



### Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per [Section 130061\(e\)](#)

|                  |   |
|------------------|---|
| Facility Number: | <input type="text" value="11268"/>                    |
| Facility Name:   | <input type="text" value="Fairmont Hospital"/>        |
| Address:         | <input type="text" value="15400 Foothill Boulevard"/> |
| City:            | <input type="text" value="San Leandro"/>              |

|                            |  |
|----------------------------|--|
| Hospital Owner/Licensee:   | <input type="text" value="County of Alameda, General Services Agency"/>    |
| Year of Reporting:         | <input type="text" value="2019"/>  |
| Contact 1 e-mail Address:  | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Contact 2 e-mail Address:  | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Contact 3 e-mail Address:: | <input type="text" value="[Confidential data left blank intentionally.]"/> |
| Name of Submitter:         | <input type="text" value="Bernadette Delgado"/>                            |
| Submission Date:           | <input type="text" value="10/31/2019 9:23:40 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, SPC4D or SPC5 per [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#),for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|-----------|---------------|----------------------------|---------------------|------------------------------|----------------|-----------------------------|
| BLD-01312 | Building H    | 15400 Foothill Boulevard   | Replace             | SPC2                         | 01/01/2020     | 12/31/2019                  |

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:   Retrofit/Replacement Project:

| Facility Number | Project Number    | Sub Num | Scope | Date In    | Plan Approved Date          | Projected Start Date | Projected Completion Date | Status | CEQA Review |
|-----------------|-------------------|---------|-------|------------|-----------------------------|----------------------|---------------------------|--------|-------------|
| 11256           | S143017-01<br>-00 | 0       |       | 12/31/2014 | 3/23/2016<br>12:00:00<br>AM | 04/01/2017           | 04/01/2019                | 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-01312

Building Name: Building H

**Type of Service Provided**

|   |                |                                 |                |                                   |
|---|----------------|---------------------------------|----------------|-----------------------------------|
| <input type="checkbox"/> Nursing                    | Inpatient Beds | <input type="text" value="50"/> | Inpatient Days | <input type="text" value="6548"/> |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    |
| <input type="checkbox"/> Pediatric/Adol escent      | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/>    |

Total Beds this Building

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/Imaging
- Pharmaceutical
- Dietetic
- Administration
- Support Services
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/WellBaby
- Emergency
- Nuclear Medicine
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- 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-01312

Building Name: Building H

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

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name | Building to be<br>Removed / Replaced / Rebuilt |
|-----------------|---------------|--|
| BLD-01312       | Building H    | Replace  |

No proposed new buildings to be constructed at this or another site.

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(2\)\(C\)](#)

Building Number:

BLD-01312

Building H

Removal  
Date:

12/31/2019

Planned Uses for the building to be removed from acute care service:

Planned use for building: Other

Jurisdiction:

Other Usage: Office Space

[Inpatient services currently delivered in the building:](#)

 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



No data reported for Section 130061(c)(2)(D).

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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-01312 Building Name: Building H

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

Rehabilitation Therapy Relocated to other building

No data reported for Section 130061(c)(3).

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-01312

Building Name: Building H

**Type of Service Provided**

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

Report 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-01312

Building Name: Building H

Configuration: N/A

**Type of Service Provided**

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

No data reported for Section 130061(e)

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