital, Clinic, Surgery Expansion

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

Pharmaceutical

N/A

Building
Number:

BLD-01337

Building Name:

Hospital, Clinic, Surgery Expansion

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

Dietetic

N/A

Building
Number:

BLD-01337

Building Name:

Hospital, Clinic, Surgery Expansion

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

Administration

N/A

Building
Number:

BLD-01337

Building Name:

Hospital, Clinic, Surgery Expansion

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

Support Services

N/A

Building
Number:

BLD-01337

Building Name:

Hospital, Clinic, Surgery Expansion

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

Emergency

N/A

Building
Number:

BLD-01337

Building Name:

Hospital, Clinic, Surgery Expansion

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

Nuclear Medicine

N/A

Building
Number:

BLD-01338

Building Name:

Northeast Court Infill

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

Radiological/Imaging

N/A

Building
Number:

BLD-01339

Building Name:

Howe Street Addition

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

Radiological/Imaging

N/A

Building
Number:

BLD-01340

Building Name:

Southeast Court Infill

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

ClinicalLab

N/A

Building
Number:

BLD-01340

Building Name: Southeast Court Infill

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

Pharmaceutical

N/A

Building
Number:

BLD-01341

Building Name: Tower Addition

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

Nursing

N/A

Building
Number:

BLD-01341

Building Name: Tower Addition

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

Intensive Care

N/A

Building
Number:

BLD-01341

Building Name: Tower Addition

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

Pediatric Adolescent

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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

Obstetrical Ante
Postprtum

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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

Surgical

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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

Anesthesia

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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

Pharmaceutical

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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

Administration

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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

Obstetrical
Cesarean/Deliv

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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

Obstetrical Recovery

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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-01341

Building Name:

Tower Addition

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

Renal Dialysis

N/A

Building
Number:

BLD-01341

Building Name:

Tower Addition

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-01341

Building Name:

Tower Addition

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-01341

Building Name:

Tower Addition

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

Pediatric

N/A

Building Number: Building Name:

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

Building Number: Building Name:

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

Building Number: Building Name:

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

[New Building](#) [RetroFitted Building](#) [Other SPC2-SPC5 Building](#)

N_2-Central Utility Plant 3459 Piedmont Ave.

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
—	11296	HS081471-0	0 OAKLAND MEDICAL CENTER - CENTRAL PLANT (11-902-06)	2008-08-20	2011-10-03	12/10/2009	01/01/2015	FIEL

Report Year:

2012

11296

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Oakland

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Building
Number:

BLD-02617

Building Name:

Emergency Generator Building

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

CentralPlant

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-01331

Building Name:

Unit A Addition

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 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-01332

Building Name:

Second Floor Surgery Addition North

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 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-01333

Building Name:

Second Floor Surgery Addition South

Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input 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-01334

Building Name:

Lobby Addition

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 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-01335

Building Name:

Southwest Courtyard Infill

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 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-01336

Building Name:

X-Ray Addition

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 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-01337

Building Name:

Hospital, Clinic, Surgery Expansion

Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" 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-01338

Building Name:

Northeast Court Infill

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input 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-01339

Building Name:

Howe Street Addition

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 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-01340

Building Name:

Southeast Court Infill

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input 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-01341

Building Name:

Tower Addition

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
MedicineRehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-02617

Building Name:

Emergency Generator Building

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-01331

Building Name: Unit A Addition

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

Type of Service Provided

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

Configuration:

Type of Service Provided

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

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-01333

Building Name: Second Floor Surgery Addition South

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

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support
ServicesIntermediate
Care

Dietetic

Administration

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: BLD-01334

Building Name: Lobby Addition

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

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support
ServicesIntermediate
Care

Dietetic

Administration

Skilled Nursing

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-01335

Building Name: Southwest Courtyard Infill

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

Type of Service Provided

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical
Cesarean/Deliv | <input type="checkbox"/> Rehabilitation
Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical
Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol
escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/
WellBaby | <input type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Psychiatric
Nursing | <input type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
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: BLD-01336

Building Name: X-Ray Addition

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

Type of Service Provided

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

Configuration:

Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" 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: BLD-01338

Building Name: Northeast Court Infill

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

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input 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: BLD-01339

Building Name: Howe Street Addition

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

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input 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: BLD-01340

Building Name: Southeast Court Infill

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

Type of Service Provided

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

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-01341

Building Name: Tower Addition

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

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab		
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<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: BLD-01342

Building Name: Central Plant

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

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input 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: BLD-02617

Building Name: Emergency Generator Building

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 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/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

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: **BLD-01342**Building Name: **Central Plant****Type of Service Provided**

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

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:

BLD-01342

Building Name:

Central Plant

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**

Report Year:

2012

11296

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Oakland

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