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

Facility Number:	12416	
Facility Name:	Californi	a Pacific Medical Center-Davies Campus
Address:	Castro 8	Duboce Streets
City:	San Fra	ncisco
Hospital Owner/Lice	ensee:	Sutter West Bay Hospitals
Year of Rep	orting:	2013
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Carl Scheuerman
Submission	Date:	10/4/2013 3:24:44 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	g Extension Date	Anticipated Completion Date
BLD- 01101	Link Building	Castro & Duboce Streets	Rebuild	SPC5	01/01/2020	06/30/2019
BLD- 01102	South Tower	Castro & Duboce Streets	Rebuild	SPC5	01/01/2020	06/30/2019
BLD- 01103	Rehabilitation Building	Castro & Duboce Streets	Rebuild	SPC5	01/01/2020	06/30/2019

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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-01101 Link Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
18165 IS080885-0 0 PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 11/01/2013 06/30/2019 ACTI No 12:00:00 AM
Building No: BLD-01102 South Tower	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
18165 IS080885-0 0 PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 11/01/2013 06/30/2019 ACTI No 12:00:00 AM
Building No: BLD-01103 Rehabilitation Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
18165 IS080885-0 0 PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 11/01/2013 06/30/2019 ACTI No 12:00:00 AM

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

Building Number: BL	.D-01101	Building Name:	Link Building	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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

Building Number: BL	D-01102		Building Name:	5	South T	ower		
Type of Service Prov	<u>rided</u>							
X Nursing	Inpatient Beds		Inpatient Days	3434		Surgical		Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 1	npatient 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  Pharmaceutical	X	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0		Dietetic		Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0	Inpatient Days	0		Administration Support		Renal Dialysis Outpatient
X Skilled Nursing	Inpatient Beds	38	Inpatient Days 1	0202		Services  Obstetrical		Surgery
		Total Bed Building	ds this	70	L	Cesarean/Deliv		Central Plant

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

Building Nun	nber: <b>BLD-01103</b>	Building Name:	Rehabilitation Building	
Type of Ser	vice Provided			
Nursing	g Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
Intensi	veCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatr escent	ric/Adol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychic Nursin		0 Inpatient Days 0	Radiological/ Imaging  Pharmaceutical	Nuclear Medicine
Obstet Ante/P	rical Inpatient ostprtum Beds	0 Inpatient Days 0	Dietetic	X Rehabilitation Therapy
Interme Care	ediate Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialysis  Outpatient
Skilled	Nursing Inpatient Beds	0 Inpatient Days 0	Services  Obstetrical	Surgery
		Total Beds this Building	0 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-01101	Building Name: Link	Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / 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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#### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	BLD-01102	Building Name: Sout	th Tower		
Medical / Surgical (	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 32 Bed	Inpatient 3434 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 38 Bed	Inpatient 1020 Days 2
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	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	70	70

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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-01103	Building Name:	Rehabilitation Building		
Medical / Surgical (	Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	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	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	ı	Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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	0 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-01100	North Tower	Remain
BLD-01101	Link Building	Rebuild
BLD-01102	South Tower	Rebuild
BLD-01103	Rehabilitation Building	Rebuild
BLD-01104	Emergency Systems Additions	Remain
BLD-01105	MER 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	New Hospital	X	

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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-0110	2	South Tov	ver		Removal Date:		06/30/2019			
Planned Uses for the building to be removed from acute care service:											
Planned	Planned use for building: Clinic Jurisdiction: OSHPD										
Inpatient	npatient services currently delivered in the building:										
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Ш	Rehabilitation 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			Ochilai i lant			
X	Skilled Nursing		Administration	X	Nuclear Medicine		X	Support Services			

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			Campus				

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 Number: BLD-01103 Rehabilitation Building Removal Date:											
Planned Uses for the building to be removed from acute care service:											
Planned use for building: Clinic Jurisdiction: OSHPD											
Inpatient services currently delivered in the building:											
	Nursing		Surgical	Ш	Obstetrical Cesarean/Deliv	,	X	Rehabilitation 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		·						
	Intermediate Care		Dietetic		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-01101 Building Name: Link Building	
Will general acute care services and beds will be relocated to a new, Existing or r	retrofitted building?
Support Services Relocated to new building	
New Building RetroFitted Building	Other SPC2-SPC5 Building
N_1-New Hospital	
Facility Project Sub Scope Status	Date Plan Approved Proj. Start Proj. Completed
Number Num	in Date Date Date
18165 IS080885-0 0 PPR - NEW ACUTE CARE HOSPITAL	2008-06-11 11/01/2013 06/30/2019 ACTI
Building Number: BLD-01102 Building Name: South Tower	
2 and 1 g	retrofitted building?
Number:	retrofitted building?
Number:  Will general acute care services and beds will be relocated to a new, Existing or r	retrofitted building? Other SPC2-SPC5 Building
Number:  Will general acute care services and beds will be relocated to a new, Existing or r  Nursing  Relocated to new building	
Number:  Will general acute care services and beds will be relocated to a new, Existing or r  Nursing  Relocated to new building  New Building  RetroFitted Building	

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Report Year: 2013 12416 California Pacific Medical Center-Davies San Francisco Page:18 of 38 Campus BLD-01102 **Building Name:** South Tower Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Skilled Nursing Removed from hospital services BLD-01102 South Tower **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services Relocated to new building **New Building RetroFitted Building** Other SPC2-SPC5 Building N\_1-New Hospital Date Plan Approved Proj. Start Proj. Completed Facility Project Sub Scope Status Number Number Num Date Date Date 06/30/2019 ACTI IS080885-0 2008-06-11 11/01/2013 18165 0 PPR - NEW ACUTE CARE HOSPITAL

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Report Year: 12416 California Pacific Medical Center-Davies San Francisco Page:20 of 38 2013 Campus BLD-01102 **Building Name:** South Tower Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Relocated to new building Nuclear Medicine **New Building** RetroFitted Building Other SPC2-SPC5 Building N\_1-New Hospital Facility Project Sub Date Plan Approved Proj. Start Proj. Completed Scope Status Number Number Num Date Date Date in IS080885-0 11/01/2013 18165 0 PPR - NEW ACUTE CARE HOSPITAL 2008-06-11 06/30/2019 ACTI BLD-01102 **Building Name:** South Tower Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Medical/Surgical Relocated to new building (Include GYN) New Building RetroFitted Building Other SPC2-SPC5 Building N\_1-New Hospital Date Plan Approved Proj. Start Proj. Completed Facility Project Sub Scope Status Number Number Num in Date Date Date IS080885-0 2008-06-11 11/01/2013 18165 0 PPR - NEW ACUTE CARE HOSPITAL 06/30/2019 ACTI

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Report Year: 2013 12416 California Pacific Medical Center-Davies San Francisco Page:22 of 38 Campus BLD-01102 **Building Name:** South Tower Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Skilled Nursing Removed from hospital services BLD-01103 Rehabilitation Building **Building Name:** Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Rehabilitation Relocated to new building Therapy **New Building** RetroFitted Building Other SPC2-SPC5 Building N\_1-New Hospital Date Plan Approved Proj. Start Proj. Completed Facility Project Sub Scope Status Number Number Num Date Date Date in 18165 IS080885-0 0 PPR - NEW ACUTE CARE HOSPITAL 2008-06-11 11/01/2013 06/30/2019 ACTI

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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-01101	Building Name:	Link Building							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare	,	_	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol	,   L	Clinical Lab	Newborn/		Outpatient Surgery				
	Psychiatric		Radiological/ Imaging	WellBaby						
	Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtu	m _		Nuclear	Х	Support				
	,		Dietetic	Medicine		Services				
	Intermediate Care		Administration							
	Skilled Nursin	g								

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

Building Number:	BLD-01102 Buildin	g Name: South Tower								
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
X	Nursing	Anesthesia								
	IntensiveCare		Obstetrical Recovery	Renal Dialysis						
П	Pediatric/Adol escent	Clinical Lab		Outpatient						
		Radiological/ Imaging	Newborn/ WellBaby	L Surgery						
Ш	Psychiatric Nursing	Pharmaceutical	Emergency	Central Plant						
	Obstetrical Ante/Postprtum		X Nuclear	X Support						
	Anter Ostpitum	Dietetic	Medicine	Services						
	Intermediate Care									
	· · ·	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)

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Building Number:	BLD-01103	Building Name:	Rehabilitation Build	ding							
Type of Service	Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy					
	Nursing	l	Anesthesia								
	IntensiveCare	; 		Obstetrical Recovery		Renal Dialysis					
П	Pediatric/Adolescent	,	Clinical Lab	□ No Love/		Outpatient Surgery					
			Radiological/ Imaging	Newborn/ WellBaby		Surgery					
Ш	Psychiatric Nursing		Pharmaceutica	al Emergency		Central Plant					
	Obstetrical Ante/Postprtu	ım _	_	Nuclear		Support					
	·		Dietetic	Medicine		Services					
	Intermediate Care		Administration								
	Skilled Nursin	ng									

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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	r: BLD-01100	Building Na	me: North Tower				
Configuration:	Remove from GAC	service by	1/1/2030				
Type of Servi	ice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical				
	Ante/F ostpitalii	_		×	Emergency	X	Central Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing	X	Administration		. Tasisai Maaisiilo		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-01101	Building Na	me: Link Building					
Configuration:	Configuration: Remove from GAC service by 1/1/2020							
Type of Servi	ice 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					
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

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

Building Number:	BLD-01102	Building Na	ding Name: South Tower						
Configuration:	Remove from GAC	Service by	1/1/2020						
Type of Servic	e Provided								
X 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		
I I	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
In	itermediate		Dietetic	_	Lineigency	_	OSMAT TAIL		
	are killed Nursing		Administration	X	Nuclear Medicine	X	Support Services		

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

Building Numb	er: BLD-01103	Building Na	me: Rehabilitation	n Building			
Configuration	Configuration: Remove from GAC service by 1/1/2020						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	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		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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

Building Number: BLD-01104 Building Name: Emergency Systems Additions							
Configuration:	Configuration: Remove from GAC service by 1/1/2030						
Type of Servi	ce 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		Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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

Building Numb	er: BLD-01105	Building Na	me: MER Building	1			
Configuration	Configuration: Remove from GAC service by 1/1/2030						
Type of Ser	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		Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number	er: <b>BLD-01100</b>	Building I	Name: No	rth Tower				
Type of Service Provided								
X Nursing	Inpatient Beds	154	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Intensive	Care Inpatient Beds	8	X	Anesthesia				
Pediatric escent	/Adol Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiat Nursing	ric Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetric Ante/Pos		0	X	Pharmaceutical	X	Emergency	X	Central Plant
Intermed Care	iate Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services
Skilled N	ursing Inpatient Beds	0	X	Administration				
Total Be Building	ds this	162						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: BLD-01104 Building Name: Emergency Systems Additions						
Type of Service Pro	<u>vided</u>					
Nursing	Inpatient Beds	0	Surg	ical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anes	thesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinic	cal Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radio Imag	ological/ ing	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Phari	maceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Diete	tic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Admi	nistration		
Total Beds this Building		0				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: BL	.D-01105	Building I	Name: MER Building				
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia	a			
Pediatric/Adol escent	Inpatient Beds	0	Clinical La	Dobstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiologic Imaging	al/ Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmace	utical Emergency	X Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administra	tion			
Total Beds this Building		0					

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-01100 Build	ing Name: North	n Tower		
Medical / Surgical (In	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 106 Bed	Inpatient 11376 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0
Pediatric		Intensive Care New Nursery	vborn	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developme Disabled	entally
Inpatient 8 Bed	Inpatient 2188 Days	Inpatient 48 Bed	Inpatient 8591 Days		npatient 0
<b>Coronary Care</b>		Chemical Depende	ency	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit 162	Service 162

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-01104 Buildi	ing Name: Eme	rgency Systems Additions	8	
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (Exclude Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		Intensive Care New Nursery	vborn	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Depende	ency	Total Beds this Building Per Total Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-01105	Building Name: MEF	MER Building			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	<sup>'</sup> Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient O	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		Intensive Care Ne Nursery	wborn	Intermediate Care		
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
Inpatient 0	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Depend	ency	Total Beds this Building Per Total Beds this Building Per		
Inpatient 0 Bed	Inpatient C Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 0		