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

| Facility Number: | 12432 | | |
|----------------------|---------|--|--|
| Facility Name: | Laguna | a Honda Hospital & Rehabilitation Center | |
| Address: | 375 Lag | guna Honda Blvd. | |
| City: | San Fra | ancisco | |
| Hospital Owner/Lice | ensee: | City And County of SAn Francisco Department of Public Health | |
| Year of Repo | orting: | 2012 | |
| Contact 1 e-mail Add | dress: | | |
| Contact 2 e-mail Add | dress: | | |
| Contact 3 e-mail Add | dress:: | | |
| Name of Subi | mitter: | Michael R. Llewellyn | |
| Submission | Date: | 11/1/2012 12:01:37 PM | |

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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 | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|---------------|--|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| BLD- 01086 | Main Hospital - Bldg H Wings A to F | 375 Laguna Honda Blvd. | Rebuild | SPC5 | 01/01/2013 | 12/07/2010 |
| BLD- 01087 | Main Hospital - Wings K & L | 375 Laguna Honda Blvd. | Rebuild | SPC5 | 01/01/2013 | 12/07/2010 |
| BLD- 01088 | Main Hospital - Wings M & O | 375 Laguna Honda Blvd. | Rebuild | SPC5 | 01/01/2013 | 12/07/2010 |
| BLD- 01091 | Power House | 375 Laguna Honda Blvd. | Remove | N/A | 01/01/2013 | 01/01/2004 |
| BLD- 01092 | Power House Additions | 375 Laguna Honda Blvd. | Remove | N/A | 01/01/2013 | 01/01/2004 |

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

| Building No: BLD-01086 Main Hospital - Bldg H Wings A | A to F Retrofit/Replacement Project: |
|--|---|
| Facility Project Sub Scope Number Number Num | Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review |
| 12432 HS013115-0 0 | 10/10/2001 1/4/2005 04/01/2004 01/01/2011 FIEL No 12:00:00 12:00:00 AM AM |
| 12432 HS013117-0 0 | 10/10/2001 1/4/2005 04/01/2004 01/01/2011 FIEL No 12:00:00 12:00:00 AM AM |
| | |
| | |
| Building No: BLD-01087 Main Hospital - Wings K & L | Retrofit/Replacement No Project: |
| Building No: BLD-01087 Main Hospital - Wings K & L Facility Project Sub Scope Number Number Num | |
| Facility Project Sub Scope | Project: L Date Plan Approved Proj. Start Proj. Completed Status CEQA |

| Building No: BLD-01088 Main Hospital - Wings M & O Retrofit/Replace Project: Facility Project Sub Scope Date Plan Approved Proj. Start Number Number Num in Date Date | | s CEQA |
|---|-------------------------|--------|
| | t Proj. Completed Statu | s CEQA |
| | Date | Review |
| 12432 HS013115-0 0 10/10/2001 1/4/2005 04/01/2 12:00:00 12:00:00 AM AM | 2004 01/01/2011 FIEL | No |
| 12432 HS013117-0 0 10/10/2001 1/4/2005 04/01/2 12:00:00 12:00:00 AM AM | 2004 01/01/2011 FIEL | No |

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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-01086 | Building Name: | Main Hospital - Bldg H Wings A to F | |
|----------------------------|-------------------|--------------------------|-------------------------------------|-----------------------|
| Type of Service Prov | <u>rided</u> | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | i i Garaida I i | stetrical covery |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | I I I Apocthodio | vborn/ llBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab Eme | ergency |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | ☐ Radiological/ ☐ Med | clear dicine |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | 1 1 1 | nabilitation erapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | 7 Administration | nal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | Support Outres Surg | patient gery |
| | | Total Beds this Building | Cesarean/Deliv — | ntral 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: BLD-0 | 1087 | Building Name: | Main | Hospital - Wings K & L | | |
|--------------------------|-----------------|------------------|------|-------------------------------|----------------|-------------------|
| Type of Service Provided | <u>k</u> | | | | | |
| Nursing Inp | patient 0 | Inpatient (| | Surgical | Obste | etrical very |
| IntensiveCare Inp | patient 0 | Inpatient Days (| | Anesthesia | Newb WellE | |
| Pediatric/Adol Inp | patient 0 | Inpatient Days | | Clinical Lab | Emer | gency |
| Psychiatric Inp | patient 0 ds | Inpatient Days (| | Radiological/ Imaging | Nucle Medie | |
| Obstetrical Inp | patient 0 | Inpatient Days | | Pharmaceutical Dietetic | Reha | bilitation apy |
| Intermediate Inp | patient 0 | Inpatient Days (| | Administration | | l Dialysis |
| Skilled Nursing Inp | patient 0 | Inpatient Days (| | Support Services Obstetrical | Outpa Surge | |
| _ | | Beds this | 0 | Cesarean/Deliv | Centi | al 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-01088 | Building Name: | Main Hospital - Wings M & O | |
|----------------------------|-------------------|--------------------------|-------------------------------|-----------------------------|
| 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 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: BL | .D-01091 | Building Name: Po | ower House | |
|----------------------------|-------------------|--------------------------|------------------------------|------------------------|
| 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 | 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: BL | .D-01092 | Building Name: | Power House Additions | |
|----------------------------|-------------------|--------------------------|------------------------------|------------------------|
| 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 | Support Services Obstetrical | Outpatient Surgery |
| | | Total Beds this Building | Cesarean/Deliv | Central Plant |

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| Building Number: | BLD-01086 | Building Name: Main | Hospital - Bldg H Wings A | A to F | |
|----------------------|---------------------|-------------------------------|---------------------------|---|--|
| 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 l | 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 | 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 / developn Disabled | nent |
| 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-01087 | Building Name: Mair | n Hospital - Wings K & L | | |
|--------------------|---------------------|-------------------------------|--------------------------|---|--|
| 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 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 / develope 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: | BLD-01088 | Building Name: | Main Hospital - Wings M & O | | |
|----------------------|---------------------|---------------------------|-----------------------------|---|--|
| Medical / Surgical (| (Include GYN) | Acute Respira | tory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 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 Care Nursery | 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 / develop | ment |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 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 Bed | Inpatient 0 Days | 0 | 0 |

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| Building Number: | BLD-01091 | Building Name: Pow | er House | | |
|--------------------|---------------------|-------------------------------|---------------------|---|--|
| 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 / developn Disabled | nent |
| 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-01092 | Building Name: Power | er House Additions | | |
|--------------------|---------------------|-------------------------------|---------------------|---|--|
| 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 | 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 | 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-01086 | Main Hospital - Bldg H Wings A to F | Rebuild |
| BLD-01087 | Main Hospital - Wings K & L | Rebuild |
| BLD-01088 | Main Hospital - Wings M & O | Rebuild |
| BLD-01091 | Power House | Remove |
| BLD-01092 | Power House Additions | Remove |

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| Provide the number of in from acute care services | | | type of service for the year of | 2009, 2010 and 2011 for buildi | ngs to be removed |
|---|--|-----------|---------------------------------|--------------------------------|------------------------|
| Building Nrbr: BLD-010 | 91 Building Name: | Power Hou | se | Year of Information: | 2009 |
| Type of Services | ivaine. | | | Information Current As Of: | |
| <u>Provided</u> | | I | _ | | _ |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical [| 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 Total Beds this Building | 0 | Administration | | |

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|---|--------------------------|-------------------------|---------------------------------|-----------|-------------------------------|---------|---------------------------|
| Provide the number of in from acute care services | | | type of service for the year of | f 2009, 2 | 2010 and 2011 for build | dings t | o be removed |
| Building Nrbr: BLD-010 | 91 Building Name: | Power Hou | se | | Year of Information | n: 20 | 10 |
| | | | | | nformation Current As | | |
| Type of Services 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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|---|---------------------------------------|-----------------------------------|--------------------------------|-------------------------------|---------------------------|
| Provide the number of in from acute care services | ppaient beds and s per Section 130 | patient days per 0061(c)(2)(D) | type of service for the year o | of 2009, 2010 and 2011 for bu | ildings to be removed |
| Building Nrbr: BLD-010 | 91 Building Name: | Power Hou | ise | Year of Informat | ion: 2011 |
| | | | | Information Current As Of: | |
| Type of Services 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 | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | |
| | Total Beds this Building | 0 | | | |

| Report Year: 2012 | | .aguna Honda Ho Center | ospital & Rehabilitation | San Francisco | Page:19 of 36 |
|---|-----------------------------------|-----------------------------------|--------------------------------|------------------------------|------------------------|
| Provide the number of ir from acute care services | ppaient beds and sper Section 130 | patient days per 0061(c)(2)(D) | type of service for the year o | f 2009, 2010 and 2011 for bu | ildings to be removed |
| Building Nrbr: BLD-010 | 92 Building Name: | Power Hou | ise Additions | Year of Informati | ion: 2009 |
| | | | | Information Current As Of: | |
| Type of Services 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 Year: 2012 | | .aguna Honda Ho Center | ospital & Rehabilitation | San Francisco | Page:20 of 36 |
|---|----------------------------------|----------------------------------|--------------------------------|-------------------------------|------------------------|
| Provide the number of ir from acute care services | ppaient beds and per Section 130 | patient days per 061(c)(2)(D) | type of service for the year o | of 2009, 2010 and 2011 for bu | ildings to be removed |
| Building Nrbr: BLD-010 | 92 Building Name: | Power Hou | se Additions | Year of Informati | ion: 2010 |
| | | | | Information Current As Of: | |
| Type of Services 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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|---|--------------------------|-----------------------|--------------------------------|-----------|-------------------------------|------------------------|
| Provide the number of in from acute care services | | | ype of service for the year of | f 2009, 2 | 010 and 2011 for build | dings to be removed |
| Building Nrbr: BLD-010 | 92 Building Name: | Power Hous | se Additions | | Year of Information | n: 2011 |
| | | | | In O | formation Current As f: | |
| Type of Services Provided | | | | | | |
| Nursing | Inpatient [| 0 | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient [Beds | 0 | Anesthesia | | | |
| Pediatric/Adol | Inpatient | 0 | Clinical Lab | | Obstetrical Recovery | Renal Dialysis |
| escent | Beds | | Radiological/ | | Newborn/ | Outpatient |
| Psychiatric Nursing | Inpatient Beds | 0 | Imaging | | WellBaby | Surgery |
| Obstetrical Ante/Postprtum | Inpatient [Beds | 0 | Pharmaceutical | | Emergency | Central Plant |
| Intermediate Care | Inpatient [Beds | 0 | Dietetic | | Nuclear Medicine | Support Services |
| Skilled Nursing | Inpatient Eeds | 0 | Administration | | | |
| | Total Beds this Building | 0 | | | | |

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|--------------|------|-------|--|---------------|---------------|
| | | | Center | | |

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 buildings or buildings per Section 130061(c)(20(C)

| Building l | Number: BLD-01086 | gs A to F | Removal Date: | [| 12/07/2010 | | | | | | |
|---|--|-----------|--------------------------|------------|-------------------------------|--|---|-----------------------|--|--|--|
| Planned | Uses for the building to | be remov | ed from acute car | e service: | | | | | | | |
| Planned use for building: Medical Office Building Jurisdiction: OSHPD | | | | | | | | | | | |
| Inpatient | Inpatient services currently delivered in the building: Obstetrical Rehabilitation | | | | | | | | | | |
| | Nursing | | Surgical | Ш | Obstetrical Cesarean/Deliv | | Ш | Therapy | | | |
| | IntensiveCare | | Anesthesia | | | | _ | | | | |
| | Pediatric/Adol escent | | Clinical Lab | Ш | Obstetrical Recovery | | Ш | Renal Dialysis | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | | Outpatient Surgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | · | | | Central Plant | | | |
| | Intermediate Care | | Dietetic | | Emergency | | | ochia i iani | | | |
| | Skilled Nursing | X | Administration | | Nuclear Medicine | | | Support Services | | | |

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|--------------|------|-------|--|---------------|---------------|
| | | | Center | | |

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-0108 | Removal Date: | [| 12/07/2010 | | | | | | | |
|--|--|------------------|--------------------------|------------|-------------------------|---|---|-----------------------|--|--|--|
| Planned | Uses for the building t | to be remov | ved from acute car | e service: | | | | | | | |
| Planned use for building: Medical Office Building Jurisdiction: OSHPD | | | | | | | | | | | |
| Inpatient | Inpatient services currently delivered in the building: Obstetrical Rehabilitation | | | | | | | | | | |
| | Nursing | | Surgical | Ш | Cesarean/Deliv | , | Ш | Therapy | | | |
| | IntensiveCare | | Anesthesia | | | | _ | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | Ш | Renal Dialysis | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | | Outpatient Surgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | _ | | | Central Plant | | | |
| | Intermediate Care | | Dietetic | | Emergency | | | Ochiai i iaili | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | | Support Services | | | |

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|--------------|------|-------|--|---------------|---------------|
| | | | Center | | |

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 | Building Number: BLD-01088 Main Hospital - Wings M & O | | | | | | | | 12/07/2010 | | | |
|---|--|--|--------------------------|---|---|-------------------------------|--|---|---------------------------|--|--|--|
| Planned | Planned Uses for the building to be removed from acute care service: | | | | | | | | | | | |
| Planned use for building: Medical Office Building Jurisdiction: OSHPD | | | | | | | | | | | | |
| Inpatient services currently delivered in the building: | | | | | | | | | | | | |
| | Nursing | | Surgical | L | | Obstetrical Cesarean/Deliv | | X | Rehabilitation Therapy | | | |
| | IntensiveCare | | Anesthesia | _ | _ | | | | | | | |
| | Pediatric/Adol escent | | Clinical Lab | L | | Obstetrical Recovery | | Ш | Renal Dialysis | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | | Newborn/ WellBaby | | | Outpatient Surgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | Г | ٦ | · | | | Control Digat | | | |
| | Intermediate Care | | Dietetic | L | _ | Emergency | | | Central Plant | | | |
| | Skilled Nursing | | Administration | | | Nuclear Medicine | | | 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: | BLD-01088 | Building Name: | Main Hospital - Wings M & O | | |
|---------------------------|-----------------|--------------------|---|---|--|
| Will general acutr | care services a | nd beds will be re | elocated to a new, Existing or retrofittrd building | ? | |
| Rehabilitation Therapy | N/A | | | | |

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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-01086 Buil | lding Name: | Main Hospital - Bldg H | Wings A to F | |
|------------------|------------------------|-------------|--------------------------|----------------------------|---------------------------|
| Type of Service | e Provided | | | | |
| | | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| | Nursing | | Anesthesia | | |
| | IntensiveCare | | | Obstetrical Recovery | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Outpatient |
| | | | Radiological/ Imaging | Newborn/ WellBaby | Surgery |
| | Psychiatric Nursing | | Pharmaceutical | Emergency | Central Plant |
| | Obstetrical | | | Nuclear | Support |
| | Ante/Postprtum | | Dietetic | Medicine | 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: | BLD-01087 Buildin | g Name: M | ain Hospital - Wings h | < & L | | | | |
|------------------|-------------------------------|-----------|---------------------------------|-------|-------------------------------|-----------|---------------------------|--|
| Type of Service | e Provided | | | | | | | |
| | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | Nursing | | Anesthesia | | | | | |
| | IntensiveCare | | | | Obstetrical Recovery | | Renal Dialysis | |
| | Pediatric/Adol | | Clinical Lab | | , | | Outpatient | |
| | escent | | Radiological/ Newborn/ WellBaby | | | ☐ Surgery | | |
| | Psychiatric Nursing | | Imaging | | | | | |
| | . va.og | | Pharmaceutical | | Emergency | | Central Plant | |
| | Obstetrical Ante/Postprtum | | Dietetic | | Nuclear Medicine | | Support Services | |
| | Laterana Pata | | | | | | | |
| | Intermediate Care | | Administration | | | | | |
| | Skilled Nursina | | | | | | | |

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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-01088 Buildi | ng Name: Main Hosp | oital - Wings M & O | | | | |
|------------------|------------------------|--------------------|---------------------|-------------------------------|---|---------------------------|--|
| Type of Servic | e Provided | | | | | | |
| | | Surgica | al | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | |
| | Nursing | Anesth | esia | | | | |
| | IntensiveCare | _ | | Obstetrical Recovery | | Renal Dialysis | |
| П | Pediatric/Adol escent | Clinica | ıl Lab | | | Outpatient | |
| | | Radiole Imagin | | Newborn/ WellBaby | | Surgery | |
| | Psychiatric Nursing | | aceutical | Emergency | | Central Plant | |
| | Obstetrical | | | Nuclear | | Support | |
| _ | Ante/Postprtum | Dieteti | С | Medicine | | Services | |
| | Intermediate Care | | | | | | |
| | Cale | Admini | istration | | | | |
| | Skilled Nursina | | | | | | |

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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)

| Duilding North and DLD 04004 Duilding North | |
|---|-----------------------|
| Building Number: BLD-01091 Building Name: Power House | |
| Type of Service Provided | |
| Cesarean/Deliv Ther | nabilitation erapy |
| Nursing Anesthesia | |
| IntensiveCare Obstetrical Recovery | nal Dialysis |
| Pediatric/Adol Clinical Lab Surg | patient gery |
| Radiological/ WellBaby Imaging | g, |
| Nursina | ntral Plant |
| Obstetrical Nuclear Supp | pport |
| Dietetic Medicine Serv | vices |
| Intermediate Care 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: BLD-0 |)1092 Building | y Name: Po | ower House Additions | | | |
|------------------------|----------------------|------------|--------------------------|---|-------------------------------|---------------------------|
| Type of Service Provi | ded | | | | | |
| | | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| Nursi | ng | | Anesthesia | | | |
| Intens | siveCare | | | | Obstetrical Recovery | Renal Dialysis |
| Pedia escer | atric/Adol nt | | Clinical Lab | | Newborn/ | Outpatient Surgery |
| _ | | | Radiological/ Imaging | | WellBaby | Cargory |
| Nursi | hiatric ng | | Pharmaceutical | | Emergency | Central Plant |
| Obste | etrical Postprtum | | | П | Nuclear | Support |
| , u.i.o, | · | | Dietetic | | Medicine | Services |
| Interr Care | mediate | | Administration | | | |
| | | | Auministration | | | |
| Skille | d Nursing | | | | | |

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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: | Building Number: BLD-01086 Building Name: Main Hospital - Bldg H Wings A to F | | | | | | | | | |
|--------------------------|---|---------------|--|---|-------------------------------|--|---------------------------|--|--|--|
| Configuration: | Rebuild (Per SB90 | Definition fo | Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building. | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| 1 | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | Emergency | | Central Plant | | | |
| | ntermediate Care | | Dietetic | | | | _ | | | |
| | Skilled Nursing | X | Administration | Ш | 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: BLD-01087 Building Name: Main Hospital - Wings K & L | | | | | | | |
|---|-----------------------------|--|--------------------------|---|-------------------------------|--|---------------------------|
| Configuration: N/A | | | | | | | |
| 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 | П | Emergency | | Central Plant |
| | termediate | | Dietetic | | | | |
| | are 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: BLD-01088 Building Name: Main Hospital - Wings M & O | | | | | | | |
|---|-----------------------------|--|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration: N/A | | | | | | | |
| Type of Service Provided | | | | | | | |
| N | ursing | | Surgical | | Obstetrical Cesarean/Deliv | X | 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 | П | Emergency | П | Central Plant |
| | termediate are | | Dietetic | | | | |
| | killed Nursing | | Administration | | Nuclear Medicine | | Support Services |

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| | | | Center | | |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | BLD-01091 | Building Na | me: Power House | | | |
|--------------------|-------------------------------|-------------|--------------------------|---|-------------------------------|---------------------------|
| Configuration: N/A | | | | | | |
| Type of Service | ce Provided | | | | | |
| | lursing | | Surgical | | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| Ir | ntensiveCare | | Anesthesia | | Obstetrical | Renal Dialysis |
| 1 1 | Pediatric/Adol escent | | Clinical Lab | | Recovery | |
| | Psychiatric Jursing | | Radiological/ Imaging | | Newborn/ WellBaby | Outpatient Surgery |
| | Obstetrical ante/Postprtum | | Pharmaceutical | П | Emergency | Central Plant |
| | ntermediate Care | | Dietetic | | | |
| | care Skilled Nursing | | Administration | | Nuclear Medicine | Support Services |

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| | | | | Center | | |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: BLD-01092 Building Name: Power House Additions | | | | | | | |
|---|-------------------------------|--|--------------------------|---|-------------------------------|--|---------------------------|
| Configuration: N/A | | | | | | | |
| 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 | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | Emergency | | Central Plant |
| | Intermediate Care | | Dietetic | | | | Support |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

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