2013

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Laguna Honda Hospital & Rehabilitation Center

San Francisco

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

Facility Number:	12432		
Facility Name:	Laguna	Honda Hospital & Rehabilitation Center	
Address:	375 Lag	una Honda Blvd.	
City:	San Fra	ncisco	
Hospital Owner/Lice	ensee:	City And County of SAn Francisco Department of Public Health	
Year of Rep	orting:	2013	
Contact 1 e-mail Ad	dress:		
Contact 2 e-mail Ad	dress:		
Contact 3 e-mail Add	dress::		
Name of Sub	mitter:	Michael R. Llewellyn	
Submission	Date:	10/24/2013 5:21:39 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 to F	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
12432 HS013115-0 0 EAST RESIDENCE	10/10/2001 1/4/2005 04/01/2004 01/01/2011 PEND No 12:00:00 12:00:00 AM AM
12432 HS013117-0 0 SOUTH RESIDENCE	10/10/2001 1/4/2005 04/01/2004 01/01/2011 PEND No 12:00:00 12:00:00 AM AM
Building No: BLD-01087 Main Hospital - Wings K & L	Retrofit/Replacement Yes-Submitted Project:
Building No: BLD-01087 Main Hospital - Wings K & L Facility Project Sub Scope Number Number Num	· · · · · · · · · · · · · · · · · · ·
Facility Project Sub Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA

Report Year: 2013 12432 Laguna Honda Hospital & Rehabilitation San Francisco Page:4 of 41 Center Building No: BLD-01088 Main Hospital - Wings M & O Retrofit/Replacement Yes-Submitted Project: Facility Project Sub Number Number Num Date Plan Approved Proj. Start Proj. Completed Status CEQA Scope Date Date Review 12432 HS013115-0 0 EAST RESIDENCE 10/10/2001 1/4/2005 04/01/2004 01/01/2011 PEND No 12:00:00 12:00:00 AM AM 12432 HS013117-0 0 SOUTH RESIDENCE 10/10/2001 1/4/2005 04/01/2004 01/01/2011 PEND No 12:00:00 12:00:00 ΑM AM

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Laguna Honda Hospital & Rehabilitation Center

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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-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	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	X 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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Laguna Honda Hospital & Rehabilitation Center

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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-01087	Building Name:	Main Hospital - Wings K & L	
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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Laguna Honda Hospital & Rehabilitation Center

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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: BLD	D-01088	Building Name:	Main Hospital - Wings M & O	
Type of Service Provide	<u>ded</u>			
, ,	Inpatient 0 Beds	Inpatient 0 Days	Surgical	Obstetrical Recovery
	Inpatient 0 Beds	Inpatient Days 0	Anesthesia	Newborn/ WellBaby
	Inpatient 0 Beds	Inpatient Days 0	Clinical Lab	Emergency
	Inpatient 0 Beds	Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
	Inpatient 0 Beds	Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
	Inpatient 0 Beds	Inpatient Days 0	Administration	Renal Dialysis
	Inpatient 0 Beds	Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
	Total E Buildir	Beds this 0	1 <u>L.</u>	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-01091	Building Name:	Power 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 Pharmaceutical	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
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	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-01092	Building Name:	ower House Additions	
Type of Service Prov	<u>ided</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 Win	gs A to F	
Medical / Surgical (Include GYN)	Acute Respirat	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C 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 / 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	0	0

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Building Number:	BLD-01088 Buildi	ng Name:	ain Hospital - Wings M & O		
Medical / Surgical (Inc	clude GYN)	Acute Respirato	ry Care	Acute Psychiatric	
	npatient 0 Pays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	ewborn	Intermediate Card	
	npatient 0 lays	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	ays 0	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
	patient 0 ays	Inpatient 0 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 New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 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: Powe	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 / developm 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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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 inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)				
Building Nrbr: BLD-01091 Building Name:	Power House	Year of Information: 2010		
Unit Type	lı	nformation Current As Of:		
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days		
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days		
Pediatric	Intensive Care Newborn Nursery	Intermediate Care		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days		
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days		
Coronary Care	Chemical Dependency	Total Beds this		
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Building per Unit		
Beds Days	Days	Total Beds this Building per Service		

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Cent	-				
Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)				
Building Nrbr: BLD-01091 Building Name:	Power House	Year of Information: 2011			
<u>Unit Type</u>		Information Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing			
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days			
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Coronary Care	Chemical Dependency	Total Beds this			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit			
•	•	Total Beds this Building per Service			

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Cente	51	
Provide the number of inpatient beds and patient services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 ar	nd 2012 for buildings to be removed from acute
Building Nrbr: BLD-01091 Building Name:	Power House	Year of Information: 2012
Unit Type		Information Current As Of:
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days
Pediatric	Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Beds Days
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0
Beds Days	Beds Days	Beds Days
Coronary Care	Chemical Dependency	Total Beds this
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit
·	·	Total Beds this Building per Service

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Cent	er				
Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)				
Building Nrbr: BLD-01092 Building Name:	Power House Additions	Year of Information: 2010			
<u>Unit Type</u>	I	nformation Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Coronary Care	Chemical Dependency	Total Beds this			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit			
Beds Days	Beds Days	Total Beds this			
		Building per Service			

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Cent	er —				
Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)				
Building Nrbr: BLD-01092 Building Name:	Power House Additions	Year of Information: 2011			
<u>Unit Type</u>	I	nformation Current As Of:			
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled			
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Inpatient 0 Patient 0			
Beds Days	Beds Days	Beds Days			
Coronary Care	Chemical Dependency	Total Beds this			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit			
Beds Days	Beds Days	Total Beds this			
		Building per Service			

Report Year: 12432 Laguna Honda Hospital & Rehabilitation San Francisco Page:23 of 41 2013 Center Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Building Nrbr: BLD-01092 **Building Name:** Power House Additions Year of Information: 2012 Information Current As Of: Unit Type **Acute Psychiatric** Medical/Surgical (include GYN) **Acute Respiratory Care** ol Patient 0 0 Inpatient Patient Patient 0 Inpatient Inpatient Beds Days **Beds** Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient ol Patient Inpatient Inpatient 0 Patient 0 Inpatient Beds Days Beds Days Beds Days **Intensive Care Newborn Nursery Pediatric Intermediate Care** Patient Inpatient Patient Inpatient 0 Inpatient 0 Patient 0 **Beds** Beds Beds Days Days Days Int. Care/Developmentally Disabled **Intensive Care** Rehabilitation Center Patient 0 ol Patient 0 0 0 Inpatient Inpatient 0 Inpatient Patient Beds Days Beds Days **Beds** Days **Coronary Care Chemical Dependency Total Beds this** 0 ol Patient Patient 0

ol

Days

Building per Unit

Building per Service

0

Total Beds this

Report Status: Data Last Update: 10/24/2013 Submission Date: 10/24/2013 10/26/2013 1:50 PM **Print Date:**

0

Days

Inpatient

Beds

Inpatient

Beds

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			i Cenier		

Provide the number of inpatient beds and pat from acute care services per Section 130061		e for the year of 2010, 2011 and 2012 for buildings to be removed
Building Nrbr: BLD-01091 Building Name:	Power House	Year of Information: 2010
Type of Services Provided		Information Current As Of:
Nursing Inpatient 0 Beds	Patient 0 Days	Surgical Obstetrical Rehabilitation Cesarean/Deliv Therapy
IntensiveCare Inpatient 0 Beds	Patient 0 Days	Anesthesia Obstetrical Renal Dialysis
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Days	Clinical Lab Recovery
Psychiatric Inpatient 0 Nursing Beds	Patient 0 Days	Radiological/ Newborn/ Outpatient Surgery
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days	Pharmaceutical Emergency Central Plant
Intermediate Inpatient 0 Care Beds	Patient 0 Days	Dietetic Nuclear Support Medicine Services
Skilled Nursing Inpatient 0 Beds	Patient 0 Days	Administration
Total Beds this Building per service	0	

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building Nrbr: BLD-0	D1091 Building Name:	Power House		Year of Information:	2011				
Type of Services Provided				Information Current As Of:					
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis				
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Treffel Dialysis				
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	al Emergency	X Central Plant				
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration						
Total Beds this B	uilding per service	0							

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building Nrbr: BLD-0	01091 Building Name:	Power House		Year of Information:	2012				
Type of Services Provided			•	Information Current As Of:					
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis				
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	L Doggivery					
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiologica Imaging	I/ Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceu	tical Emergency	Central Plant				
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administrati	on					
Total Beds this B	Building per service	0							

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	of inpatient beds and patices per Section 130061		e for the year of 20	10, 2011 and 2012 for build	ings to be removed
Building Nrbr: BLD-0	01092 Building Name:	Power House Additions		Year of Information:	2010
Type of Services Provided				Information Current As Of:	10/01/2013
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceuti	cal Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	on	
Total Beds this B	Building per service	0			

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building Nrbr: BLD-0	D1092 Building Name:	Power House Additions		Year of Information:	2011				
Type of Services Provided				Information Current As Of:					
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis				
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Trenai Dialysis				
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	/ Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceuti	ical Emergency	X Central Plant				
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	on					
Total Beds this B	uilding per service	0							

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building Nrbr: BLD-0	D1092 Building Name:	Power House Additions		Year of Information:	2012				
Type of Services Provided				Information Current As Of:					
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis				
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	renai blaysis				
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	al Emergency	Central Plant				
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	1					
Total Beds this Bu	uilding per service	0							

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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-01086 Building Name: Main Hospital - Bldg H Wings A to F
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Administration N/A
Building Number: BLD-01088 Building Name: Main Hospital - Wings M & O
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Rehabilitation Therapy

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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	Building Na	me: M	lain Hospital - Bldg H	Wings A	to F				
Type of Service Provided										
	N. andre		Ш	Surgical	Ш	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy		
	Nursing			Anesthesia				Devel Districts		
	IntensiveCare	•			Ш	Obstetrical Recovery	Ш	Renal Dialysis		
	Pediatric/Adolescent	I		Clinical Lab		Newborn/		Outpatient Surgery		
				Radiological/ Imaging	Ш	WellBaby		Cargory		
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant		
	Obstetrical Ante/Postprtu	m				Nuclear		Support		
	·			Dietetic		Medicine		Services		
	Intermediate Care		Х	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-01087 Buildin	g Name: Main Hospital - Wings H	< & L							
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing	Anesthesia								
	IntensiveCare		Obstetrical Recovery		Renal Dialysis					
П	Pediatric/Adol escent	Clinical Lab			Outpatient					
		Radiological/ Imaging	Newborn/ WellBaby		Surgery					
	Psychiatric Nursing	Pharmaceutical	Emergency		Central Plant					
П	Obstetrical		Nuclear		Support					
_	Ante/Postprtum	Dietetic	Medicine		Services					
	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-01088	Building Name:	Main	Hospital - Wings M	& O					
Type of Service Provided										
			_ s	Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy		
	Nursing] A	nesthesia						
	IntensiveCare		-		Ш	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Ado escent	, L		Clinical Lab		Newborn/		Outpatient Surgery		
	Psychiatric			Radiological/ maging	Ш	WellBaby		0 ,		
	Nursing] F	Pharmaceutical		Emergency		Central Plant		
	Obstetrical Ante/Postprtu	ım _	_			Nuclear		Support		
	,			Dietetic	_	Medicine		Services		
	Intermediate Care		7 4	Administration						
	Skilled Nursin		」 ′	arm noticulori						
	OKIIICU INUISII	'9 I								

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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-01091	Building Name:	Power House							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia							
	IntensiveCare	•	_	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Ado escent	, L	Clinical Lab		П	Outpatient				
			Radiological/ Imaging	Newborn/ WellBaby		Surgery				
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtu	ım		Nuclear		Support				
	, interi ostprio		Dietetic	Medicine		Services				
	Intermediate Care		Administration							
	Skilled Nursir	ng								

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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: BL	D-01092	Building Name:	Power House Additions			
Type of Service Pro	ovided				_	
			Surgical	Obstetrical Cesarean/D	eliv	Rehabilitation Therapy
Nu	ursing		Anesthesia			5 .5
Inf	tensiveCare		1	Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Newborn/		Outpatient Surgery
☐ Ps	sychiatric		Radiological/ Imaging	WellBaby		
	ursing		Pharmaceutical	Emergency		Central Plant
	bstetrical nte/Postprtum		Dietetic	Nuclear Medicine		Support Services
	termediate are		Administration			
Sk	killed 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:	BLD-01086	Building Na	me: Main Hospital -	Bldg H Wir	ngs A to F	
Configuration: N/A						
Type of Service	Provided					_
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	estetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic		Lineigency	Central Flatti
Ca ☐ Ski	re illed Nursing	X	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	Building Number: BLD-01087 Building Name: Main Hospital - Wings K & L								
Configuration:	N/A								
Type of Serv	ice Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
1 1	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	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-01088	Building Na	me: Main Hospital -	Wings M &	. 0		
Configuration: N/A							
Type of Service	e 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				Central Plant
	termediate		Dietetic		Emergency		Central Plant
С	are		Administration		Nuclear Medicine		Support Services
\square S	killed 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:	BLD-01091	Building Na	me: Power House		
Configuration: N/A					
Type of Service	Provided				
☐ Nu	ursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	ensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	ediatric/Adol cent		Clinical Lab	Recovery	
	ychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical	Emorgonou	Central Plant
	ermediate		Dietetic	Emergency	Central Plant
	are		Administration	Nuclear Medicine	Support Services
Sk	illed Nursing		, id.iiiiioti diloii		

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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-01092	Building Na	me: Power House	Additions		
Configuration:	N/A					
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		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic	_	Lineigonoy	Contract tark
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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