
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:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Robert Serafin

Submission Date:

12/10/2013 11:36:12 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-00844	Hospital	1150 Veterans Boulevard	Rebuild	SPC5	01/01/2016	01/01/2015
BLD-00845	Service Building 3	1150 Veterans Boulevard	Rebuild	SPC5	01/01/2016	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	01/01/2015	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	01/01/2015	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="175"/>	Inpatient Days	<input type="text" value="22901"/>	<input checked="" type="checkbox"/>	Surgical	<input checked="" type="checkbox"/>	Obstetrical Recovery
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="14"/>	Inpatient Days	<input type="text" value="3789"/>	<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 checked="" type="checkbox"/>	Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="24"/>	Inpatient Days	<input type="text" value="3385"/>	<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 checked="" 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"/>	Central Plant
						<input type="checkbox"/>	Obstetrical Cesarean/Deliv		
		Total Beds this Building	<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**

<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 checked="" 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 unit per building per Section 130061(c)(1)(F)

Building Number: BLD-00844

Building Name: Hospital

Medical / Surgical (Include GYN)

Inpatient Bed 175 Inpatient Days 2290
1

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 24 Inpatient Days 3385

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 4 Inpatient Days 790

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 10 Inpatient Days 2999

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

213

Total Beds this Building Per Service

213

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 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**

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:

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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?			
Obstetrical Ante Postprtum	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 acute care services and beds will be relocated to a new, Existing or retrofitted building?

ClinicalLab

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?

Radiological/Imaging

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?

Pharmaceutical

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?

Dietetic

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?

Administration

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?

Support Services

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?

Obstetrical Recovery

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?

Newborn/Well Baby

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?

Emergency

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?

Nuclear Medicine

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?

Rehabilitation
Therapy

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?

OutpatientSurgery

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?

Medical/Surgical
(Include GYN)

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?

Perinatal (exclude
Newborn / GYN))

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?

Intensive Care
Newborn Nursery

N/A

Building Number:

BLD-00845

Building Name:

Service Building 3

Will general acute care services and beds will be relocated to a new, Existing or retrofitted 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 checked="" 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-00845

Building Name:

Service Building 3

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 checked="" 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-00844

Building Name:

Hospital

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

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 actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00845

Building Name:

Service Building 3

Configuration:

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

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