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

Facility Number:	12443	
Facility Name:	UCSF M	Medical Center at Mount Zion
Address:	1600 Di	visadero Street
City:	San Fra	ncisco
Hospital Owner/Lic	censee:	Regents of University of California
Year of Re	porting:	2013
Contact 1 e-mail A	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ac	ddress::	
Name of Sul	bmitter:	UCSF Medical Center
Submissio	n Date:	9/25/2013 9:17:41 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- 01083	Building B	1600 Divisadero Street	Retrofit	SPC2	01/01/2015	12/31/2014
BLD- 01084	Building D	1600 Divisadero Street	Retrofit	SPC2	01/01/2015	12/31/2014

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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-01083 Building B	Retrofit/Replacement Hazus-Submitted Project:
Facility Project Sub Scope <u>Number Num</u>	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12443 HS072167-0 0	11/27/2007 11/18/2010 12/30/2011 FIEL No 12:00:00 12:00:00 AM AM
Building No: BLD-01084 Building D	Retrofit/Replacement No Project:
Building No: BLD-01084 Building D Facility Project Sub Scope Number Num	

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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-01083	Building Name:	Building B	3	
Type of Service Prov	<u>/ided</u>				
X Nursing	Inpatient Beds	40 Inpatient 8062 Days		Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days (] .	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days		Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days (Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days	, ; ;	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days	' ' ' '	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days (Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building		Cesarean/Deliv	X 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: BLD-01084	Building Name:	Building D		
Type of Service Provided				
Nursing Inpatient Beds	0 Inpatient 0 Days	Surgical Obstetrical Recovery		
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia Newborn/ WellBaby		
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab Emergency		
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Nuclear Medicine		
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic Rehabilitation Therapy	'n	
Intermediate Inpatient Care Beds	0 Inpatient Days 0	Administration Renal Dialys	sis	
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	X Support Outpatient Services Surgery		
	Total Beds this Building 0	Cesarean/Deliv Central Plant	ıt	

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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-01083	Building Name: Buil	ding B				
Medical / Surgical (Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 40 Bed	Inpatient 8062 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 Ne Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / develop	ment		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	40	40		

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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-01084	Building Name: Bu	ilding D		
Medical / Surgical (Include GYN)	Acute Respirator	ry Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / 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 No Nursery	ewborn	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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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-01082	Building A	Remain
BLD-01083	Building B	Retrofit
BLD-01084	Building D	Retrofit
BLD-01085	Building R	Remain

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		l acute care hos _l 130061(c)(4)	pital inpatient se	ervice t	hat is provided in	any ge	enaral acute care ho	ospital bu	uilding that is rated
Building Nun	nber:	BLD-01083 E	Building Name:	Buildi	ng B				
Type of \$	Service	Provided							
				Su	ırgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	X	Nursing		Ar	esthesia				
		IntensiveCare		_			Obstetrical Recovery		Renal Dialysis
		Pediatric/Adol escent		∐ CI _	inical Lab		Newborn/	X	Outpatient Surgery
		Psychiatric			adiological/ naging	Ш	WellBaby		
		Nursing		Pł	narmaceutical		Emergency	X	Central Plant
		Obstetrical Ante/Postprtum		Di	etetic		Nuclear Medicine	X	Support Services
		Intermediate Care	Σ	C Ac	dministration				

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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-01084	Building Name:	Building D			
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 X Pharmaceutical	Emergency		Central Plant
	Obatatriaal		1 Harmaceutical	Lineigeney		Central Flant
	Obstetrical Ante/Postprtum	' [Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		_			
	Cale		Administration			
	Skilled 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-01082	Building Na	me: Building A				
Configuration:	N/A						
Type of Servi	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Х	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		_		
•	ranor corpitani		Dietetic	Ш	Emergency	Ш	Central Plant
	Intermediate Care		Dietetic	X	Nuclear Medicine	X	Support
	Skilled Nursing	X	Administration				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 Numbe	er: BLD-01083	Building Na	me: Building B				
Configuration:	: N/A						
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				Current
	Skilled Nursing	X	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-01084 Building Name: Building D								
Configuration:	N/A							
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	X	Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic					
	Care 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-01085	Building Na	me: Building R			
Configuration:	N/A					
Type of Service Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery	
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical ante/Postprtum		Pharmaceutical	П	Emergency	Central Plant
	ntermediate Care	X	Dietetic		Nuclear Medicine	Support
	Skilled Nursing	X	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)

Buildi	ng Number: BLI	D-01082	Building I	Name: Bu	uilding A			
Type of Service Provided								
X	Nursing	Inpatient Beds	93		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	7	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		100					

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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-01085	Building N	Name: Building R				
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	X Administration				
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:	LD-01082 Buildi	ng Name: Build	ding A			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 93 Bed	Inpatient 8910 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Perinatal (Exclude Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Pediatric		Intensive Care New Nursery	wborn	Intermediate Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developm Disabled	entally	
Inpatient 7 Bed	Inpatient 988 Days	Inpatient 0 Bed	Inpatient 0 Days		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	Inpatient 0 Days	Unit 100	Service 100	

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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-01085	Building Na	me: Build	ding R				
Medical / Surgical (I	Acut	e Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (Exclude Newborn / GYN)					Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		Inter Nurs	sive Care Ne	wborn	Intermediate Care			
Inpatient 0 Bed	Inpatient Days	0 Inpai Bed	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Reha Cent	ibilitation er		Int. Care / Develop Disabled	mentally		
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Che	nical Depende	ency	Total Beds this Building Per	Total Beds this Building Per		
Inpatient 0 Bed	Inpatient Days	0 Inpa	ient 0	Inpatient 0 Days	Unit 0	Service 0		