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

Facility Number:	12416
Facility Name:	California Pacific Medical Center-Davies Campus
Address:	Castro & Duboce Streets
City:	San Francisco
Hospital Owner/Lice	ensee: Sutter West Bay Hospitals
Year of Repo	orting: 2011
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Add	dress:
Contact 3 e-mail Add	dress::
Name of Subi	mitter: Carl Scheuerman
Submission	Date: 1/29/2012 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Ratir If Required	ng Extension Date	Anticipated Completion Date
01	North Tower	Castro & Duboce Streets	Retrofit	SPC2	01/01/2013	12/31/2012
02	Link Building	Castro & Duboce Streets	Replace	SPC5	01/01/2020	07/01/2018
03	South Tower	Castro & Duboce Streets	Replace	SPC5	01/01/2020	07/01/2018
04	Rehabilitation Building	Castro & Duboce Streets	Replace	SPC5	01/01/2020	07/01/2018

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For each building which is planned for retrofitting 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: 01 Facility Project Sub Number Number Number Num	North Tower Scope	Retrofit/Replacement Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12416 HS972671	0 NORTH TOWER - SEISMIC UPGRADE	10/21/1997 04/15/2005 05/23/2005 07/28/2006 CLSD No
Building No: 02	Link Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
18165 IS080885	0 PPR - NEW ACUTE CARE HOSPITAL	06/11/2008 09/02/2010 05/01/2012 07/01/2018 OPEN Yes
Building No: 03	South Tower	Retrofit/Replacement Yes-Submitted Project:
Building No: 03 Facility Project Sub Number Number Num	Scope Scope	Retrofit/Replacement Yes-Submitted Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub		Date Plan Approved Proj. Start Proj. Completed Status CEQA
Facility Project Sub Number Number Num	Scope	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub Number Number Num 18165 IS080885	Scope 0 PPR - NEW ACUTE CARE HOSPITAL	Project: Date Plan Approved Proj. Start Proj. Completed Status CEQA Review 06/11/2008 09/02/2010 05/01/2012 07/01/2018 OPEN Yes Retrofit/Replacement Yes-Submitted

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

Building Number	r: <mark>01</mark> Buildi	ing Name: North Tower		
Type of Service	e Provided			
X Nursing	Inpatient Beds	154 Inpatient 21647 Days	X Surgical	Obstetrical Recovery
X IntensiveC	are Inpatient Beds	8 Inpatient Days 2380	X Anesthesia	Newborn/ WellBaby
Pediatric/A	adol Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
Psychiatric	: Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postp		0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermedia Care	te Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nur	rsing Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	=	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Plant

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

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Building Number: 02	Buildir	ng Name: Link Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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

Building Number: 03	Buildir	ng Name: South Tower		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	32 Inpatient 3172 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Beds	22 Inpatient Days 0	Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	38 Inpatient Days 10842	X Support Services	Outpatient Surgery
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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

Building Number: 04	Buildi	ng Name: Rehabilitation Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	_ 545	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Building Number:	01	Building Name: North	h Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 106 Bed	Inpatient 1050 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 8 Bed	Inpatient 2380 Days	Inpatient 48 Bed	Inpatient 1114 Days 1	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	162	162

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Building Number:	02	Building Name: Link	Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	03 E	Building Name: Sout	h Tower		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 32 Bed	Inpatient 3172 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 22 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 38 Bed	Inpatient 1084 Days 2
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	92	92

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Building Number:	04	Building Name:	ehabilitation Building		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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

Building Number	Building Name	Building to be Removed
01	North Tower	
02	Link Building	
03	South Tower	
04	Rehabilitation Building	
05	Emergency Systems Additions	
06	MER Building	

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

Building Number	Building Name	New Site
N_1	New Hospital	X

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

Building Number:	01 Buildin	g Name: N	orth Tower				
Type of Service	e Provided						
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare	_			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	X X	Clinical Lab				Outpatient
	escent	X	Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	 x	Pharmaceutical	X	Emergency	X	Central Plant
	Objekativia al		Thamaccancar		e.gee,		Ochtar Flant
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services
	Intermediate						
_	Care	X	Administration				
	Skilled Nursing						

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

Building Number:	02	Building Name:	Link Buil	ding				
Type of Service	e Provided							
			Surgi	cal		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anes	thesia				
	IntensiveCare	·	_			Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adol	, [Clinic	cal Lab				Outpatient
_	escent		Radio Imag	ological/	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		_	maceutical	П	Emergency		Central Plant
П	Obstetrical		_			Nuclear	▽	Support
_	Ante/Postprtu		Diete	tic	Ш	Medicine	X	Services
	Intermediate		_					
	Care		Admi	nistration				
	Skilled Nursin	ıg						

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

Building Number:	03	Building Name:	So	outh Tower]
Type of Service	Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing			Anesthesia					
	IntensiveCare	•				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	, [Clinical Lab				Outpatient	
	escent			Radiological/	Ш	Newborn/ WellBaby		Surgery	
X	Psychiatric Nursing		7	Imaging Pharmaceutical		Emergency		Central Plant	
	Obstetrical			Pharmaceutical		Linergency		Central Plant	
	Ante/Postprtu	m	7	Dietetic	Х	Nuclear Medicine	Χ	Support Services	
	Intermediate								
	Care			Administration					
X	Skilled Nursin	g							

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

Building Number:	04	Building Name:	Rehat	oilitation Building					
Type of Service	e Provided		_						
			Su	ırgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy	
	Nursing		An	esthesia					
	IntensiveCare	. _	_			Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent	, L	CI	inical Lab		Newborn/	П	Outpatient Surgery	
_] Ra Im	adiological/ naging		WellBaby		Cargory	
	Psychiatric Nursing		Pr	narmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtui	m				Nuclear		Support	
	, and, a despreas		Di	etetic	_	Medicine		Services	
	Intermediate Care		٦ ,						
_			_ Ac	dministration					
	Skilled Nursin	g 							

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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: 01 Building Name: North Tower									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NP	C 3 and rem	ove from service by 2030				
Type of Service	ce Provided								
X N	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X I	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	ntermediate Care	X	Dietetic				Sunnart		
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		

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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:	02	Building Na	me: Link Building				
Configuration .	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g			
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic	_	Lineigonoy	_	Contract fair
	care skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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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:	03	Building Na	me: South Tower				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	9			
Type of Service	ce Provided						
X N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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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:	04	Building Na	me: Rehabilitation Bu	uilding			
Configuration .	Remove from GAC	service by	1/1/2020				
Type of Servic	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Care		Dietetic				
	skilled Nursing		Administration		Nuclear Medicine		Support Services

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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:	05	Building Na	me: Emergency Sy	stems Addit	ions		
Configuration Retrofit Conforming building to NPC 4 or NPC 5							
Type of Service Provided							
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	_	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	termediate are		Dietetic				
	killed Nursing		Administration		Nuclear Medicine		Support Services

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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:	06	Building Nar	me: MER Building				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service Provided							
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	itermediate		Dietetic		Linergency		Contrain fain
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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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)

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Building Number: 05 Building Name: Emergency Systems Additions								
<u>Type</u>	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
_	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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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: 06								
Type of Service Provided								
Nursing	Inpatient 0 Beds	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Anesthesia						
Pediatric/Adol escent	Inpatient 0 Beds	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient 0 Beds	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Pharmaceutical	Emergency	X Central Plant				
Intermediate Care	Inpatient 0 Beds	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient 0 Beds	Administration						
Total Beds this Building	0							

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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:	05 Build	ing Name: Eme	rgency Systems Additions	S		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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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:	6 Build	ing Name: MER	Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0