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

| Facility Number: | 12460 | |
|----------------------|----------|---|
| Facility Name: | St. Mary | s Medical Center San Francisco |
| Address: | 450 Star | yan Street |
| City: | San Fran | cisco |
| Hospital Owner/Lice | ensee: | St. Mary's Medical Center San Francisco |
| 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: | Robert Omens |
| Submission | n Date: | 12/10/2013 11:42:23 AM |

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|---------------|---------------|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| BLD- 01073 | McAuley Wing | 450 Stanyan Street | Retrofit | SPC2 | 01/01/2015 | 02/12/2014 |

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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-01073 | McAuley Wing | | Retrofit/Replacement Project: | Yes-Submit | ted |
|---|---|-----------------------------|----------------------------------|----------------------------|------------------|
| Facility Project Sub Number Number Num | Scope | Date Plan Appro in Date | | j. Completed Statu Date | s CEQA Review |
| 12460 IS110663-0 0 | PPR MCAULEY WING SEISMIC UPGRADE FROM SPC-1 TO SPC-2 | 4/11/2011 12:00:00 AM | 12/10/2012 0 | 02/12/2014 ACTI | No |

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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 | Building Nan | ne: | McA | uley Wing | | | | |
|-------------------------------|-------------------|--------------------|-------------------|-----------|--|---------------------------------------|---|---------------------------|
| Type of Service Prov | <u>rided</u> | | | | | | | _ |
| Nursing | Inpatient Beds | 0 | Inpatient Days | 0 | | Surgical | | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 0 | Inpatient Days | 0 | | Anesthesia | | Newborn/ WellBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 | Inpatient Days | 0 | | X Clinical Lab | | Emergency |
| X Psychiatric Nursing | Inpatient Beds | 22 | Inpatient Days | 2849 | | 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 | | X Administration | | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 | Inpatient Days | 0 | | Support Services Obstetrical | Ш | Outpatient Surgery |
| | | Total E Buildir | Beds this g | 22 | | Cesarean/Deliv | X | 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-01073 | Building Name: McAi | uley Wing | | |
|----------------------|---------------------|-------------------------------|------------------|---|--|
| Medical / Surgical (| Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 22 Bed | Inpatient 2849 Days |
| Perinatal (excluse I | 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 / 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 | 22 | 22 |

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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-01072 | Main Tower | Remain |
| BLD-01073 | McAuley Wing | Retrofit |

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|-------------------------------|------------------|-------------------------------|------------|---------------|--------------------------|----------|-------------------------------|------------|---------------------------|
| Report any go SPC-1 per Se | eneral ection | acute care ho 130061(c)(4) | espital in | patient servi | ce that is provided | in any g | enaral acute care h | ospital bu | ilding that is rate |
| Building Numb | oer: | BLD-01073 | Building | g Name: M | cAuley Wing | | | | |
| Type of Se | ervice | Provided | | | | | | | |
| | | | | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | | Nursing | | | Anesthesia | | | | |
| | | IntensiveCare | | | | | Obstetrical Recovery | | Renal Dialysis |
| | | Pediatric/Adol escent | | X | Clinical Lab | | Newborn/ | | Outpatient Surgery |
| | [√] | Psychiatric | | | Radiological/ Imaging | Ш | WellBaby | | - u.ge.y |
| | X | Nursing | | | Pharmaceutical | | Emergency | X | Central Plant |
| | | Obstetrical Ante/Postprtui | m | | Dietetic | | Nuclear Medicine | | Support Services |
| | | Intermediate Care | | Х | Administration | | | | |
| | | Skilled Nursing | g | | | | | | |

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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 | r: BLD-01072 | Building Na | me: Main Tower | | | | |
|----------------|-------------------------------|-------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration: | Remove from GAC | Service by | 1/1/2030 | | | | |
| Type of Serv | rice Provided | | | | | | |
| X | Nursing | X | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| X | IntensiveCare | X | Anesthesia | | Obstetrical | X | Renal Dialysis |
| | Pediatric/Adol escent | X | Clinical Lab | | Recovery | | |
| X | Psychiatric Nursing | X | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | X | Pharmaceutical | X | Emergency | X | Central Plant |
| | Intermediate | X | Dietetic | | Lineigency | | Ochila i lant |
| x | Care Skilled Nursing | X | 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 Number: | BLD-01073 | Building Na | me: McAuley Wing | | | |
|------------------|-----------------------------|-------------|--------------------------|-------------------------------|---|---------------------------|
| Configuration: | N/A | | | | | |
| Type of Service | Provided | | | | | |
| Nu | ursing | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| In | tensiveCare | | Anesthesia | Obstetrical | | Renal Dialysis |
| | ediatric/Adol scent | X | Clinical Lab | Recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery |
| | ostetrical nte/Postprtum | | Pharmaceutical | Emergency | X | Central Plant |
| | termediate | | Dietetic | Lineigonoy | | Contrain land |
| | are killed 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-01072 | Building I | Name: Ma | in Tower | | | | |
|--------------------------|-------------------------------|-------------------|------------|----------|--------------------------|-----------------------|-----|---------------------------|--|
| Type of Service Provided | | | | | | | | | |
| X | Nursing | Inpatient Beds | 299 | X | Surgical | Obstetri Cesarea | | Rehabilitation Therapy | |
| X | IntensiveCare | Inpatient Beds | 37 | X | Anesthesia | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | X | Clinical Lab | Obstetrie Recover | | Renal Dialysis | |
| X | Psychiatric Nursing | Inpatient Beds | 13 | X | Radiological/ Imaging | Newborn WellBab | | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X | Pharmaceutical | X Emerge | ncy | Central Plant | |
| | Intermediate Care | Inpatient Beds | 0 | X | Dietetic | X Nuclear Medicine | × | Support Services | |
| X | Skilled Nursing | Inpatient Beds | 32 | X | Administration | | | | |
| | Total Beds this Building | | 381 | | | | | | |

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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-01072 Build | ing Name: Mai | n Tower | | |
|-------------------------|-------------------------|------------------------------|------------------------|----------------------------------|---------------------------------|
| Medical / Surgical (Ind | clude GYN) | Acute Respiratory | / Care | Acute Psychiatric | |
| Inpatient 263 Bed | Inpatient 18878 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 13 | Inpatient 0 Days |
| Perinatal (Exclude Ne | wborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 32 Bed | Inpatient 6330 Days |
| Pediatric | | Intensive Care Ne Nursery | wborn | Intermediate Care | |
| 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 | nentally |
| Inpatient 37 Bed | Inpatient 2887 Days | Inpatient 36 Bed | Inpatient 4991 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Depend | ency | Total Beds this Building Per | Total Beds this Building Per |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Unit 381 | Service 381 |

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