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

| Facility Number: | 10801 |
|----------------------|------------------------------|
| Facility Name: | Seton Medical Center |
| Address: | 1900 Sullivan Avenue |
| City: | Daly City |
| Hospital Owner/Lice | ensee: Seton Medical Center |
| Year of Rep | porting: 2012 |
| Contact 1 e-mail Ac | ddress: |
| Contact 2 e-mail Ac | ddress: |
| Contact 3 e-mail Add | dress:: |
| Name of Sub | omitter: |
| Submission | n Date: 1/4/2013 11:23:13 AM |

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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 | | | Anticipated Completion Date |
|---------------|---------------|----------------------------|------------------------|------|------------|--------------------------------|
| BLD- 00846 | 1963 Tower | 1900 Sullivan Avenue | Rebuild | SPC5 | 01/01/2020 | 01/01/2020 |
| BLD- 00847 | Front Wing | 1900 Sullivan Avenue | Rebuild | SPC5 | 01/01/2020 | 01/01/2020 |

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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: BLD-008 | 346 | Building Na | me: | 1963 | Tower | |
|------------------------------------------|--------------------|-------------------|-------|------|-----------------------------------------|---------------------------|
| Type of Service Provided | | | | | | |
| X Nursing Inpa | tient 201 | Inpatient Days | 31845 | | X Surgical | X Obstetrical Recovery |
| X IntensiveCare Inpa | | Inpatient Days | 262 | | X Anesthesia | X Newborn/ WellBaby |
| Pediatric/Adol Inpa escent Bed | tient 0 | Inpatient Days | 0 | | Clinical Lab | X Emergency |
| X Psychiatric Inpa Nursing Bed | tient 24 | Inpatient Days | 0 | | X Radiological/ Imaging Pharmaceutical | X Nuclear Medicine |
| X Obstetrical Inpa Ante/Postprtum Bed | tient 18 | Inpatient Days | 1718 | | X Dietetic | Rehabilitation Therapy |
| Intermediate Inpa Care Bed | tient 0 | Inpatient Days | 0 | | Administration | X Renal Dialysis |
| X Skilled Nursing Inpa | tient 83 | Inpatient Days | 14681 | | X Support Services X Obstetrical | Outpatient Surgery |
| | Total E Buildin | Beds this | 329 | | 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: BL | .D-00847 | Building Name: | ront Wing | |
|----------------------------|-------------------|--------------------------|---------------------------------|---------------------------|
| 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 | X 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 Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number: | BLD-00846 | Building Name: | 1963 Tower | | |
|----------------------|--------------------------|---------------------------|--------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (| Include GYN) | Acute Respira | tory Care | Acute Psychiatric | |
| Inpatient 201 Bed | Inpatient 3184 Days 5 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 24 Bed | Inpatient 0 Days |
| Perinatal (excluse N | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 18 Bed | Inpatient 1718 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 83 Bed | Inpatient 1468 Days 1 |
| Pediatric | | intensive Care Nursery | Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Sed | Inpatient 262 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developr Disabled | nent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient C 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 C Bed | Inpatient 0 Days | 329 | 329 |

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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: | BLD-00847 | Building Name: From | nt Wing | | |
|--------------------|---------------------|------------------------------|---------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical | (Include GYN) | Acute Respiratory | y 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 Ne 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 / developı 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 / Replaced / Rebuilt |
|--------------------|----------------------------|------------------------------------------------|
| BLD-00846 | 1963 Tower | Rebuild |
| BLD-00847 | Front Wing | Rebuild |
| BLD-00848 | Area A & B | Remain |
| BLD-00849 | Area C | Remain |
| BLD-00850 | Area D | Remain |
| BLD-00851 | Center Pod | Remain |
| BLD-00852 | South Pod | Remain |
| BLD-00853 | Utilities Service Building | Remain |

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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 | 2020 Tower | |

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| | | | | ı | | |

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)(20(C)

| Building I | Number: BLD-0084 | 6 | 1963 Tow | er | | Removal Date: | [| 01/01/2020 |
|------------|-------------------------------|---------------|--------------------------|---------------|-------------------------------|------------------|---|---------------------------|
| Planned | Uses for the building t | o be remov | ed from acute car | e service: | | | | |
| Planned | use for building: Clir | nic | | Jurisdiction: | Local Authority | | | |
| Inpatient | services currently deli | ivered in the | e building: | _ | | | | |
| X | Nursing | X | Surgical | X | Obstetrical Cesarean/Deliv | , | Ш | Rehabilitation Therapy |
| X | IntensiveCare | X | Anesthesia | _ | ı | | _ | |
| | Pediatric/Adol escent | | Clinical Lab | X | Obstetrical Recovery | | X | Renal Dialysis |
| X | Psychiatric Nursing | X | Radiological/ Imaging | X | Newborn/ WellBaby | | | Outpatient Surgery |
| X | Obstetrical Ante/Postprtum | | Pharmaceutical | Х | | | X | Central Plant |
| | Intermediate Care | X | Dietetic | | Emergency | | | |
| X | Skilled Nursing | | Administration | X | Nuclear Medicine | | X | Support Services |

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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: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Nursing N/A |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Intensive Care Relocated to new building New Building RetroFitted Building Other SPC2-SPC5 Building N_1-2020 Tower |
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Psychiatric Nursing Relocated to new building |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------|--|--|--|--|
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Obstetrical Ante Postprtum Relocated to new building | building? | | | | | |
| New Building RetroFitted Building | Other SPC2-SPC5 Buildin | <u>g</u> | | | | |
| N_1-2020 Tower | | | | | | |
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Skilled Nursing N/A | | | | | | |
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Surgical Relocated to new building | building? | | | | | |
| New Building RetroFitted Building | Other SPC2-SPC5 Buildin | <u>g</u> | | | | |
| N_1-2020 Tower | | | | | | |

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|-------------------------|------------------------------|--------------------------------------------|----------------------|---------------|
| Building BLE Number: | D-00846 Building Name: | 1963 Tower | | |
| Will general acutr care | services and beds will be re | elocated to a new, Existing or retrofittrd | building? | |
| Anesthesia | Relocated to new building | | | |
| New Building |] | RetroFitted Building | Other SPC2-SPC5 Buil | ding |
| N_1-2020 Tower | | | | |
| | | | | |
| Building BLE Number: | D-00846 Building Name: | 1963 Tower | | |
| Will general acutr care | services and beds will be re | elocated to a new, Existing or retrofittrd | building? | |
| Dietetic | Relocated to new building | | | |
| New Building | <u>g</u> | RetroFitted Building | Other SPC2-SPC5 Buil | ding |
| N_1-2020 Tower | | | | |
| | | | | |
| Building BLE Number: | D-00846 Building Name: | 1963 Tower | | |
| Will general acutr care | services and beds will be re | elocated to a new, Existing or retrofittrd | building? | |
| Support Services | Relocated to new building | | | |
| New Building | | RetroFitted Building | Other SPC2-SPC5 Buil | ding |
| N_1-2020 Tower | | | | |
| | | | | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|
| Building Number: BLD-00846 Building Name: 1963 Tower Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd | building? | |
| Obstetrical Relocated to new building | | |
| Cesarean/Deliv | | |
| New Building RetroFitted Building | Other SPC2-SPC5 Building | <u>g</u> |
| N_1-2020 Tower | | |
| | | |
| Building Name: 1963 Tower Number: | | |
| Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd | building? | |
| Obstetrical Recovery Relocated to new building | | |
| New Building RetroFitted Building | Other SPC2-SPC5 Building | g |
| N_1-2020 Tower | | |
| | | |
| Building Number: BLD-00846 Building Name: 1963 Tower | | |
| Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd | building? | |
| Newborn/Well Baby Relocated to new building | | |
| New Building RetroFitted Building | Other SPC2-SPC5 Building | <u>g</u> |
| N_1-2020 Tower | | |
| | | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| Building Number: BLD-00846 Building Name: 1963 Tower Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd | building? | |
| Emergency Relocated to new building | 7 | |
| New Building RetroFitted Building | □ Other SPC2-SPC5 Buildin | n. |
| N_1-2020 Tower | Other of oz or oo buildin | y |
| | | |
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Renal Dialysis Relocated to new building New Building RetroFitted Building N_1-2020 Tower | building? Other SPC2-SPC5 Buildin | g |
| Building Number: BLD-00846 Building Name: 1963 Tower | | |
| Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd | building? | |
| Medical/Surgical (Include GYN) | | |
| New Building RetroFitted Building | Other SPC2-SPC5 Buildin | <u>g</u> |
| N_1-2020 Tower | | |
| | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|--|--|--|
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Perinatal (exclude Newborn / GYN)) Relocated to new building | building? | | | | |
| New Building RetroFitted Building | Other SPC2-SPC5 Building | g | | | |
| N_1-2020 Tower | | | | | |
| Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd Intensive Care Relocated to new building | building? | | | | |
| Newborn Nursery | | | | | |
| New Building RetroFitted Building | Other SPC2-SPC5 Building | g | | | |
| N_1-2020 Tower | | | | | |
| Building Number: BLD-00846 Building Name: 1963 Tower | | | | | |
| Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? | | | | | |
| Acute Psychiatric N/A | | | | | |
| | | | | | |

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|--------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|-------------------|---------------|
| Building Number: Will general acutr Skilled Nursing | BLD-00846 Building N care services and beds w | ame: 1963 Tower ill be relocated to a new, Existing or retr | ofittrd building? | |
| Building Number: | BLD-00847 Building N | | | |
| Will general acutr | care services and beds w | III be relocated to a new, Existing or retr | ofittrd building? | |
| Support Services | Relocated to new bu | uilding | | |
| New Bu | uilding | RetroFitted Building | Other SPC2-SPC | 5 Building |
| N_1-2020 Tower | | | | |

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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: | BLD-00846 Building | g Name: 1963 Tow | er | | | |
|------------------|-------------------------------|--------------------|--------------|-------------------------------|---|---------------------------|
| Type of Service | e Provided | | | | | |
| | | X Surgic | al X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | Nursing | X Anesth | nesia | | | |
| X | IntensiveCare | | X | Obstetrical Recovery | X | Renal Dialysis |
| | Pediatric/Adol | Clinica | _ | | | Outpatient |
| | escent | X Radiol Imagir | ogical/ | Newborn/ WellBaby | | Surgery |
| X | Psychiatric Nursing | _ | naceutical X | Emergency | | Central Plant |
| | | | A A | 3 , | Ш | Comman Flam |
| X | Obstetrical Ante/Postprtum | X Dieteti | X | Nuclear Medicine | X | Support Services |
| | Intermediate Care | Admin | istration | | | |
| 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: | BLD-00847 Buildin | g Name: Front Wing | | | |
|------------------|------------------------|--------------------------|----------------------------|---|---------------------------|
| Type of Service | e Provided | | | | |
| | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | Nursing | Anesthesia | | | |
| | IntensiveCare | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol escent | Clinical Lab | | | Outpatient |
| _ | | X Radiologica Imaging | Newborn/ / WellBaby | | Surgery |
| | Psychiatric Nursing | Pharmaceut | tical Emergency | | Central Plant |
| | Obstetrical | | _ | | |
| Ш | Ante/Postprtum | Dietetic | Nuclear Medicine | X | Support Services |
| | Intermediate Care | Administrati | on | | |
| П | Skilled Nursing | _ | | | |

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

| Building Number | Building Number: BLD-00846 Building Name: 1963 Tower | | | | | | | | |
|-----------------|------------------------------------------------------|---------------|--------------------------|-----------|-------------------------------|---|---------------------------|--|--|
| Configuration: | Rebuild (Per SB90 | Definition fo | or Rebuild) with new SI | PC5 and N | NPC4 or NPC5 building. | | | | |
| Type of Servi | ice Provided | | | | | | | | |
| X | Nursing | X | Surgical | X | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | |
| X | IntensiveCare | X | Anesthesia | X | Obstetrical | X | Renal Dialysis | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery | | |
| 1' ' 1 | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | | Central Plant | | |
| | Intermediate | X | Dietetic | | | | | | |
| | Care Skilled Nursing | | Administration | X | Nuclear Medicine | X | Support Services | | |

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

| Building Numbe | r: BLD-00847 | Building Na | me: Front Wing | | | | |
|----------------|-------------------------------|---------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration: | Rebuild (Per SB90 | Definition fo | or Rebuild) with new | SPC5 and N | NPC4 or NPC5 building. | | |
| Type of Serv | ice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services |

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

| Building Numbe | er: BLD-00848 | Building Na | me: Area A & B | | | | |
|----------------|-------------------------------|---------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration | : Rebuild (Per SB90 | Definition fo | or Rebuild) with new | SPC5 and N | NPC4 or NPC5 building. | | |
| Type of Serv | vice Provided | | | | | | |
| | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | X | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | X | Central Plant |
| | Intermediate | | Dietetic | | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services |

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

| Building Numbe | er: BLD-00849 | Building Na | me: Area C | | | | |
|----------------|-------------------------------|---------------|--------------------------|-----------|-------------------------------|---|---------------------------|
| Configuration: | Rebuild (Per SB90 | Definition fo | or Rebuild) with new S | PC5 and N | NPC4 or NPC5 building. | | |
| Type of Serv | vice Provided | | | | | | |
| | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | X | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services |

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

| Building Numbe | er: BLD-00850 | Building Na | me: Area D | | | | |
|----------------|-------------------------------|---------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration | Rebuild (Per SB90 | Definition fo | or Rebuild) with new S | SPC5 and N | IPC4 or NPC5 building. | | |
| Type of Serv | vice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | X | Pharmaceutical | | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | | | |
| | Skilled Nursing | | Administration | X | Nuclear Medicine | X | Support Services |

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

| Building Number: | Building Number: BLD-00851 Building Name: Center Pod | | | | | | |
|------------------|------------------------------------------------------|--|--------------------------|--|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | | |
| Type of Servic | e Provided | | | | | | _ |
| N | ursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| In | tensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| 1 1 | ediatric/Adol scent | | Clinical Lab | | Recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | bstetrical nte/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | itermediate | | Dietetic | | | | |
| | are killed Nursing | | Administration | | Nuclear Medicine | X | Support Services |

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

| Building Number: | BLD-00852 | Building Na | me: South Pod | | | |
|------------------|-----------------------------|-------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | |
| Type of Servic | e Provided | | | | | |
| □ N | ursing | | Surgical | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| In | tensiveCare | | Anesthesia | Obstetrical | | Renal Dialysis |
| l I | ediatric/Adol scent | | Clinical Lab | Recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery |
| | bstetrical nte/Postprtum | | Pharmaceutical | Emergency | | Central Plant |
| | termediate | | Dietetic | | | |
| | are killed Nursing | X | Administration | Nuclear Medicine | X | Support Services |

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

| Building Numbe | r: BLD-00853 | Building Na | me: Utilities Servic | e Building | | | |
|----------------|-------------------------------|-------------|--------------------------|------------|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | | |
| Type of Serv | ice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | Emergency | X | Central Plant |
| | Intermediate Care | | Dietetic | | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

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

| Building Number: BL | Building Number: BLD-00848 Building Name: Area A & B | | | | | | | | | | |
|-----------------------------|------------------------------------------------------|----|--------------------------|----------------------------|------------------------|--|--|--|--|--|--|
| Type of Service Prov | Type of Service Provided | | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | X Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | | | | |
| X IntensiveCare | Inpatient Beds | 28 | X Anesthesia | | | | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | X Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | X Emergency | X Central Plant | | | | | | |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services | | | | | | |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | | | | | | | |
| Total Beds this Building | | 28 | | | | | | | | | |

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| Buildin | g Number: BLD |)-00849 | Building N | Name: Ar | ea C | | | | | |
|-------------|-------------------------------|-------------------|------------|----------|--------------------------|----------------------------|------------------------|--|--|--|
| <u>Type</u> | Type of Service Provided | | | | | | | | | |
| | Nursing | Inpatient Beds | 0 | X | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| | IntensiveCare | Inpatient Beds | 0 | X | 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 | Central Plant | | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Support Services | | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | |
| | Total Beds this Building | | 0 | | | | | | | |

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

| Building Number: BL | uilding Number: BLD-00850 Building Name: Area D | | | | | | | | | |
|-----------------------------|-------------------------------------------------|---|-----|-------------------------|-------------------------------|------------------------|--|--|--|--|
| Type of Service Prov | <u>/ided</u> | | | | | | | | | |
| 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/ maging | Newborn/ WellBaby | Outpatient Surgery | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X F | Pharmaceutical | Emergency | Central Plant | | | | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | X Nuclear Medicine | X Support Services | | | | |
| Skilled Nursing | Inpatient Beds | 0 | A | Administration | | | | | | |
| Total Beds this Building | | 0 | | | | | | | | |

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

| Building Number: BL | uilding Number: BLD-00851 Building Name: Center Pod | | | | | | | | | |
|-----------------------------|-----------------------------------------------------|---|--------------------------|----------------------------|------------------------|--|--|--|--|--|
| Type of Service Prov | <u>/ided</u> | | | | | | | | | |
| 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 | Central Plant | | | | | |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services | | | | | |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | | | | | | |
| Total Beds this Building | | 0 | | | | | | | | |

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

| Building Number: BL | Building Number: BLD-00852 Building Name: South Pod | | | | | | |
|-----------------------------|-----------------------------------------------------|---|---|--------------------------|----------------------------|-----------------------------|--|
| Type of Service Provided | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | X 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 | Central Plant | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | X Support Services | |
| Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | |
| Total Beds this Building | | 0 | | | | | |

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

| Buildi | Building Number: BLD-00853 Building Name: Utilities Service Building | | | | | | | |
|--------|----------------------------------------------------------------------|-------------------|---|--|--------------------------|----------------------------|------------------------|--|
| Тур | 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 | | | | | |

Report Status: **Data Last Update:** 10/31/2012 **Submission Date:** 01/04/2013 **Print Date:** 1/5/2013 6:25 AM

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| Building Number: | BLD-00848 Build | ing Name: Area A & B | | |
|-----------------------------------|------------------------|-----------------------------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (Inc | clude GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Days | 0 Inpatient 0 | Inpatient 0 Days |
| Perinatal (excluse Newborn / GYN) | | Burn | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Newborn Nursery | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | Int. Care / developr Disabled | nent |
| Inpatient 14 Bed | Inpatient 3911 Days | Inpatient 0 Inpatient Days | 0 Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 14 Bed | Inpatient 3035 Days | Inpatient 0 Inpatient Days | 0 28 | 28 |

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| Building Number: | BLD-00849 Build | ing Name: Area C | |
|------------------------|---------------------|-----------------------------------|--------------------------------------------------------|
| Medical / Surgical (In | clude GYN) | Acute Respiratory Care | Acute Psychiatric |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Days |
| Perinatal (excluse Ne | wborn / GYN) | Burn | Skilled Nursing |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Pediatric | | intensive Care Newborn Nursery | Intermediate Card |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | Int. Care / development Disabled |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | Inpatient 0 Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | Total Beds this Building Per Unit Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | 0 0 |

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| Building Number: | BLD-00850 Buil | ding Name: Area | ı D | | | |
|------------------------|-----------------------|-------------------------------|---------------------|-----------------------------------------|--------------------------------------------|--|
| Medical / Surgical (In | nclude GYN) | Acute Respiratory | Care | Acute Psychiatric | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 | Inpatient 0 Days | |
| Perinatal (excluse N | ewborn / 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 / develop | 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: | BLD-00851 Build | ing Name: Cen | ter Pod | | |
|------------------------|---------------------|-------------------------------|---------------------|-----------------------------------------|--------------------------------------------|
| 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 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 Disabled | 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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| Building Number: | BLD-00852 | Building Name: | South Pod | | |
|-------------------------|----------------|----------------------|-----------------|-----------------------------------------|--------------------------------------------|
| Medical / Surgical (I | nclude GYN) | Acute Ro | espiratory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpa Day | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse N | Burn | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpa | Inpatient 0 | Inpatient 0 Days |
| Pediatric | | intensive Nursery | e Care Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpa | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabili Center | tation | Int. Care / develop Disabled | ment |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpa | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemica Depende | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient Days | 0 Inpatient Bed | 0 Inpa Day | 0 | 0 |

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| Building Number: | LD-00853 Build | ing Name: Utilit | ies Service 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 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Nev Nursery | wborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 | 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 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 | Inpatient 0 | 0 | 0 |

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