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

| Facility Number: | 12460 | |
|---------------------|----------|---|
| Facility Name: | St. Mary | y's Medical Center San Francisco |
| Address: | 450 Sta | nyan Street |
| City: | San Fra | ncisco |
| | | |
| Hospital Owner/Lic | ensee: | St. Mary's Medical Center San Francisco |
| Year of Rep | oorting: | 2011 |
| Contact 1 e-mail Ac | ddress: | |
| Contact 2 e-mail Ad | ddress: | |
| Contact 3 e-mail Ad | ldress:: | |
| Name of Sub | omitter: | Robert Omens |
| Submission | n 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 Rating If Required | Extension Date | Anticipated Completion Date |
|--------------|---------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| 01 | Main Tower | 450 Stanyan Street | Retrofit | SPC2 | 01/01/2013 | 02/12/2014 |
| 02 | McAuley Wing | 450 Stanyan Street | Retrofit | SPC2 | 01/01/2013 | 02/12/2014 |

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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 Main Tower | Retrofit/Replacement Hazus-Planned Project: |
|--|--|
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 12460 HS082309 0 | 12/24/2008 01/17/2012 07/29/2013 OPEN No |
| | |
| Building No: 02 McAuley Wing | Retrofit/Replacement Yes-Planned Project: |
| Building No: 02 McAuley Wing Facility Project Sub Scope Number Number Num | |

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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: 01 | Build | ing Name: Main Tower | | |
|----------------------------|-------------------|--------------------------|--------------------------------|-----------------------------|
| Type of Service Prov | <u>vided</u> | | | |
| X Nursing | Inpatient Beds | 299 Inpatient 23774 Days | X Surgical | Obstetrical Recovery |
| X IntensiveCare | Inpatient Beds | 37 Inpatient Days 3480 | X Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | X Clinical Lab | X Emergency |
| X Psychiatric Nursing | Inpatient Beds | 13 Inpatient Days 0 | X Radiological/ Imaging | X Nuclear Medicine |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | X Pharmaceutical X Dietetic | X Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | X Renal Dialysis |
| X Skilled Nursing | Inpatient Beds | 32 Inpatient Days 7773 | X Support Services Obstetrical | X Outpatient Surgery |
| | | Total Beds this Building | 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)

| Building Number: 02 | Buildi | ing Name: McAuley Wing | | | | | | | |
|----------------------------|-------------------|---------------------------------------|--|------------------------|--|--|--|--|--|
| Type of Service Provided | | | | | | | | | |
| 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 | X Clinical Lab | X Emergency | | | | | |
| X Psychiatric Nursing | Inpatient Beds | 22 Inpatient Days 2695 | Radiological/ Imaging | Nuclear Medicine | | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | X Pharmaceutical X Dietetic | Rehabilitation Therapy | | | | | |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | X Administration | Renal Dialysis | | | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 Total Beds this 22 | Support Services Obstetrical Cesarean/Deliv | Outpatient Surgery | | | | | |
| | | Building 22 | Gesaledii/Deliv | X Central Plant | | | | | |

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

| Building Number: | 01 | Building Name: | Main Tower | | |
|----------------------|--------------------------|---------------------------|---------------------|---|--|
| Medical / Surgical (| Include GYN) | Acute Respira | atory Care | Acute Psychiatric | |
| Inpatient 263 Bed | Inpatient 1866 Days 5 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 13 Bed | Inpatient 0 Days |
| Perinatal (excluse N | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 32 Bed | Inpatient 7773 Days |
| Pediatric | | intensive Card Nursery | e Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developm Disabled | ent |
| Inpatient 37 Bed | Inpatient 3480 Days | Inpatient 3 Bed | Inpatient 5109 Days | | 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 Bed | 0 Inpatient 0 Days | 381 | 381 |

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

| Building Number: | 02 | Building Name: | McAuley Wing | | |
|--------------------|---------------------|--------------------------|--------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respir | atory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 22 Bed | Inpatient 2695 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Car Nursery | e Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | 1 | Int. Care / developm Disabled | ent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | | 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 Bed | 0 Inpatient 0 Days | 22 | 22 |

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|--------------|------|-------|---|---|---------------|--------------|
|--------------|------|-------|---|---|---------------|--------------|

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

| Build Numb | Building Name | Building to be Removed | | |
|---------------|------------------|------------------------|--|--|
| 01 | Main Tower | | | |
| 02 | McAuley Wing | | | |

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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 Building | g Name: Ma | ain Tower | | | | | | |
|---|-------------------------------|------------|--------------------------|-----------------------|---|-----------------------|--|--|--|
| Type of Service Provided X Surgical Obstetrical X Rehabilitation | | | | | | | | | |
| X | Nursing | | Anesthesia | Cesarean/Deliv | | Therapy | | | |
| X | IntensiveCare | | Allestresia | Obstetrical Recovery | X | Renal Dialysis | | | |
| | Pediatric/Adol escent | X | Clinical Lab | Newborn/ | X | Outpatient Surgery | | | |
| X | Psychiatric Nursing | X | Radiological/ Imaging | WellBaby | | | | | |
| | , taroning | X | Pharmaceutical | X Emergency | X | Central Plant | | | |
| | Obstetrical Ante/Postprtum | X | Dietetic | X Nuclear Medicine | X | Support Services | | | |
| | Intermediate Care | X | Administration | | | | | | |
| X | 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: | McAuley Wing | | | | | | |
|--------------------------|-------------------------------|----------------|--------------------------|-------------------------------|---|---------------------------|--|--|--|
| Type of Service Provided | | | | | | | | | |
| | | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| | Nursing | | Anesthesia | | | | | | |
| | IntensiveCare | | | Obstetrical Recovery | | Renal Dialysis | | | |
| | Pediatric/Adol | | X Clinical Lab | | | Outpatient | | | |
| | escent Psychiatric | | Radiological/ Imaging | Newborn/ WellBaby | | Surgery | | | |
| X | Nursing | | X Pharmaceutica | al X Emergency | X | Central Plant | | | |
| | Obstetrical Ante/Postprtur | m [| X Dietetic | Nuclear Medicine | | Support Services | | | |
| | Intermediate Care | | X Administration | | | | | | |
| | Skilled Nursing | 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 Numbe | ilding Number: 01 Building Name: Main Tower | | | | | | | |
|----------------|---|------------|--------------------------|---|-------------------------------|---|---------------------------|--|
| Configuration: | Remove from GAC | service by | 1/1/2030 | | | | | |
| Type of Serv | rice Provided | | | | | | | |
| X | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | |
| X | IntensiveCare | X | Anesthesia | | Obstetrical | X | Renal Dialysis | |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | | |
| X | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | X | Pharmaceutical | X | Emergency | X | Central Plant | |
| | Intermediate | X | Dietetic | | | | | |
| X | Care Skilled Nursing | X | 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: | 02 | Building Nar | ne: McAuley Wing | | | | |
|---------------------------|-------------------------------|-------------------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration Remove from | | GAC service by 1/1/2030 | | | | | |
| Type of Service Provided | | | | | | | |
| | lursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| lı | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol scent | X | Clinical Lab | | Recovery | | |
| | Psychiatric Iursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Inte/Postprtum | X | Pharmaceutical | X | Emergency | X | Central Plant |
| | ntermediate | X | Dietetic | | | | |
| | Care Skilled Nursing | X | Administration | | Nuclear Medicine | | Support Services |

Report Status: **Data Last Update**: 12/11/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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